ASSESSMENT OF

social and gender-specific needs of persons with disabilities with a focus on special needs of women with disabilities affected by violence in Turkestan oblast and Shymkent city

2019

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This report stems from the rapid assessment of social and gender-specific needs of persons with disabilities with a focus on women with disabilities affected by violence in Shymkent city and Turkestan oblast (Turkestan city and 3 rayons - Sairam, Shardara, Saryagash).

In 2019, the United Nations Population Fund (UNFPA) has been providing technical support to the Government of Kazakhstan to integrate special needs of persons with disabilities exposed to violence into the focus of interagency response to gender-based violence.

The national consultant assessed the needs of persons with disabilities from the perspective of the main principles of the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol signed by the Republic of Kazakhstan in terms of relevance to the country context:

- respect for inherent dignity, individual autonomy, including the freedom to make one's own choice, and independence of persons;
- non-discrimination;
- full and effective participation and inclusion in society;
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- equality of opportunity;
- accessibility;
- equality between men and women.

Also, the principles of the following UN documents were taken into account:

- International Covenant on Economic, Social and Cultural Rights;
- UN Convention on the Elimination of All Forms of Discrimination against Women;
- the International Conference on People and Development (ICPD) Program of Action;
- the 2030 Agenda for Sustainable Development, including Sustainable Development Goals with the principle "leave no one behind" in mind.

INTRODUCTION

By signing the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol in December 2008, Kazakhstan demonstrated a commitment to join the international treaty and address human rights and inclusion of persons with disabilities in accordance with international standards.

3.7% (674,200) persons in Kazakhstan have disabilities (2017). 44% of them are women. In the past five years, the number of persons with disabilities in Kazakhstan grew by 7.5%. 88.5% persons with disabilities are below 16 y.o. Regions with the highest disability rate include Karaganda (4.7% of regional population), Turkestan (4.15%) and East Kazakhstan (4.1%). 18.4% of all persons with disabilities live in Turkestan oblast[1].

Inclusion of persons with disabilities is one of the priorities of the state programs in Kazakhstan. Social security of persons with disabilities is regulated by Law of Kazakhstan of 2005 "On Social Security of Persons with Disabilities in Kazakhstan". In January 2009, the Special Social Services Law was enacted to enable delivery of services to persons with disabilities. From 2012, a long-term National Action Plan for the Rights and Improvement of Living Conditions of Persons with Disabilities, 2012-2018, has been implemented. As part of efforts to provide security, inclusion and equal opportunities to adults and children with disabilities, the Republic of Kazakhstan signed the UN Convention on the Rights of Persons with Disabilities on 11 December 2008 followed by ratification with the appropriate Law of Kazakhstan of 20 February 2015 No. 288-B ЗРК.

The Law is intended to enable persons with disabilities, as well as other people, exercise their civil, political, social, economic, cultural and other rights and freedoms embodied in the Constitution of Kazakhstan and international treaties.

According to Lyazzat Kaltayeva, advisor to minister of labor and social security, member of Almaty City Council and chairperson of non-governmental organization "*Shyrak* - Association of Women with Disabilities", the Action Plan 2012-2018 for the Rights and Improvement of Living Conditions of Persons with Disabilities, as well as ratification of the Convention on the Rights of Persons with Disabilities, are perceived as a paradigm shift from social protection of the disabled to recognition of their rights and equal opportunities.

However, implementation arrangements of the main provisions designed to safeguard reproductive rights of persons with disabilities and rights to be free from violence require a more focused attention from the government and appropriate regulation which includes access to high-quality health services, particularly services and information related to sexual and reproductive health, family planning, as well as access of persons affected by gender-based violence to healthcare, psychosocial support and law enforcement in police and justice sectors to achieve a comprehensive response and prevent gender-based violence.

Women/girls with disabilities are more frequently exposed to violence than men or women/girls of the same age without disabilities. Global studies found that when girls and women with disabilities had to turn to law enforcement authorities because of sexual abuse or other wrongdoings they encountered barriers intensified by discrimination against disability. In the absence of significant government and societal support they rarely see justice done for having their rights offended.

In accordance with article 16 of the Convention on the Rights of Persons with Disabilities*: Freedom from Exploitation, Violence and Abuse*, the State Parties should take all appropriate measures to prevent all forms of exploitation, violence and abuse through gender- and age-specific assistance and support for persons with disabilities and their families and caregivers.

In accordance with article 25 of the Convention on the Rights of Persons with Disabilities*: Health*, persons with disabilities should have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability and should be provided with

[1] Men and Women in Kazakhstan 2013-2017. Statistical collection. Astana 2018

the same range, quality and standard of free or affordable health care as provided to other persons, including in the area of sexual and reproductive health.

In accordance with article 23: *Respect for home and the family*, the State Parties should take effective and appropriate measures to eliminate discrimination against persons with disabilities in all *matters relating to marriage, family, parenthood and relationships,* on equal basis with others, so as to ensure that:

a) the right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

b) the rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

c) persons with disabilities, including children, retain their fertility on an equal basis with others.

Since 2016, UNFPA has been providing technical support to the Government of Kazakhstan in the development of mechanisms for inter-agency response to gender-based violence embodied in the Family and Gender Policy Concept until 2030 under the leadership of the National Commission for Women and Family and Demographic Policy under the President of Kazakhstan and *Kazakhstan Free from Violence* Program initiated by the General Prosecutor Office. As part of this initiative, UNFPA provided technical support to analytical review and assessment of needs of persons with disabilities for further integration into inter-agency response to gender-based violence.

Aims and objectives of the assessment

The aim is to identify needs of persons with disabilities affected by violence with a focus on special needs of women with disabilities by means of qualitative and quantitative analysis such as desk review and in-depth interviews with respondents and focus groups.

Based on the review of laws regulating rights of persons with disabilities with a focus on reproductive rights and prevention of gender-based violence and in collaboration with the consultant responsible for the desk review of the status of persons with disabilities, the questionnaire was developed for the interview, as well as questions to be discussed in a focus group to identify types of violence experienced by women with disabilities in daily life and response mechanisms and explore problems through personal stories of respondents.

Methodology

Along with mass surveys through structured interviews, one of the most significant study methods is in-depth interview. It makes it possible to identify needs and reasons behind respondents' behaviors, mechanisms of decision-making, expectations, values, etc.

In-depth interview as a study method is very flexible and in practice it is used as a separate method or in combination with qualitative methods (desk reviews, focus groups). The methodology used in this study combined in-depth interviews with desk reviews and focus group discussions. The full report will contain individual stories of respondents as well.

To achieve the goals of the study, a concept was developed to task research with the following specific objectives:

- set a strategic goal for the assessment of needs;
- select the best possible and prioritized methodology for the assessment of needs;
- develop questionnaires for in-depth interviewing of women and men with disabilities to explore their special needs in terms of gender-based violence;
- conducts focus-group discussion with representatives from local police, social services, psychosocial follow-up services for victims of domestic violence, akims of rural districts,

healthcare workers, chairpersons and members of societies of the disabled, psychologists and social workers from health centers (polyclinics);

- make analysis of gathered data;
- prepare report on the results of the study.

The following papers were developed for the study:

1. Questionnaire for in-depth interview of women and men with disabilities with relation to their special needs in the context of gender-based violence which consists of 50 questions grouped into 5 sections.
2. A sample of respondents which includes women and men with various disabilities such as visual, hearing, musculoskeletal disorders and caused by systemic diseases has been identified and agreed with the consultant responsible for the desk review.
3. Aim, objectives and assumptions were identified, and questions for focus group discussion prepared.
4. Survey/interview with respondents and focus group discussion were conducted.
5. A study was conducted to describe situation with violence against women with disabilities drawing on real stories of women affected by violence (through the example of Turkestan oblast and Shymkent city).

Methods of primary data collection

Qualitative and quantitative methods of data collection were used during interviews with respondents among men and women and in focus group discussions with representatives of local police, social services, psychosocial follow-up services for victims of domestic violence, akims of rural districts, healthcare workers, chairpersons and members of societies of the disabled, psychologists and social workers from polyclinics.

Questionnaires developed for the in-depth interviews reflect the following:

- Perception of social and physical status by persons with disabilities.
- Identification of distinctions, i.e. what it is to be a woman and have a disability.
- Peculiarities around disability – what it is to be a person with disability?
- Access to health system with a focus on sexual and reproductive health and respect for reproductive rights.
- Access of persons with disabilities to sexual and reproductive health programs, including prevention of STIs and HIV transmission.
- Marital status of persons with disabilities, domestic relations, partner relations, friendship, relations with the society (as a citizen, at work, cultural relations, etc.), self-perception.
- Gender inequality in families of persons with disabilities.
- How high is the risk to be an object of any violence for women with disabilities?
- Were women with disabilities exposed to violence (abuse)? In what way?
- Type of relations where violence occurred:
  - relationship among relatives;
  - relationship with a partner;
  - relationships at work;
  - relationships in the process of receiving services (medical manipulations, care, therapy, etc.).
- Understanding the efficiency and adequacy of violence counteraction instruments; what needs to be improved?
- Understanding human rights, including reproductive rights.

Jointly with the consultant advising on desk review, the analysis of primary data (in-depth interviews) is conducted with interpretation of responses.

The studies are based on respect for human rights with a focus on understanding disability and gender belonging in the context where women with disabilities may be exposed to violence and become an object of violence.

Selection of survey sites

Shymkent city and Turkestan oblast (Turkestan city and 3 rayons: Sairam, Saryagash and Shardara) are selected for the survey. Urban and rural women and men with disabilities in the selected region are covered by the survey. Rural settlements are selected according to the number of persons with disabilities and distance from the rayon center.

Distribution of respondents by types of disabilities

86 persons aged 18+ took part in the in-depth interviews of women and men with disabilities, of them 21 persons with visual disability, 21 – hearing disability, 22 – musculoskeletal disorders (MSDs) and 22 – with disabilities caused by systemic diseases. 32 men (37%) and 54 women (63%) were interviewed.

63% respondents were women and 37% - men.

The proportion of women with disabilities due to systemic diseases is 18.6% of all respondents; visual disabilities – 16.3%, musculoskeletal disorders – 15.1%, hearing disabilities – 12.8%.

The rosters were provided by:

- oblast/ rayon akimats (offices dealing with issues related to persons with disabilities);
- employment and social program coordination office;
- branches of Kazakh Deaf Society;
- branches of Kazakh Blind Society;
- branches of Kazakh Society of the Disabled;
- psychosocial follow-up services for victims of domestic violence.

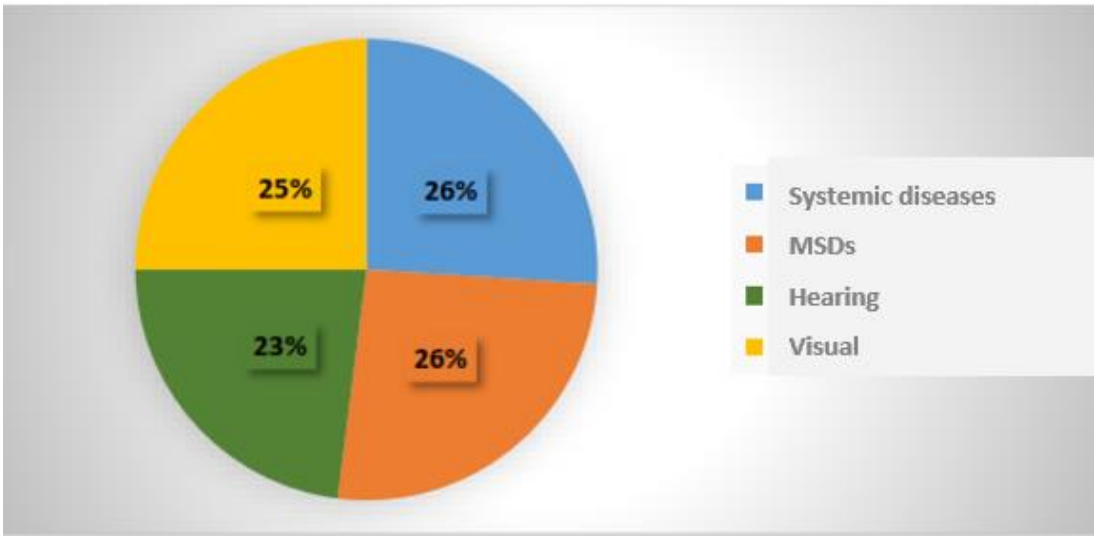
Sign language interpreters were engaged for interviewing and surveying person with hearing disabilities.

OUTCOMES OF THE ASSESSMENT

1. Sociodemographic characteristics of persons with disabilities

86 persons aged 18+ took part in the in-depth interviews of women and men with disabilities, of them 21 persons with visual disability, 21 – hearing disability, 22 – MSDs and 22 – with disabilities caused by systemic diseases. 32 men (37%) and 54 women (63%) were interviewed.

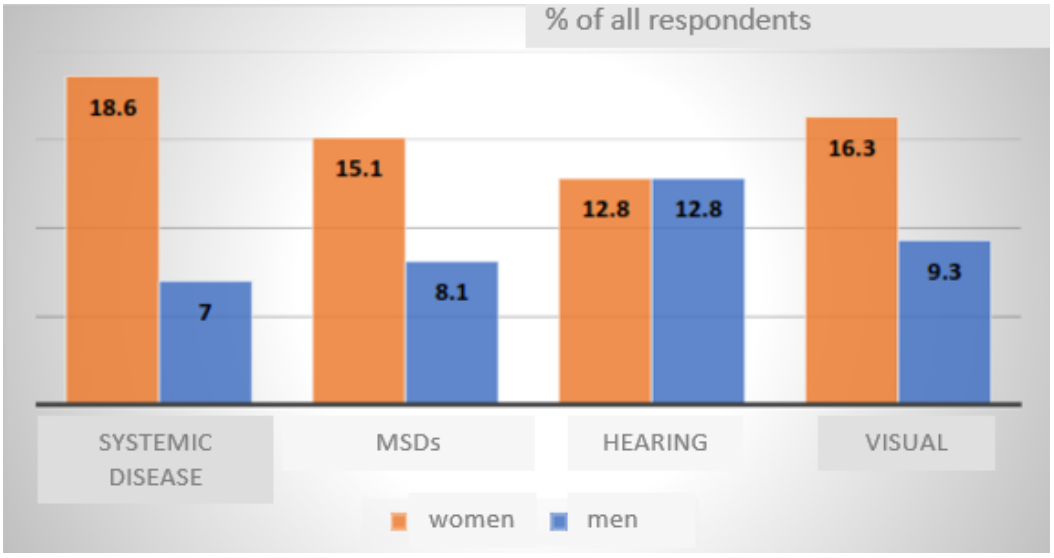
Figure 1. Distribution of respondents by type of disability (%)



Respondents are almost evenly distributed by type of disability: the proportion of respondents with disabilities caused by systemic diseases is 26%, due to musculoskeletal disorders - 26%, with visual disability - 25%, and hearing disability – 23%.

During the in-depth interview, 9 persons were not able to answer violence-related question: 4 of them had hearing disabilities, 2 –MSDs, and 3 - with disabilities caused by systemic diseases.

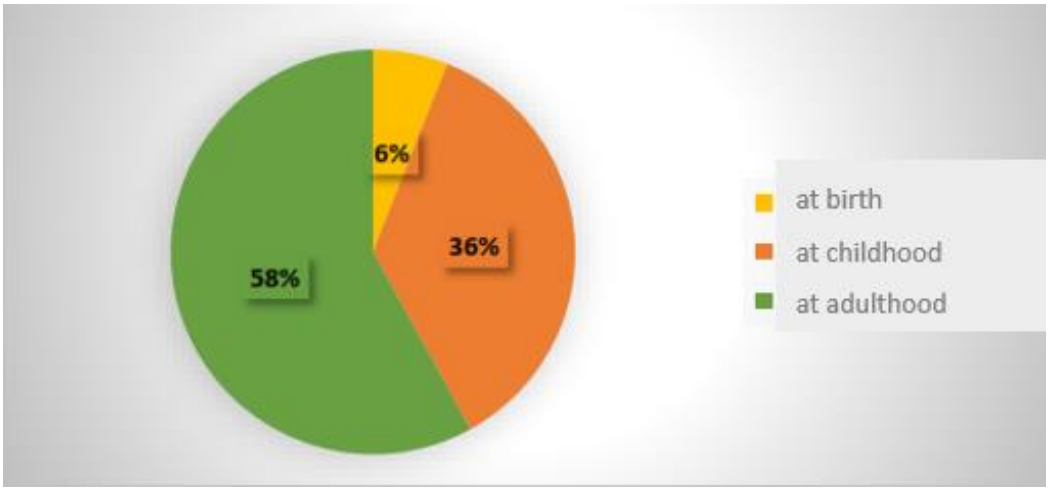
Figure 2. Distribution of respondents by type of disability and by gender (% of all respondents)



63% respondents were women and 37% - men.

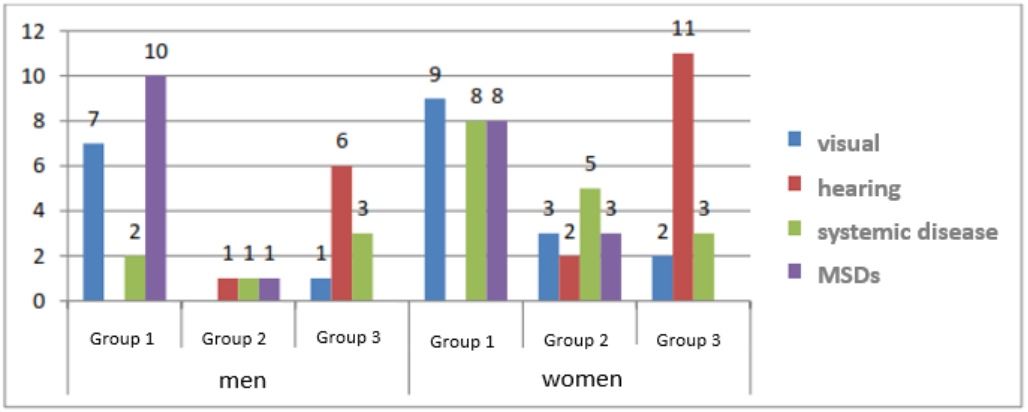
The proportion of women with disabilities caused by systemic diseases is 18.6% of all respondents; visual disabilities – 16.3%, musculoskeletal disorders – 15.1%, hearing disabilities – 12.8%.

Figure 3. Distribution of respondents by age when disability was diagnosed (%)



Of all respondents, 50 (58%) were diagnosed at adulthood, 31 (36%) - at childhood. The lowest number of respondents diagnosed with disability is at birth: 5 (6%). The analysis shows that the main reasons of disability is a systemic disease, use of ototoxic drugs, road accidents, occupational disease or injury, post-surgery/disease aggravations, etc. 20 of 21 respondents with hearing disability are diagnosed at childhood.

Figure 4. Distribution of respondents by disability groups (number of persons)



44 respondents (51%) were diagnosed with group1 disability; 16 (19%) – group 2; and 26 (30%) – group 3.

Among male respondents with disability caused by MSDs the group 1 disability prevails – 52.6%, while among female respondents with disability caused by MSDs, 32% are diagnosed with group 1 disability. Among women with visual disabilities the group 1 disability prevails. The lowest number of respondents with group 1 disability is among men with disabilities caused by systemic diseases – 10.6%. The reasons behind high disability rate among make respondents with disability due to MSDs include road accidents, occupational and domestic injuries as the result of risk behavior of men. To lower disability rate, it is necessary to maximize safe environment in educational facilities, at work, transport and on the roads in addition to teaching principles of personal, social and occupational safety to general public as part of school-based and vocational training.

Figure 5. Distribution of respondents by gender (%)

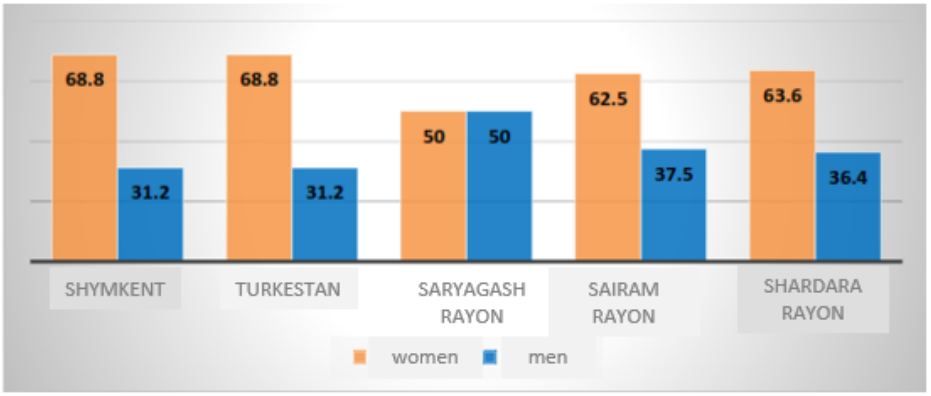
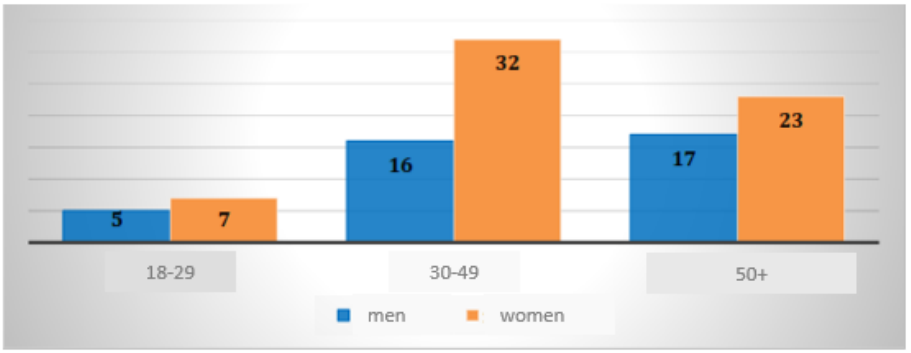
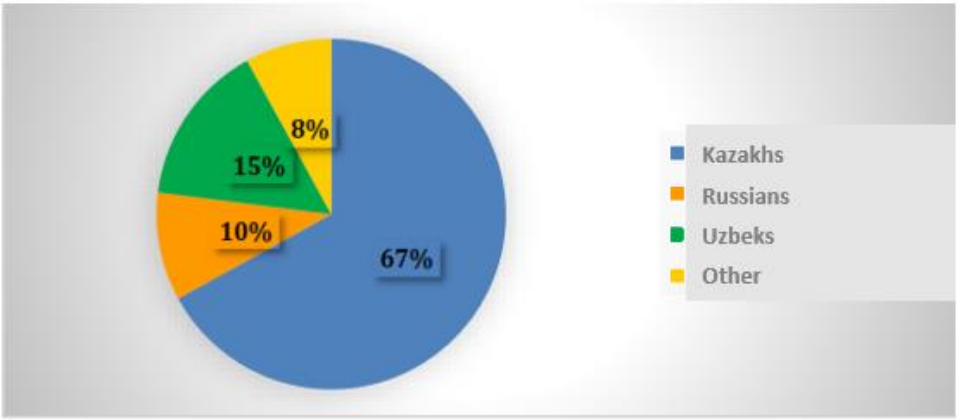


Figure 6. Distribution of respondents by age (%)



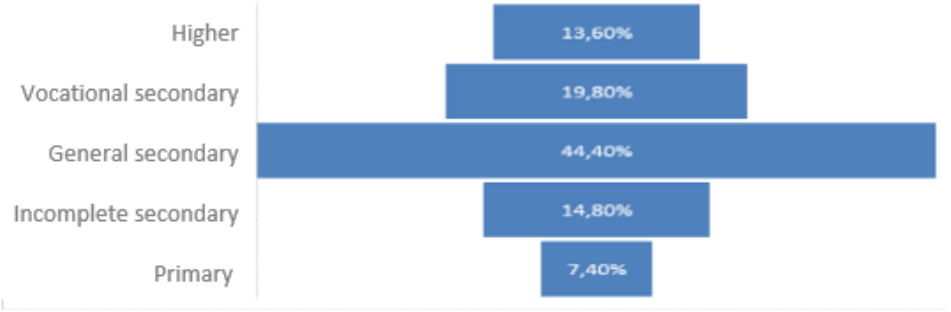
The largest number of respondents are women aged between 30 and 49 – 32% of all respondents, the least number are men aged 18-29 – 5%.

Figure 7. Distribution of respondents by ethnicity (%)



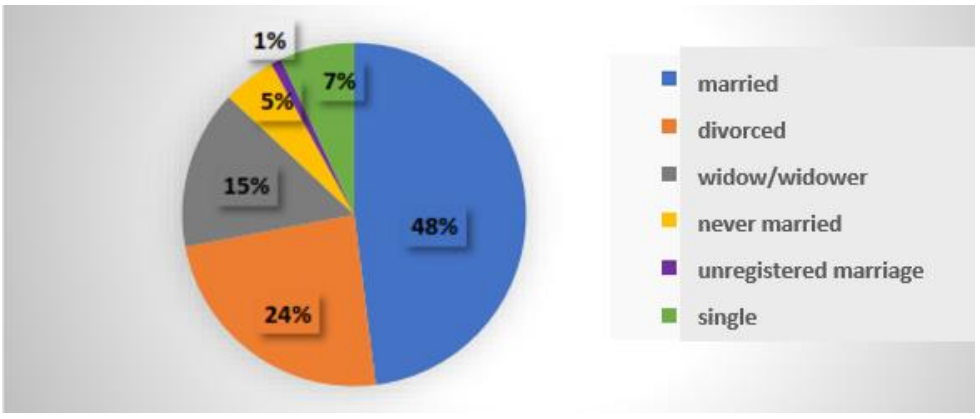
The number of ethnically Kazakh respondents is 67%, Russian – 10%, Uzbek – 15%, and other ethnicities – 8%.

Figure 8. Distribution of respondents by education level (%)



Of all respondents (86), 64.2% had general or vocational secondary education; 14.8% - incomplete secondary; 13.6% - higher; and 7.4% - primary.

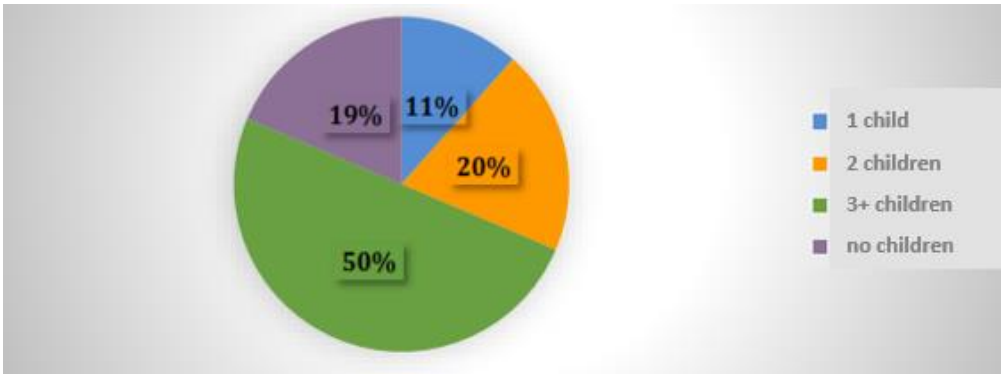
Figure 9. Distribution of respondents by marital status (%)



48% respondents are married, 24% - divorced with women prevailing. The reasons for divorce include disability, domestic violence, poor living conditions, economic uncertainty, and low income. 5% respondents were never married.

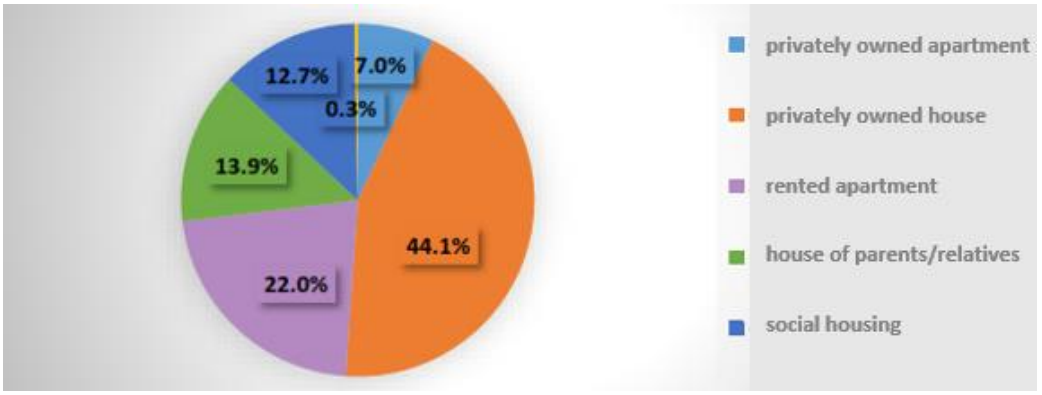
Divorced women, or 20% of all respondents, live with children and parents. 10 respondents (12%) were single.

Figure 10. Distribution of respondents by number of children in a family (%)



Half of 43 respondents had 3 or more children, 20% – two children, 11% - one child, and 19% had no children.

Figure 11. Distribution of respondents by type of dwelling (%)



51% respondents privately own housing: 7% live in apartments with amenities, 44% live in houses. 49% do not own any housing and live in rented apartments (22%); with relatives or parents (14%); approximately 13% live in social housing. Two women with disabilities caused by a systemic disease live in non-residential premises (one in a shop, the other in abandoned cafe).

60% have a separate room where they may have privacy if necessary; 40% persons with disabilities do not have such opportunity.

In terms of household composition, the majority of respondents have spouses and children. The number of household members varies between 2 to 10 persons. In one family where father has a hearing disability, he and his two children live in the house of parents with other 18 family members. The spouse of this respondent divorced and left two children with him. In total, 22 persons live in this household - 4 families with children.

To explore the extent to which persons with disabilities are dependent on someone's help the respondents were asked respective questions. See results in table 1.

Table 1. Needs of respondents in someone's help in daily life

	Q-ty	%
Need someone's help for self-care (unable to move independently, wash, eat, change position in bed, get into wheelchair and move around, use toilet)	27	31
Need someone's help for mobility (unable to go out, visit places outside home, move around the city, use transport)	47	54
Need help to receive/read visual/printed information	25	29
Need help to communicate/receive audio information (communication through sign language interpreter)	19	22
Able to move around without assistive devices but difficult to move to large distances and overcome high hindrances	13	15
Need caregiver's help	1	1
Able to do almost everything yet with strain	16	19

It appears from the table that the majority of respondents are dependent on someone's help in moving around and self-care, and only every fifth respondent (19%) reported that he/she could do everything yet with strain.

23 men and 33 women with disabilities (65%) reported that they made decisions about their private life, such as:

1) what to do, how to look like, what to visit;
2) with whom, where and how frequently socialize;
3) have romantic, sexual relationship with another person;
4) get married, divorce, discontinue relationship with another person;
5) have or have not children.

35% respondents with disabilities reported that decisions in their private life were made by husbands, parents, sisters-in-law and other family members they depended on.

Violence against persons with disabilities

Often, persons with disabilities, especially rural ones, are not well aware about the nature of gender-based/domestic violence and unable to distinguish it and accept it as normal in their daily lives and as nothing to do with violence. To assess their knowledge in this field the respondents were asked to state whether the actions below would be perceived as violence. See results in table 2.

Table 2. Perceptions/knowledge of respondents about violence-related acts

	Acts	**is violence**	**is not violence**	**difficult to answer**
1.	Beating	95%	2,5%	2,5%
2.	Pushing, pinching and pulling hair	92.6%	6,4%	1%
3.	Throwing objects that can hurt	95%	1%	4%
4.	Swearing, cursing	89%	10%	1%
5.	Forcing to take alcohol	95%	2,5%	2,5%
6.	Forcing to take narcotics	97%	1%	2%
7.	Intimidating, threatening and actually using a gun or a knife against you	100%		
8.	Forbidding to meet relatives, friends Hindering socializing with them	71%	15,5%	13,5%
9.	Exclusion at home	90%	9%	1%
10.	Refusing to give money to buy essential things (e.g. food, essential clothes, footwear, toiletries, medicines)	83,3%	7,7%	9%

11.	Forcing to commit sexual acts	99%	1%	
12.	Raping	100%		
13.	Belittling and insulting due to health/physical abilities	86%	7,7%	6,3%
14.	Obscene jokes, remarks	70%	19,5%	10,5%
15.	Intrusion into privacy	93%	1%	6%

77 respondents answered these questions. All of them perceived intimidating and threatening to use or actually using a gun or a knife and raping as violence.

15 (19.5%) respondents did not perceive obscene jokes and remarks as violence; 8 (10.5%) respondents could not answer, i.e. 30% respondents did not perceive these acts as violence. Almost every third respondent (29%) did not perceive limiting socializing and forbidding to meet relatives and friends as violence.

Many respondents did not perceive such acts as exclusion, swearing, cursing, belittling and insulting due to health and physical abilities as violence either.

Respondents understand well what physical violence or threat to use physical violence is (90-100%) yet they understand emotional violence much less (more than 62%). This is mainly related to patriarchal culture in families where prohibitions and intrusion into privacy is normal.

Unfortunately, only 10% respondents do not experience attitudes which can be considered as violence from the close ones or society. If we take into account those 9 respondents who could not answer violence-specific questions: 4 persons with hearing impairments, 2 persons with MSDs, and 3 respondents with disabilities caused by systemic diseases (these respondents were not able to distinguish types of violence and did not perceive these acts as violence), the number of respondents experiencing violence is close to 100%.

The absolute majority (90%, or 77 of 86 respondents) reported to have experienced some violence.

Table 3. Type of violent behavior by family members and community.

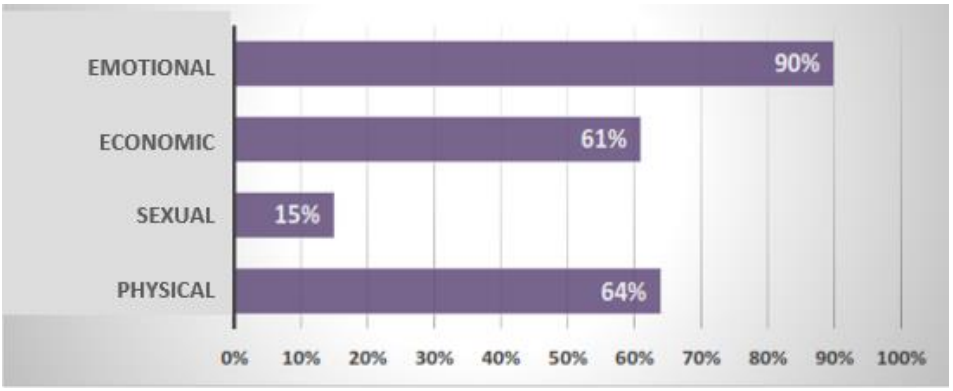
		never	**seldom**	**often**	**always**	**if yes, by whom (specify: relatives, spouses/partners, at work, in institutions, etc.)**
1. Physical violence						
1	Beating, choking	35 (45%)	17 (22%)	25 (33%)		Spouses, at work
2	Threatening to use a gun or domestic objects as weapon	71 (92%)	6 (8%)			Spouses
3	Pushing, hitting, pulling hair	30 (39%)	19 (25%)	16 (21%)	12 (15%)	In public places, spouses, relatives
4	Throwing objects at you which could hurt	58 (75%)	12 (16%)	7 (9%)		Spouses, at work
5	Forcing to stay at home	56 (72%)	11 (14%)	8 (10%)	2 (3%)	Relatives, spouses
6	Inappropriate care	55 (71%)	7 (9%)	13 (17%)	2 (3%)	Relatives, spouses
2. Sexual violence						
7	Sexual touches or other sexual acts against your will	65 (84%)	6 (8%)	5 (6%)	1 man (1%)	Relatives, spouses, other unidentified persons
8	Forcing to sexual acts with threats or use of helpless state	66 (87%)	4 (5%)	7 (4%)		Relatives, spouses, other unidentified persons
9	If yes, would violence result in		3 (27%)			

	pregnancy					
9a	Pregnancy outcomes: childbirth		3 (27%)			
9b	abortion					
9c	miscarriage					
3. Economic violence						
10	Control over your income and expenses	52 (67%)	4 (5%)	9 (12%)	12 (16%)	Spouses, relatives
11	Extort money for alcohol, narcotics	58 (75%)	12 (16%)	6 (8%)	1 (1%)	Neighbors, people in the streets, spouses
12	Other person receives and controls your disability allowance ignoring your needs	56 (73%)		5 (6%)	16 (21%)	Spouses, mother-in-law
13	Refuse or threaten to refuse financial assistance	45 (58%)	23 (30%)	7 (9%)	2 (3%)	Authorities, relatives, family members
14	Take possession of your personal belongings	62 (80%)	15 (20%)			Relatives
4. Emotional violence						
15	Have you heard reproaches, belittling words such as: “I always have to wait for you for ages", “we all have to wait for you”, “how many times should I repeat?”, “I have to shout/repeat again”, “because of you we unlike normal people cannot work/study/spend holiday/afford…”, etc.	5 (6%)	21 (27%)	33 (43%)	18 (23%)	Spouses, relatives, friends, staff at Akimat and social security office, healthcare workers, people in public places
16	Have you faced disaffection expressed in looks, gestures, occasional comments, etc.	25 (33%)	18 (23%)	27 (35%)	7 (9%)	Relatives, friends, staff at Akimat and social security office, healthcare workers, people in public places
17	Have you experienced restrictions to your independence from your family? • to socializing and meeting other people • to going out • to taking part in family events (weddings, holidays, etc.) • to meeting/dating persons of opposite sex	57 (74%)	8 (10%)	6 (8%)	6 (8%)	Spouses, relatives

As the result of domestic violence, 5 female respondents (6.4% respondents who answered violence-related questions) attempted suicide. Three men became abusers as the result of disability.

Apart from violence from the society, many persons with disabilities are exposed to all types of violence in a family. The results showed that all 54 female respondents experienced violence in various forms from their husbands or partners and family members.

Figure 12. Prevalence of certain types of violence among all respondents (%)



Women with disabilities are more exposed to physical, economic, emotional and sexual violence than men with disabilities. It appears from the survey that 61% persons with disabilities are exposed to economic violence from the society, authorities, relatives and family which is manifested in control over income and expenses, extortion and taking possession of disability allowances and other money and ignoring needs of respondents.

The overwhelming majority of respondents reported that they often had to hear reproaches and derogatory words from family members, authorities, people in public places, i.e. they experienced emotional violence.

26% respondents experienced some restrictions to personal independence from family members. Their partners and relatives restrict their socializing with friends, relatives and neighbors.

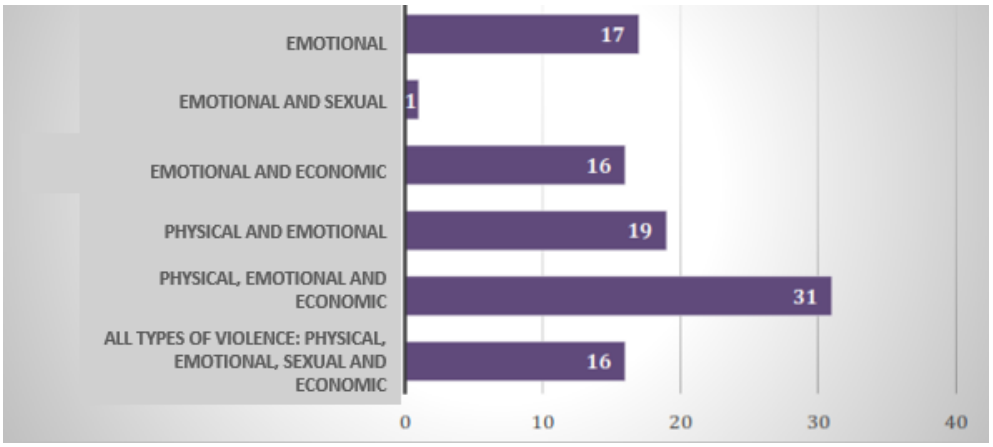
64% respondents now and then experience physical violence in the form of threats, pushing, hitting, pulling hair, beating, choking, throwing objects at them, and forcing them to stay at home.

20% respondents experience inappropriate care.

It follows from the survey that 15% women were exposed to sexual violence, and we found one young man aged 25 who suffered sexual violence as well. Almost every fifth woman with disability reported such experience. As the result of sexual violence, 3 pregnancies ended with childbirth.

12% respondents reported that their children were exposed to emotional and physical violence by peers at schools and in the street. They are mocked because of parents' disabilities, humiliated and beaten by peers.

Figure 13. Prevalence of various forms of violence from family and society against persons with disabilities (%)



Physical violence

Physical violence may not be separated from emotional one because it either precedes (quarrel, threat or irritation from the close network) or follows it (feeling offended, desperate, etc.).

In all instances physical violence is accompanied with other types of violence.

During interviews, over 25% women said that they would not exclude that their disability had been caused by violence. Some of them became visually impaired due to brain injuries.

Emotional violence

Complexity and delicacy of this type of violence requires a detailed review and separate rehabilitation with all persons with disabilities because mental state of any person who became or was born "not like all the others" is a priori depressed and such people experience mental discomfort. This follows from the survey as well.

The survey found that all 77 respondents who reported violence against them heard reproaches, derogatory words and insults from family members, authorities, people in public places, i.e. they experienced emotional violence. Unfortunately, even those 6% (5 respondents) who did not report any reproaches, afterwards they noted some antipathy or restricted freedom.

26% respondents experienced restrictions to their independence to some extent from family members. Their partners and relatives restricted their socializing with friends, relatives and neighbors, as well as derogatory words. In many instances they were forbidden to take part in family events (weddings, holidays, etc.).

67% respondents experienced antipathy towards them manifested in looks, gestures, occasional comments from relatives, friends, authorities or in public transport.

Economic violence

Analysis of economic violence data showed that 45 respondents (61%) experienced various forms of economic violence. 32 respondents (42%) were refused or threatened to refuse financial assistance. 10% respondents experienced such attitude from akimats, employment center and social programs, healthcare, local police and public service centers, as well as from the society at large. 25 respondents (33%) had their incomes and expenses controlled by spouses or mother-in-law. Spouses and/or neighbors extorted money on alcohol or narcotics from 25% respondents.

Families of 2/3 respondents live on disability allowances. Monthly income per each member of families of persons with disabilities varies from 8000 to 30000 Tenge. 21 respondents (27%) had their disability allowances received by spouses, mother-in-law, sisters-in-law and disposed as they wanted ignoring the needs of respondents. Many respondents reported that they were unable to buy necessary medicines, food or clothes.

In many instances, the situation with economic violence is aggravated by inability for persons with group 2 or 3 disability to find a job.

64.2% respondents have secondary education at best. The absence of professional training in many instances leads to difficulties in finding jobs.

When persons with disabilities look for jobs, they often hear that even healthy people cannot have a job. Often, employers do not want to hire persons with disabilities even if they have vacancies.

A big problem for women with disabilities is that often they cannot manage their disability allowances. Female respondents reported that often their husbands did not earn at all but take the money or spend on alcohol.

Sexual violence

Analysis of sexual violence data found that 11 of 54 female respondents (14%) were exposed to sexual violence. Sexual violence led to pregnancy ended with childbirth for three respondents.

Three of 11 women exposed to sexual violence had visual impairment, 3 – MDSs, 3 – disability caused by systemic diseases, and 2 – hearing disability.

Two of 11 women exposed to sexual violence experienced it when they were 6 and 8 years. One became disabled because of violence and it affected her: she was deprived of opportunity to start a family and have a baby as she had dreamed most of all. At 18, she was 'bridenapped' but returned to her family because of disability. By that time, she was pregnant but it was her sisters to decide

whether she could have a baby and did some manipulations for her to miscarry. She lost her reproductive functions then. In addition, she was deprived of her share in the housing because her relatives turned her out from her father's home.

Another woman who experienced sexual violence at 6 suffered three collective rapes in her lifetime (see stories of female respondents in Annex 3).

Awareness and availability of help in case of violence

During the survey, 78 of 86 respondents (90%) reported that they would seek help in case of violence:

- 32 respondents (41%) reported that they would seek help from police or local police inspector;
- 26 respondents (33%) – from relatives;
- 14 respondents (18%) – from no one due to their belief and experience that no one could help;
- 6 respondents (8 %) – from psychologists.

Only 37 respondents (47%) know telephone numbers of ambulance, social worker, local police inspector, police; 49 (57%) respondents were unable to say contact details of these services.

Only three respondents knew telephone numbers of socio-psychological follow-up services for victims of domestic violence.

None of the respondents knew phone numbers of hotline or crisis centers.

Those would be able to ask for help in case of violence:

- 57 respondents (66%) can call from their own cell phones. 19 of them have hearing disabilities who can contact a sign language interpreter by video link.
- 5 respondents (6%) can call from landline at home; they do not have cell phones. They are older than 55 and live in rural areas.
- 7 respondents (8%) can go out to ask for help from neighbors;
- 9 respondents (10.5%) had no opportunity to ask for help. These are respondents with disabilities due to MSDs, systemic disease or visual impairments.

There is no internet or cell communication in many remote villages (more than 100 km from rayon center).

Measures available to persons with disabilities to cope with violence in various situations:

86 respondents answered to this question. Of them, 37 respondents (43%) knew what to do in order to cope with violence in various situations; 49 respondents (57%) did not know any measures.

What respondents would do to cope with violence in various situations:

- call relatives for help;
- leave home for 2-3 days;
- avoid walking alone in public places;
- call crisis line;
- call police;
- make a deliberate decision;
- live separately from abuser;
- follow precautionary measures;
- cry out, fight, record;
- divorce abuser.

To the question whether you know your rights, only 27 of 86 respondents (31.4%) responded positively; two third of respondents (68.6%) did not know their rights mainly due to unavailability of information, inadequate interaction with social workers and local police, healthcare workers and sociopsychological follow-up support.

17 (20%) respondents were free to make decisions; the other 80% did not feel free in decision-making due to the inability to move around freely, financial hardships, prohibition to meet relatives and friends by husbands and family members.

What is it like to be a woman and have disability?

To explore what women with disabilities feel, what it is like for them to be a woman and have disabilities, the respondents were asked the following questions:

1. What is it like for you to be a woman and have disability?

The responses characterize significant difficulties the disability brings to a woman's life: 'desperate situation', 'loneliness', 'bitterness and frustration', 'helplessness'. They reported absence of job/support to socialize, acquire communication skills as well.

Women with disabilities live a secluded life due to low self-esteem and such stereotypes as: women with disabilities rarely can have children, are not sex appealing, nobody will marry them and you can only be pitiful to them.

In many respects these stereotypes lead to violation of reproductive rights of women with disabilities by relatives and often by healthcare workers who in many instances do not support desire of women with disabilities to have a child.

1. ***In your opinion, what do those close to you expect from you as a woman?***

From the responses we understand that 'those close to you' for women with disabilities include family and relatives. Many of them do not see themselves as part of society. Responses like 'keep silent and not oppose', "save family', 'mother-in-law wants me to do household chores' imply inequality in a family. Only few respondents lead active life in a family and community and feel that they are needed, loved and respected.

2. ***How do you perceive what those close to you expect from you and how do you meet expectations?***

Women with disabilities as 'hearth and home keepers' perceive expectations of family members and relatives positively. Many of them meet those expectations as much as they can according to their state and recognize that they are dependent on someone's help.

3. In your opinion, what those close to you expect from you as a person with disability?

Such responses as 'what can you expect from a disabled person?', 'expect nothing', 'do not have considerations for me in many respects', 'expect that I keep silence and die' imply that respondents experience neglect and annoyance from family members which is emotional violence. Persons with disabilities feel that they are not needed because of disability. Only few of them can work and be involved into community life, know that others expect socializing from them, participation in events and social life and help.

4. How do you perceive and respond to their expectations?

All positive expectations are respected by persons with disabilities and they are willing to meet expectations. They serve as a motivation to improve life; some persons take part in competitions and contests and are engaged in social life.

To the questions in section "What is it like to be a woman and have disability?", 46% responded "do not know". These are mainly persons with hearing disabilities who are more vulnerable in terms of understanding the meanings of questions, and the problem lies in the "paucity" of sign language while trying to communicate questions more difficult for perception.

19% respondents were confident that other people did not expect anything from them because disability was perceived by them as a limitation. It appeared that 65% respondents did not enjoy normal interaction with family members and community.

How high is the risk for a woman with disability to become an object of any type of violence?

To assess how high the risk for a woman with disability to become an object of any type of violence is, respondents were asked the following questions:

1. What do you think about violence women and girls with disabilities may experience; how high is the risk for a woman with disability to become an object of any type of violence?

Responses reflected negative perception of violence against women and girls with disabilities. They reported that women and girls with disabilities were more exposed to violence both in families and society to confirm our assumption that persons with disabilities were more exposed to violence.

When assessing consequences of violence, respondents reported that violence made them feel humiliated, offended and anguished leading to desperation, loneliness and death wish.

2. In your opinion, why do women with disabilities become objects of any type of violence?

Responses concerning causes of violence against women with disabilities can be categorized as follows:

1) low status of women with disabilities in society (women do not know their rights, they forgive a lot, unable to protect themselves, perpetrator uses their disability when committing violence);
2) impunity of perpetrator (perpetrator is confident that a woman will not complain and will not appeal to the appropriate authorities to protect her rights);
3) stereotypes with regard to persons with disabilities (women with disabilities are not sex appealing and that is why they cannot become an object of sexual violence; they cannot have a child; you need to be pitiful to them, they are unhappy and vicious; they cannot become an object of violence);
4) absence of empathy from relatives, compassion and support, annoyance they express because they have to take care of family members with disabilities, and perceive them as burden to family;
5) low socioeconomic status (no job, occupation, inadequate allowance to meet all needs);
6) inferiority complex (women with disabilities perceive that they are not needed in the family and society, do not deserve love or family, etc.).

Marital status of persons with disabilities, relationships in a family, with a partner, friendship, relations with society (as a citizen, at work, in cultural context, etc.), self-perception.

70 of 86 respondents (81.4%) answered this section.

Family relations (How does your family cope with situations when it needs to meet your needs as a woman with disability?)

53 (76%) respondents reported annoyance from family members and difficulties in having their needs met due to low incomes; of them 21 (40%) respondents reported that they did not have enough money even for food and medicines and they lived below the poverty line.

Husbands often leave disabled women with children, do not help and they have to survive on pension and allowances.

Disability aggravates poverty especially in rural areas dragging into poverty not only persons with disabilities but members of their families who face various hardships. In turn, poverty constrains access of persons with disabilities to free choice of health services and learning, leads to exclusion and discrimination.

Responses of women with disabilities:

- We cannot meet all needs. We are a family of 6 and we live on 5000 Tenge during 1-2 weeks. My husband is using alcohol, we are below poverty line. We often brawl at home.
- We are a family of 5 and our income is 62 000 Tenge. We are always indebted; we borrowed a loan for a surgery; I do not see a reason to live.
- No future, we are worrying, no help from the government... Husband spends pension on himself only, I have to keep a family myself.
- Son is not working; we both live on my pension – 36 000 Tenge. When the son takes alcohol, he becomes uncontrolled, I call police.
- We are always indebted; 9 people live on 87 000 Tenge. My first husband used alcohol and beat me; the second husband refused to support family; the son has no job; he takes alcohol often and causes fights and brawls at home.
- I live very bad; my husband kicks me out from home; until I come from work our children are hungry.
- Sisters-in-law made me leave from parents' home so as not to claim my share of housing.
- Me and my husband have a hearing disability, at night we sleep in turns, because if we both fall asleep the mother-in-law would come, kick and get angry if we do not hear her.
- Husband does not give money for treatment; he controls all pensions.

– I live for children they are my reason to live, not me; I can buy affordable medicines only. We do not understand each other and exchange text messages; my life is miserable.

Such responses show that inadequate socioeconomic conditions do not make it possible to meet physiological needs, security and are the main reason for domestic violence.

Only 10 respondents assess their quality of life as satisfactory. These are families supported by parents, where husbands work and persons with group 3 disability have jobs.

Relations with spouse/partner (How would you assess your relations? In your opinion, does disability influence your relations with your partner/spouse?)

53 (75%) respondents reported bad relations with the spouse/partner because of inadequate living conditions, shortage of money, unemployment, disability. Physical, economic and emotional violence frequently occur in such families. They do not know how to put up a relationship. They do not have access to socio-psychological and socio-legal assistance. No access to information about what to do in case of violence and where to seek help.

Only 25% respondents reported mutual understanding in marital relations.

Friendship (how would you assess your relations with the society as a citizen, at work, in cultural context, etc.)?

48 (68.6%) female and male respondents assessed their relations with the society and authorities as bad due to experiencing various disdainful and rude attitudes from the staff and refusal to provide any economic support. Many respondents reported to have experienced emotional violence from social security services, local police, akimats and healthcare workers in public places and contempt manifested in looks, gestures, occasional comments (‘we had enough of those disabled people’, ‘it is never enough for them’, etc.). In those places where no audio-supported traffic lights are available, nobody helps persons with visual disabilities to cross the street, especially youths. Bus drivers and attendants do not call the bus numbers at bus stops to persons with visual disability. Often public transport refuses to take on board persons with MSDs saying that they have no time, they are late or they have no stairlift for the disabled.

Self-perception of your body, its merits and demerits; future plans

70 of 86 respondents (81%) answered these questions. 16 respondents did not answer.

Persistent ache, stiffness, limited abilities and sense of shame for the appearance cause discontent with their own bodies in 58 (83%) respondents. Only 12 (17%) respondents perceive their bodies as normal with their merits and demerits. Over 60% persons with disabilities do not have future plans or any specific life goals. 10 respondents plan to do sports and get well.

In your opinion, what can happen to a person who experienced (experiences) various types and forms of violence? What consequences can occur?

59 of 86 respondents (69%) answered these questions: 22 respondents with MSDs, 10 with visual disabilities, 6 with hearing disabilities, and 21 with disability caused by systemic diseases.

Table 3. What respondents think about violence experience

No.	**Consequences**	responses, %
1.	Health will deteriorate	100%
2.	No willingness to make a family and have children	86%
3.	Emotional shock, stress will occur	100%
4.	Will neglect parental responsibilities	81%
5.	Have to leave home, divorce	86%
6.	Will start use or abuse alcohol/narcotics	90%

7.	Will commit/attempt suicide	91%
8.	Nothing bad will happen to him/her	12%
9.	Will get used and try to find a way out	19%
10.	Do not know	3%

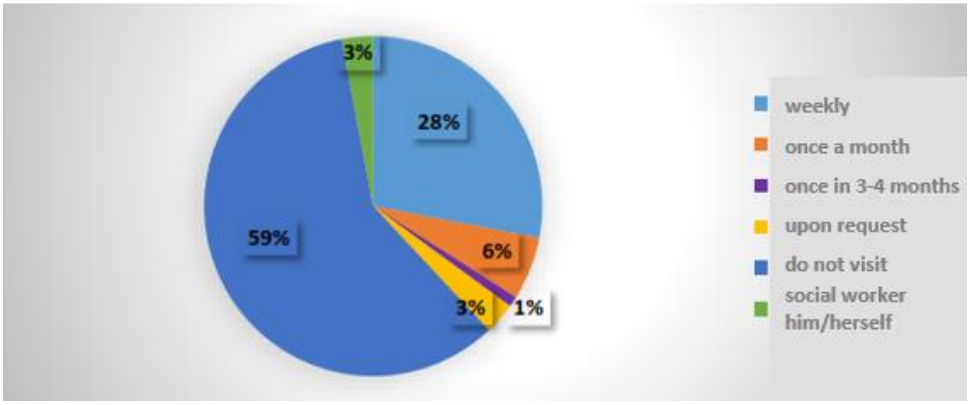
31% of all female respondents think that violence is normal. Over 50% women with disabilities affected by violence manifest Stockholm syndrome.

Quality of services delivered to persons with disabilities

Services of social workers

Persons with disabilities are eligible for assistance from social workers financed from the government/local budget. 59% respondents, especially rural ones, reported that social workers did not visit them and they never met them. 28% respondents with disabilities reported that social workers visited them weekly, 6% - once a month, and 1% - once in 3-4 months. (Fig. 12)

Figure 14. Home visits to persons with disabilities by social workers (%)



Of 44 persons with group 1 disabilities, the majority reported that social workers visited them once a year or upon request. Social workers act as sign language interpreters for 19 persons with hearing disabilities who can contact them when needed. 8 persons with group 1 disabilities reported rudeness of social workers, unwillingness to provide services, inability to communicate, and requirement to pay fare.

63 respondents (73%), 22 of them from Shardara rayon, reported that social workers did not inform them about their rights, liability of abusers, what can be done in case of domestic violence, where and from whom seek help in case of violence. Only 18 respondents (21%) said that social workers provided such information.

Respondents reported communication and interaction problems with healthcare workers, local police, other organizations and institutions in addition to social workers.

45 respondents (52%) reported such interaction problems with the above staff as disdainful attitude and unwillingness to help, and 25 respondents (23%) reported that the staff addressed or communicated with accompanying persons (sign language interpreters, parents/relatives, etc.) rather than persons with disabilities directly. 15 respondents said that they did not approach social workers or doctors due to long waiting time for services and lack of trust. Only 6 respondents said that they were fine and did not have problems in communication or interaction with appropriate specialists.

Confidential information

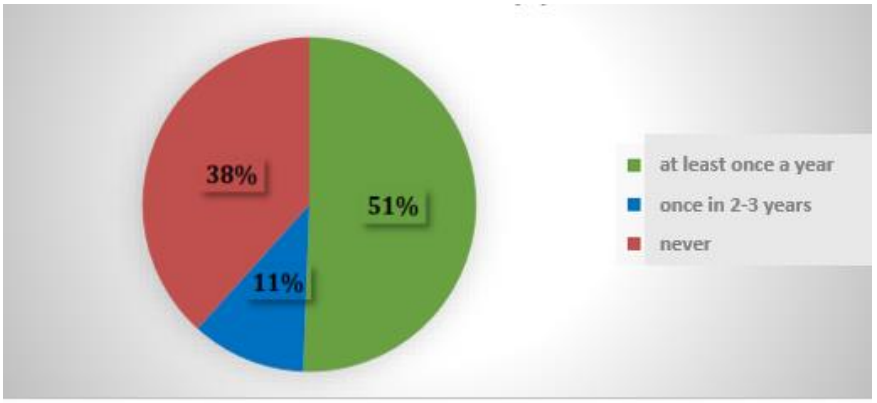
21% respondents were confident that their personal information was kept confidential and shared with them only. 15% respondents were confident that information could be shared with third parties (sign language interpreters, parents, relatives, caregivers, etc.) without consent. 64%

respondents did not know whether their personal data was kept confidential or shared with third parties.

Healthcare services

10 respondents (12%) assess their health as good, 41 (48%) – satisfactory, 30 (35%) - bad, and 5 (5%) - very bad.

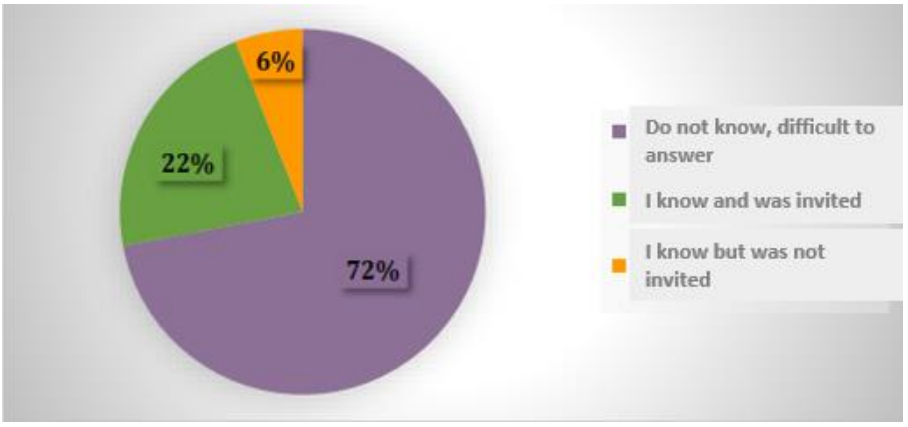
Figure 15. Frequency of taking free-of-charge preventive screening (%)



Only 50.6% respondents take screening every year; 11.1% – once in 2-3 years; and 38.3% never do.

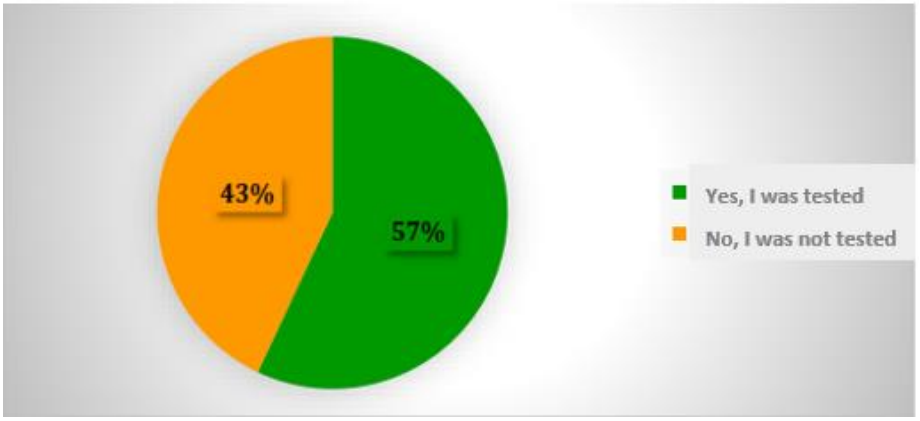
Taking into account that annual screening is free of charge it is necessary to improve access to information about screening and make arrangements to enable persons with disabilities to come. Wider coverage with social workers will improve awareness and access to screening.

Figure 16. Awareness about cervical, breast and prostate cancer screening (%)



Over 70% respondents are not aware about opportunity to take cervical, breast and prostate cancer screening; 22% know because they were invited; while 6% know yet they were not invited for screening. These data reflect inadequate coverage of persons with disabilities with screening programs and the need for improved access to information about screening programs and appropriate conditions for persons with disabilities.

Figure 17. HIV testing in the past 12 months (%)



57% respondents were HIV-tested in the past 12 months. Distribution of answers about causes of failure to take HIV-testing reflects low awareness: 46.9% do not know that they can take HIV-testing; 28.1% do not think that it is necessary; 15.6% are unable to go the testing site themselves and need someone's help for this. These data show that it is necessary to improve raising awareness about the opportunities for HIV-testing.

Figure 18. Causes of failure to take HIV-testing (%)

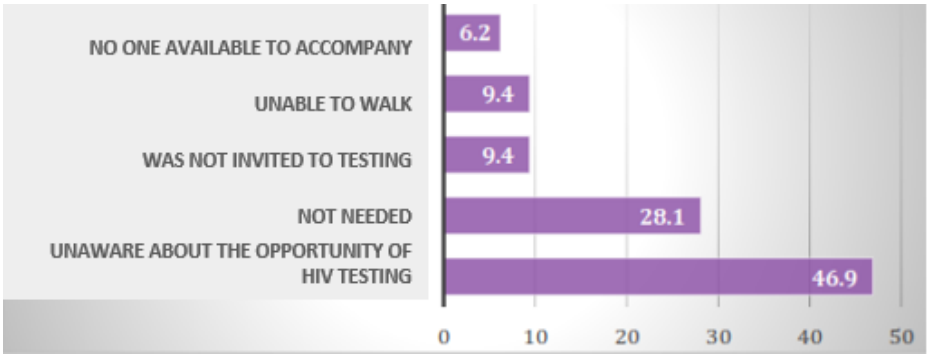
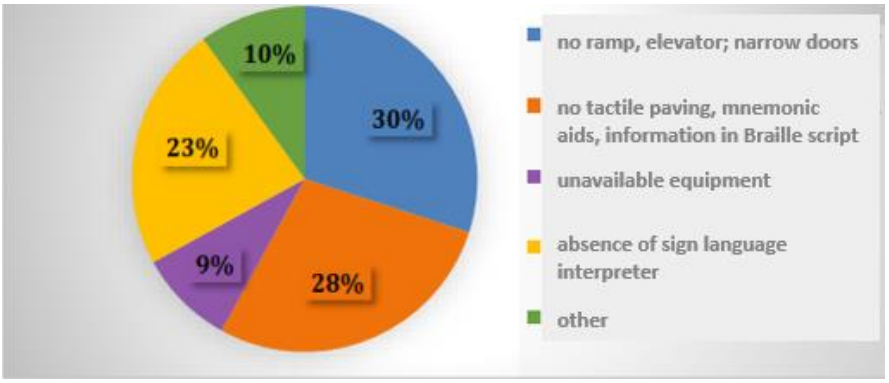


Figure 19. Barriers to health services (%)



90% respondents reported problems with access to health services due to poor accessibility of healthcare facilities and absence of special conditions for persons with disabilities. All women with musculoskeletal disorders reported absence of adapted gynecological chair. That is why the majority of respondents do not take reproductive health screening. Persons with hearing disabilities have to visit healthcare facilities with sign language interpreters because healthcare workers do not know the sign language and they have no mnemonic aids.

Persons with visual disabilities reported absence of important ophthalmological devices. They have to go to the city for examination though it is difficult to do without accompanying persons.

Persons with group 1 disabilities due to general diseases and MSDs reported absence of ramps, elevators and narrow doors in healthcare facilities. Even if they are equipped with ramps, they are inappropriate – often it is a too steep angle to make it impossible enter a health center.

The overwhelming majority of persons with MSDs (97%) who receive health services can receive it in public health centers, the other 3% go to private health centers.

Reproductive rights of women with disabilities are often damaged. When they are pregnant, they are persuaded to get an abortion when they come for follow-up.

All respondents who did not take reproductive health screening to the question why they did not come answered:

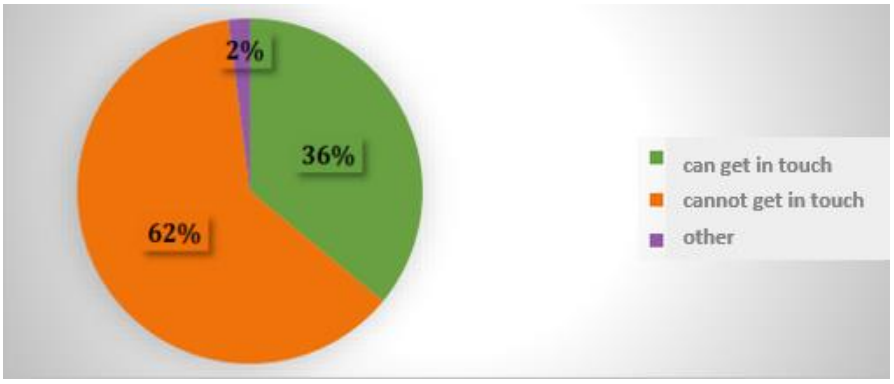
I do not have this opportunity – 15%;
Healthcare workers did not invite me – 24%;
I am not sick, no need – 7%;
No access to health centers – 10%;
No need to have medical examination – 7%;
Do not know – 8%;
Absence of accessible public transport – 21%;
Absence of specialized equipment for examination of persons with disabilities – 14%.

Healthcare facilities need to revise accessibility of health centers and availability of information (sign language interpretation, mnemonic aids, Braille script).

Access to police services

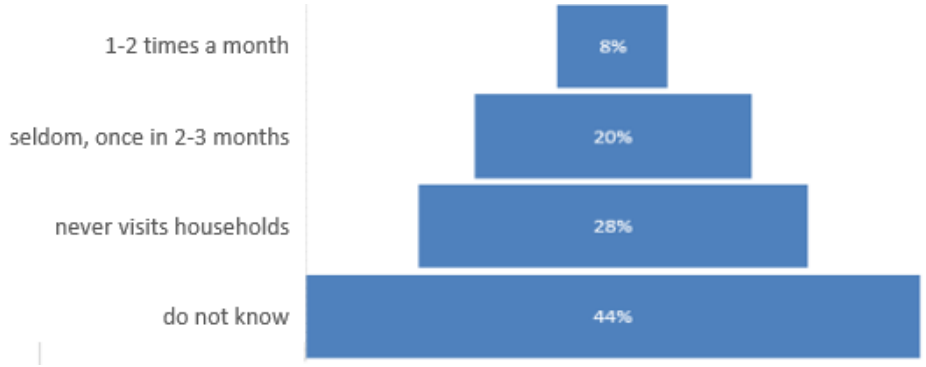
58.5% respondents do not know local police inspector. In case of violence, many of them do not know where to seek help and protection of their rights.

Figure 20. Capability to get in touch with a local police inspector immediately when needed (%)



62% respondents affirm that when necessary they cannot get in touch with a local police inspector immediately to get protection from violence.

Figure 21. How many times per month does a local police inspector visit households? (%)



44% respondents do not know how many times a month a local police inspector visits households where persons with disabilities live; 28% claim that a local police inspector never does such rounds. ***In fact, local police are not appropriately involved into prevention of violence against persons with disabilities and respond to committed violence only if a victim managed to get in touch with police***.

Respondents were asked how quickly police responds and comes to the site after a call, including a local police inspector. Respondents answered as follows:

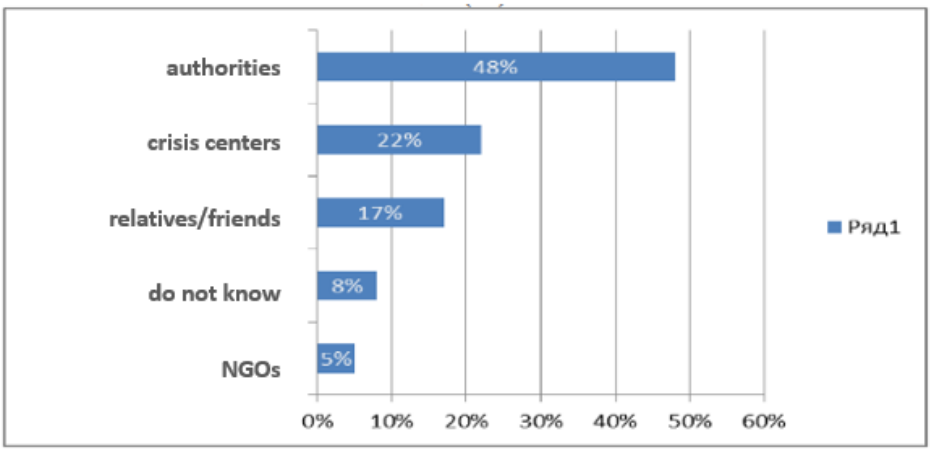
- quickly, immediately - 21%
- slowly, in 3-4 hours - 13%
- do not respond – 5%
- do not know - 66%

Only 13 respondents (15%) sought help from a local police inspector in case of violence, in 5 of such instances restraining orders were issued and obligations were clarified to recipients of restraining orders in all cases. In other 8 instances no restraining orders were issued. Local police talked to perpetrators and did not do any further actions arguing that it was a family matter.

54% persons with disabilities affected by domestic violence did not seek help form a local police inspector. Respondents were unable to seek help from local police because they did not have a phone or they did not know the phone number of a local police officer. Also, they think that 'if I call a local police officer my husband will beat me even stronger, I am dependent on him', 'it's shameful', 'police officer will not help'.

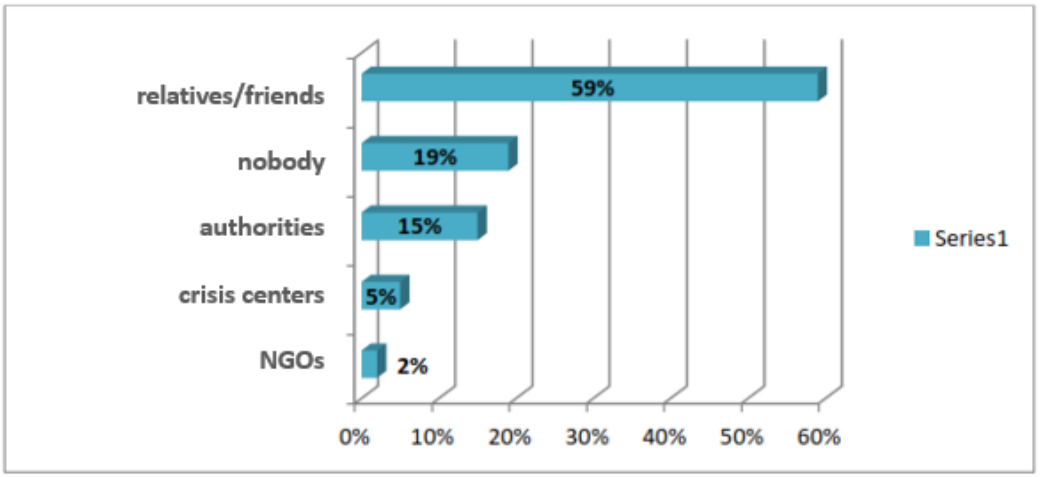
Assessment of services and support measures provided by the authorities

Figure 22. What respondents think about who should help in case of violence against women (%)



48% respondents think that the authorities should provide help in case of violence against women; 22% - crisis centers; 17% rely on help of relatives and friends; and 5% - NGOs. Respondents have high expectations towards the authorities in terms of protection of women from violence. 8% respondents said that they did not know and did not think about it.

Figure 24. What respondents think about who in practice helps victims of violence (%)



In case of violence 59.3% respondents receive help from relatives and/or friends; 15.2% - from the authorities, and only 5.1% and 1.8% from crisis centers and NGOs respectively. It appears from these figures that the authorities and nongovernmental organizations are not adequately involved into protection of women with disabilities from violence and prevention of gender-based violence.

To the question: **"Are you aware of services provided by the government to victims affected by domestic violence?"**

- only 9% respondents said "yes";
- 91% did not know these services.

The main source of information for all persons with disabilities is television, cell phones and relatives/friends. Persons with hearing disabilities noted that very limited information with sign language interpretation was available on TV, except for some news programs.

Findings of focus group discussions

In-depth interviews were conducted in 5 focus groups. Each focus group comprised representatives of local police, social services, socio-psychological follow-up services for victims of domestic violence, akims of rural districts, healthcare workers, chairpersons and members of societies of the disabled, psychologists and social workers from polyclinic.

Discussions in focus groups corroborated the study assumptions:

1. Many persons with disabilities consider abusive relationship among people and towards them in particular acceptable.

2. Many forms of economic and emotional domestic violence are not recognized by persons with disabilities as violence, i.e. they do not think that it is an abusive relationship.

3. Many persons with disabilities do not recognize emotional and economic violence and consider it normal in daily life and often excuse abusers.

4. Majority of women with disabilities are exposed to violence in families and society.

5. Majority of persons with disabilities exposed to violence in families cannot avoid it or let others know about violence against them.

6. Generally, persons with disabilities are segregated from society and dependent on family members and other people.

7. Majority of persons with disabilities are not confident/ do not know that they can receive qualified help from local police, healthcare workers, social workers and psychologists.

8. Awareness about consequences of violence against women is inadequate and varies in different rayons of Turkestan oblast from 10 to 20-30% of all respondents.

10. Awareness of general public about existence of socio-psychological services to help women affected by violence is extremely low (less than 10%).

11. Majority of persons with disabilities thinks that it is shameful to uncover violence.

12. Existing mechanisms to detect/counteract/respond to violence against persons with disabilities are not effective and sufficient.

Participants of focus group discussions corroborated that until then they thought that persons with disabilities might not be victims of domestic violence. Even if they were it would be very rare.

Social workers noted that persons with disabilities were dependent on other people. Violence occurs in a context where a person is dependent. Abuser's impunity exposes women with disabilities even to stronger violence that women without disabilities.

Often, the overall family lives on disability allowance. Family members receive the pension for them and control it at their discretion.

All participants of focus group discussions reported the following problems in identifying violence against persons with disabilities and responding:

- Absence of a competent specialist to work with persons affected by violence. Incompetent communication with victims and abusers. Absence of detailed protocol for the prevention, identification and support. Absence of preventive measures by local police, healthcare and social workers.
- Societies of the disabled and social workers do not respond to domestic violence. Social services provide assistive devices only. When homecare assistants observe domestic violence in families of persons with disabilities they do not report to the appropriate authorities and services thinking that this is a family matter.
- To keep the family, women conceal violence and hope that husband will make good.
- Victims of domestic violence may file a report of violence to police but often they collect it back or forgive abuser in court.
- Many persons with disabilities, as well as others, think that violence in a family is normal.
- No work with abusers.
- Absence of crisis centers, hotline, helpline.
- Healthcare workers and local police inspectors do not make household rounds.
- Due to workload and bureaucratic procedures, the appropriate authorities scarcely ever address family-based violence.
- Disabled persons with mental diseases are the most vulnerable group of persons with disabilities. Often, they do not understand that they are exposed to violence, and sexual violence in particular. Even if they do, they think it is normal.
- Investigatory authorities find it difficult to prove evidence of violence against persons with mental disorders.
- Absence of mechanisms to identify and respond to violence against persons with mental disorders. To provide help it is necessary to establish capacity of disabled persons with mental disorders. Unfortunately, it takes time and a commission has to be convened.

Representatives of local police and healthcare facilities reported existence of interagency collaboration between police and healthcare. Sociopsychological follow-up services to victims of domestic violence do not have access to database; no information exchange exists between specialized services and competent authorities. Each institution works on stand-alone basis. The authorities hardly ever collaborated with societies of the disabled. No interagency collaboration exists on the rayon level.

During focus group discussion we found that social services, psychologists and healthcare workers were not aware about the instruments of violence counteraction/response. They are not appropriately aware about the law on preventing domestic violence, standards of services and international regulations. Sociopsychological follow-up services deliver services to persons affected by violence according to the Standard Operating Procedures (SOPs). Other participants of the focus groups were not aware about SOPs.

With regard to improvement of prevention, identification and support to persons with disabilities affected by violence the participants of focus groups proposed the following action and interaction mechanisms:

- set up an integrated database of violence against persons with disabilities for specialized services and competent authorities;
- increase the number of rehabilitation centers;
- improve skills of psychologists, social workers, local police and healthcare workers in identification and interaction with persons affected by violence with a focus on persons with disabilities;
- raise awareness of persons with disabilities about their human rights and rights to protection from violence;
- prepare videos with stories about gender-based/domestic violence and response services and disseminate through social media;
- conducts classes at schools about prevention of gender-based/domestic violence and consequences;
- conducts classes at schools about human rights so as to raise awareness of children and adolescents about their rights.

Special needs of persons with disabilities

The fundamental principle to underpin delivery of high-quality services to persons with disabilities with a focus on women and youths is: if you have any doubts ask a person with disability. In fact, the UN Convention on the Rights of Persons with Disabilities requires such consultations for the development and implementation of legislation and policies in order to enable women and youths with disabilities to fully and equally exercise legitimate human rights. Persons with disabilities are experts in their needs, they know barriers they encounter and conditions they need for equal access to services. This was the purpose of this study – to hear opinions of persons with disabilities as right holders.

The study found that:

1. **Persons with various disabilities (visual, hearing, MSDs, etc.) need regular visits by local police, healthcare workers, social workers, psychologists (persons with disabilities need psychocorrection) for the monitoring of their position, raising awareness of their rights and guaranteed services in each sector.** Currently, home visits by local police, social and healthcare workers are a mere formality. Local police do not inquire into the causes of domestic violence and do not conduct appropriate preventive activities. Social workers are mostly responsible for delivery of special supplies but do not respond to signs or complaints against domestic violence, do not inform persons with disabilities about their rights. The

conclusion is that appropriate authorities do not prevent domestic violence nor identify problems appropriately.

It is necessary to develop tailored guidelines for specialists from healthcare sector, psychosocial support and access to justice to identify persons exposed to security risk, including in situations when the persons affected by violence are dependent on abusers. These specialists should be trained on security planning and risk mitigation for persons with disabilities in a situation of potential or current violence.

It is necessary to train and support specialists and support staff from these sectors in understanding legal rights of persons with disabilities, including in their communities, existing mechanisms of safe reporting potential or current violence, harassment or harm, disrespectful delivery of services, barriers to services, etc.

Also, it is necessary to train specialists and support staff on delivery of services with respect for dignity and preferences of recipients of services, various age-, disability-, gender-, socio-economic status- and culturally appropriate ways to provide service.

2. **Persons with disabilities are not well aware about their rights due to unavailability of information in intelligible formats and communication channels.** The majority of persons with disabilities do not know their rights and are unaware of services envisaged by the government for persons affected by gender-based/domestic violence; they are not aware about liability of abuser, where to seek help in case of violence, or about crisis centers. Persons with disabilities are not fully aware about screening programs and preventive examinations in healthcare facilities.

   It is necessary to increase awareness of persons with disabilities about their rights, make information available in mass and social media in adapted formats that can be understood by persons with disabilities.

   Information should be made available and communicated in the following adapted formats where necessary:

   - Braille script;
   - large print;
   - audio support;
   - digital formats compatible with display readers;
   - sign language interpreter of the preferred gender;
   - subtitles;
   - simplified formats (e.g. easy language, easy to read);
   - visual aids.

3. **Persons with disabilities highly need protection of their reproductive rights and access to information in intelligible formats and reproductive and mother health services.** Analysis of responses, particularly from women with disabilities, found that often healthcare workers hindered exercise of reproductive functions by women with disabilities making them to terminate pregnancies, sterilize and depriving them of appropriate information about family planning and maintaining reproductive functions. Often, family members and caregivers of young women with disabilities decide for them in the way that they cannot have families and children. This is a damage to legitimate rights of women with disabilities to childbirth, health and family planning, and to freedom and privacy, private life, freedom from discrimination, right to be free from inhuman or degrading treatment which includes sterilization without a woman's consent (information from women's stories).
   Protection of reproductive rights and reproductive health for persons with disabilities needs to be properly addressed and explored in light of international commitments of the state to the principles of the UN Convention on the Rights of Persons with Disabilities; access to

information in adapted formats should be improved especially for persons with visual, hearing and speech impairments, and to sexual and reproductive health services and family planning, implementation of new technologies in receiving services and maintaining health.

4. **It is necessary to create a system of rapid response of the authorities (local police, healthcare and social services) in the event of violence**. Persons with disabilities reported the need to have a so-called "panic button" either on the phone or with a device installed at home to send a signal to local police quickly in case of potential violence and have it prevented. In addition, knowledge about "panic button" may warn potential abuser in the family, as well as blocked access or disablement by abuser. Anyway, such channel to communicate alarm should be discussed comprehensively so as not to expose a potential object of violence to risk and provide available means to quickly report a risk of violence and call for help whenever violence occurs against persons with disabilities through various emergency messengers.

5. **It is necessary to improve communication between persons with disabilities and family members and close community.**
   Jointly with social services, sociopsychological follow-up services to persons affected by violence, civil society organizations it is necessary to organize training for persons with disabilities and their family members on building up an effective communication, control of emotions, conflict resolution. In addition, family members should receive training on coping skills and emotional intellect. Psychological aid should be provided to families of persons with disabilities.

6. **It is necessary to improve coordinated interaction of healthcare, psychosocial support, police, education, crisis centers and civil society with regard to prevention and effective response to gender-based /domestic violence.**
   This would require development of guidelines/protocols for the above sectors on how to deal with victims of domestic violence among persons with disabilities taking into account type of disability such as hearing, speech, visual impairment, MSDs, mental and intellectual disorders; and include measures to help persons with disabilities taking into account their specific needs to the Standard Operating Procedures.

   Provide training to social (including caregivers, sign language interpreters), healthcare and law enforcement workers on specificities in working with persons with disabilities for the prevention of violence and response to gender-based violence.

   Self-defense is the key element to protect rights of persons with disabilities. It means that persons with disabilities can defend their rights and needs in an effective way. Right holders defend their rights, rights of other people and support they may need. Organizations of persons with disabilities are the key mechanism to support and organize self-defense. Advocates for rights should be actively involved in making all decisions affecting their rights. This participatory principle is reflected in the slogan of the movement for the rights of persons with disabilities – "Nothing about us without us".

   It is necessary to engage women and youths with various disabilities to the development and implementation of programs related to gender-based violence, sexual and reproductive health and reproductive rights. They should be involved in the program development, contribute and provide feedback at all stages (planning, design, implementation and monitoring) and to all components (staff training, staffing, elimination of barriers and make obtainment of information and services comfortable).

   In accordance with President Kassym-Jomart Tokayev's principle of 'hearing state', the engagement of persons with disabilities to the program development to improve their position is an effective instrument of the development and implementation of program initiatives keeping in mind that the voice of right holders is heard and needs met.

7. **Improve economic, living, domestic conditions adapted to the type of disability.** The living conditions of many interviewed respondents are poor. Given disablement, limited employment opportunities and unfair wages, they live essentially on allowances and pensions. Often, they are the only source of livelihood for their families and cannot meet all needs of persons with disabilities. Inadequate well-being is one of the main problems of persons with disabilities and main reason of domestic conflicts and violence.

   As such, it is necessary to create appropriate conditions for persons with disabilities and their family members for employment. Living conditions need to be improved. Particularly, the absence of ramps, appropriate stairways and elevators make it difficult for persons with disabilities to be mobile. It is necessary to increase construction of social housing adapted to the needs of persons with disabilities.

8. **Persons with disabilities have high needs in socializing**.

   Grouping persons with disabilities into horizontal voluntary local groups makes it possible for them to socialize, master new knowledge, exchange experience and skills leading to a more successful functioning in the society. Persons with disabilities need the social rehabilitation and adaptation system.

   Viewing adaptation as a social process to establish consistency between actual needs and satisfaction we found mismatch between needs and opportunities to meet these needs often related to inappropriate response by local authorities.

   Persons with group 2 and 3 disabilities are willing to work and look for jobs, they need work and income yet due to the absence of jobs and appropriate infrastructure this problem remains unsolved in many respects especially in rural areas. One of the serious barriers to employment is unavailable vocational training system in rural regions which becomes inaccessible under current conditions.

9. **Improved conditions for socialization of persons with disabilities**. Persons with disabilities need high-quality health services, health resort therapy, access to high-quality education and sports and fitness centers. Majority of persons with disabilities have secondary or vocational secondary education yet without appropriate skills it ends with unemployment. Another important factor is the absence of sports clubs, gyms, swimming pools for persons with musculoskeletal disorders in rural areas. They may be available in the cities but gym membership is unaffordable while the number of free-of-charge sports facilities is not sufficient, and they overall are not adapted to needs of persons with disabilities.

10. **The need for effective communication with the authorities**. Often, disability leads to low self-esteem especially in women and victimized behavior with respective socioemotional state. The lack of skills in the authorities to hear the needs of persons with disabilities, poor communication skills to talk with persons with special needs and inadequate awareness of causes and prevention of domestic violence and steps to providing help to victims aggravate the problem. As a result, persons with disabilities stop trusting authorities responsible to solve their problems.

    It is necessary to train staff in authorities, social and healthcare workers and law enforcement officers on peculiar work with persons with disabilities so as to prevent violence and respond to gender-based violence.

11. **Special needs of persons with hearing disabilities**

    Persons with hearing disabilities do not have an appropriate access to adapted information on all aspects of daily activities. Many rural persons with group 1 disabilities did not attend school. Often, they do not understand what is written. Thus, hearing disability and low awareness are associated with intellectual disorders and developmental delays. They have

limited knowledge about reproductive health and often are unable to explain their health problems or understand advice from healthcare workers. They are not conscious of many types of violence and unable to understand whether violence or crime is committed against them.

Many persons with hearing disabilities do not know sign language, even if they know it but family members, caregivers and children do not. Their communication with persons without such disability is limited to availability of a sign language interpreter. Those respondents who know the sign language reported very limited number of TV programs except for news ones. Trained sign language interpreters are available in the social security offices only and they are very few – one per 20-25 persons.

To provide an adequate comprehensive help in case of violence, qualified sign language interpreters should be available in the authorities responsible for protection of rights and health of people. Also, local police, healthcare and social workers should have mnemonic aids, boards with letters, speech synthesizers, sign language technologies and assisting sign language interpreter for an effective communication and delivery of services to persons with hearing disability (hearing impaired and deaf).

The above limitations in communication with persons with hearing disabilities determine their special needs to have access to:

- mass media information – only few TV programs with sign language interpretation, adapted web-sites easy to understand;
- justice. It is very difficult to them to understand information in case and in the course of court hearings even when a sign language interpreter is made available;
- health services (screening, health improvement, rehabilitation), especially in rural areas. It is advisable to provide all persons with hearing disabilities with DamuMed mobile application to make appointments with doctors, receive necessary information and advice on reproductive health;
- social and psychological services – services of crisis centers, training and job placement. It is necessary to provide adapted information about training and jobs.

12. Special needs of persons with visual disabilities.

Due to the absence of the necessary equipment for examinations in rayon and rural hospitals the persons with visual disabilities cannot go to the city on their own where such services may be provided without someone else's help. They need a vehicle and an accompanying person from the authority because often caregivers or family members are not willing to accompany exhibiting abusive behavior towards a person with disability.

Only those persons with visual disabilities can understand the Braille script who were trained in childhood. Such training is not available in rural areas. They need voice synchronizers and special software. Specialists who provide support to such persons should be aware of specificities in communication with such devices.

Many of persons with visual disabilities diagnosed at childhood and especially rural ones did not attend school. Often, visual disabilities are associated with intellectual impairment and developmental delay. No persons with visual disabilities diagnosed at childhood had higher education. They have limited knowledge about reproductive health and are unable to adequately describe their health problems, sexual and reproductive ones in particular, what happened to them in a certain abusive situation. They do not distinguish types of violence and are not conscious that violence or crime was committed against them.

Persons with visual disabilities caused by injuries or diseases have a low self-esteem, it is difficult to them to adapt to blindness. They are exposed to violence from people around, society and less often from the family.

Prevention of potential difficulties in adaptation by persons with visual disabilities, development of self-control skills, support to appropriate personal and professional development can prevent domestic violence against them.

13. Special needs of persons with disabilities due to musculoskeletal disorders

Persons with disabilities due to MSDs affected by violence need access to:

1) crisis centers with rooms and facilities adapted to their special needs:

- fittings to enable mobility of persons with this type of disability (ramps, elevators, fittings in bathrooms, etc.);
- accessible furniture, kitchen and other premises;
- accessible toilet and bathrooms;
- access to communication;
- personal hygiene service;
- opportunity to receive (for no charge) assistive devices instead of those lost while escaping violence in crisis and healthcare centers;

2) justice. Generally, they do not know their rights in order to protect them. Offices of law enforcement organizations are difficult to approach (in terms of accessibility). The rayon is immensely short of free lawyers;

3) healthcare services - screening, health improvement and rehabilitation - are not available in rural areas in every instance. It is necessary to provide adapted vehicles to them so as they could go to health centers where such services are delivered;

4) reproductive health and family planning counselling and services. When doctors advise on family planning, they often force their decisions on women with disabilities with regard to reproductive function. E.g. they offer to terminate pregnancy though no medical contraindications are available, only on the grounds of disability. There is a need for professional and unprejudiced health services with a due consideration for reproductive rights of persons with disabilities;

5) sociopsychological services taking into account specificities of mental state of persons with disabilities.

Conclusions and recommendations

Girls and women with disabilities are more frequently exposed to violence than their male peers or girls and women without disabilities. Studies all over the world showed that girls and women with disabilities who have to appeal to law enforcement authorities due to sexual abuse and other wrongdoings encounter barriers that exacerbate discrimination against persons with disabilities. In the absence of significant government and non-governmental support they rarely achieve justice for violation of their rights.

The UNFPA provided technical support to the studies in Kazakhstan which showed that persons with disabilities of all ages and genders are exposed to violence from the society[2].

In accordance with **article 16 of the Convention on the Rights of Persons with Disabilities*: Freedom from Exploitation, Violence and Ab*use,** the State Parties should take all appropriate

[2] The studies are performed by the Public Opinion Center in the framework of the projects of the National Commission for Women and Family and Demographic Policy under the President of Kazakhstan and UNFPA with the financial support from UNFPA:
1) Assessment of socioeconomic position of persons with visual and hearing disabilities in Kazakhstan (survey results). 2010; 2) Assessment of reproductive health and socioeconomic position of persons with disabilities due to musculoskeletal disorders in Kazakhstan (survey results). 2011; 3) Assessment of socioeconomic position of persons with disabilities due to mental and intellectual impairments in Kazakhstan (survey results). 2011; 4) Reproductive health and reproductive rights of persons with various disabilities in East-Kazakhstan oblast (survey results). 2012.

measures to prevent all forms of exploitation, violence and abuse through gender- and age-specific assistance and support for persons with disabilities and their families and caregivers.

Often, a very inadequate legal awareness makes many persons with disabilities the objects of violence, maltreatment, deceit and other personal crimes. Psychological support and helpline to contact experts with knowledge and skills to work with persons with disabilities is not available. Domestic violence prevention programs do not take into account their special needs.

Often, social workers, healthcare workers, crisis center and helpline staff do not have appropriate skills for communication of information about gender-based and domestic violence and respective services to women and youths with disabilities. Exclusion and absence of information in adapted formats makes it even more difficult for women and youths with disabilities to get access to information about services or learn about rights to freedoms from violence, forms of violence and access to protection.

Absence of data and information about violence which affects persons with disabilities in their homes hinders development of targeted services. Communication barriers are especially challenging for persons with sensory and intellectual impairments and prevent from reporting violence and access to crisis counselling, security planning and other protective services. Physical barriers such as absence of accessible transport and infrastructure can deprive persons with disabilities of access to essential response services.

To counteract and prevent violence against women the agreed and coordinated efforts are required from various institutions to secure psychosocial well-being, access to law enforcement and health of persons affected by gender-based/ domestic violence – an interagency response.

As part of UNFPA's technical support to the Government of Kazakhstan in the development of interagency response to violence against women and girls envisaged in the Family and Gender Policy Concept until 2030 under the leadership of the National Commission for Women and Family and Demographic Policy under the President of Kazakhstan and Kazakhstan Free from Violence Program initiated by the General Prosecutor Office of Kazakhstan, 2017-2018, UNFPA provided technical support to piloting an interagency response to domestic violence in South -Kazakhstan and use of standard operating procedures for delivery of essential services to victims of domestic violence by healthcare, social support and police sectors.

These sectors play the key role in this system by assisting in effective identification of persons affected by violence, first medical aid, coordination of institutions responsible for health, psychological and social care, and access to justice and security. In accordance with the Sustainable Development Agenda and "Leave no one behind" principle it is necessary to integrate special needs of persons with disabilities into the national system of interagency response to gender-based/domestic violence.

In accordance with President Kassym-Jomart Tokayev's principle of 'hearing state', the engagement of persons with disabilities to the program development to improve their position is an effective instrument of the development and implementation of program initiatives keeping in mind that the voice of right holders is heard and needs met.

Prevention and response to violence against persons with disabilities

Support to persons with disabilities affected by violence

1. Improve coordinated interaction of healthcare, psychosocial support, police, education sectors, crisis centers and civil society with regard to prevention and effective response to gender-based/domestic violence; develop guidelines/ protocols for the above sectors to deal with persons with disabilities affected by domestic violence taking into account the type of disability, and incorporate support measures for persons with disabilities with due consideration of their specific needs by the above sectors into Standard Operating Procedures.
2. Develop guidelines, instructions and clinical protocols on handling with persons with disabilities affected by gender-based/domestic violence with a focus on persons with hearing, speech, visual impairments, MSDs, mental and intellectual impairments.

3. Integrate responsibilities for identification and response to gender-based/domestic violence into the job descriptions of healthcare, psychosocial support and access to justice staff with a focus on special needs of persons with various disabilities.
4. Provide training to social (including caregivers, sign language interpreters), healthcare and law enforcement workers on specificities in handling persons with disabilities so as to prevent violence and in response to gender-based violence.
5. Incorporate support to persons with disabilities affected by violence into Standard Operating Procedures.
6. Provide access to crisis center services for victims of gender-based violence with various disabilities by adapting the centers to the needs of persons with disabilities.
7. Government should conclude social contracts with NGOs to overcome negative stereotypes against women with disabilities and enhance their status in family and society.
8. Make information available in intelligible formats for persons with various disabilities about their rights, statutory health services and protection from violence, liability of persons committing violence. This will significantly improve living standard of persons with disabilities and minimize domestic violence against them.
9. Local authorities should enhance monitoring and control over delivery of services to persons with disabilities and protection of their rights. Local authorities should create a database of persons exposed to risk of violence, follow up disadvantaged families of persons with disabilities, and conduct preventive conversations with them. One of the performance indicators of local akims should include satisfaction of persons with disabilities with services.
10. Make alert communication about risk of violence and call for help available in case of violence against persons with disabilities affected by violence.
11. Create an integrated data base on violence against persons with disabilities for specialized services and authorities and regularly update with statistical data drawing on reports of relevant services, anonymous questionnaires, and surveys among persons with disabilities.
12. Conduct activities and regular conversations with potential and reported abusers. With the help of NGOs, develop or adapt existing elsewhere guidelines for preventive conversations with real and potential abusers;
13. Develop scheme of interaction for psychologists, social workers, local police and healthcare workers for the prevention, identification, delivery of care and referral of persons with disabilities affected by domestic violence. The scheme should take into account special needs of persons with various disabilities;
14. Develop a scheme for interagency interaction for the prevention, identification, delivery of care and referral of persons with disabilities affected by domestic violence so as to coordinate actions and provide comprehensive services to persons with disabilities.
15. Provide training on identification, delivery of care and prevention of domestic violence against persons with disabilities.

Prevention and monitoring of domestic violence against persons with disabilities

1. Taking into account that social and healthcare workers and staff of crisis centers rarely have been appropriately trained to work with persons with disabilities or provide information to persons with disabilities in intelligible formats about gender-based and domestic violence and appropriate services, to provide training to specialists and support staff from these sectors on understanding legal rights of persons with disabilities, existing mechanisms of safe communication about potential or current violence, harassment or hurting, disrespectful delivery of services, barriers to services, etc.
2. Develop specific guiding principles for specialists in healthcare, psychosocial support and access to justice sectors for subsequent use in identifying persons with disabilities exposed to security risk, particularly in situations when the affected persons are dependent on abusers. These workers should be trained in security planning and mitigation of risk for persons with disabilities in a situation of potential or current violence.

3. Provide training to social (including caregivers, sign language interpreters), healthcare and law enforcement workers on specificities in handling persons with disabilities so as to prevent violence and in response to gender-based violence.
4. Taking into account that persons with disabilities are not well informed about their rights due to unavailability of information in intelligible formats and communication channels, raise awareness of persons with disabilities about their rights, including reproductive rights, make information available to persons with disabilities in intelligible formats.
5. Develop performance indicators for the competent and specialized authorities with regard to prevention of domestic violence against persons with disabilities. Local committees should make monitoring and evaluation according to such indicators.
6. Set up local committees for the comprehensive support to persons with disabilities, particularly in case of violence. The committees should include representatives of local authorities, local advocates, police, social and health services. The committee should regularly monitor delivery of services to persons with disabilities and make surveys.
7. Engage religious leaders, NGOs and advocates amongst persons with disabilities for the promotion of rights of persons with disabilities, including reproductive rights for the prevention of domestic violence and assistance to persons affected by violence. Arrange for workshops for the above advocates.
8. Advocate for inadmissibility of family violence and ways to resolve family conflicts through mass media. It is necessary to adjust the content of informational and educational programs in mass media with due consideration for violence in families. Particularly, implement TV and radio counselling, in social media and conversations on legal regulation of family relations; strengthen social advertising on family policy, civil rights of a family, growing up children; draw attention of the public to the problem of inadmissibility of child abuse in families.
9. Advocate for "Diverse but Equal" campaign in Turkestan Oblast so as to raise awareness of general public about domestic violence against persons with disabilities, prevention and response to domestic violence against persons with disabilities.
10. Arrange for TV programs (talk shows) on local TV channels about problems of persons with disabilities and violence against them.
11. During the world campaign "16 Days without Violence", highlight the problem of violence against women with disabilities.
12. Create a "peer-to-peer" mentorship program. Successful persons with disabilities who have coped with hardships may mentor online a person with disability affected by violence. Create a website with video, invite mentors and get registered. Provide training to mentors, make promotional videos and invite those who would like to have such mentors. The mentorship program should last at least 3 months and beyond if the affected person and mentor agree. Success stories may be disseminated through communities if desired.
13. To prevent violence by peers against children of persons with disabilities it is necessary to teach children at school on human rights and respect for human rights, the culture of family relations, self-control of behavior, behavior in a conflict situation and how to find a way out.
14. Local police should keep records and monitor families of persons with disabilities where emotional and economic violence occur.
15. Support and develop nongovernmental organizations involved into engagement of youths with disabilities, lead them for education and provide support to employment as far as it is possible.
16. It is necessary to support development of distance learning which enables access of persons with disabilities to education who cannot attend ordinary schools.
17. Provide online and offline training courses to persons with disabilities so as to raise awareness about their rights and ways to protect their rights, as well as public services to be delivered to persons with disabilities in case of potential violence against them.
18. Develop and organize courses for doctors, police, social workers, psychologists and local specialists on identification of victims of domestic violence among persons with disabilities. Foster and develop skills to communicate about domestic violence and related services in intelligible format (according to the type and needs of persons with disabilities).

19. Work with abusers. Organize a pilot project to cover abusers with clarification of human values in human life, diversity and equality of all. Engage psychologists, social workers, activists among persons with disabilities and NGOs. Approve and disseminated the methodology tested in pilots.
20. Provide access to appropriate support services to persons with disabilities affected by domestic violence (hotlines, helpline, panic buttons). This can be linked to the existing violence hotline through the development of additions instructions for operators to deal with persons with disabilities affected by violence.
21. Develop a special training program for local police on how to work with persons with disabilities affected by domestic violence. Provide a panic button to persons with group 1, hearing and visual disabilities to report violence.
22. Make services of sign language interpretation available for effective communication with persons with hearing disabilities in all organizations and institutions involved into delivery of services to persons with disabilities.

Rehabilitation of persons with disabilities affected by violence

1. Develop a training program for NGOs about development of crisis centers by allocating social contracts on grant basis by the government to local NGOs so as to develop a network of accessible crisis centers for women with disabilities affected by domestic violence.
2. Provide psychological, health and legal support to persons with disabilities affected by domestic violence. Develop rehabilitation programs according to the type of disability (hearing, visual and MSDs) for victims of violence.
3. Create free-of charge training programs on taking care for persons with disabilities for older adults who lost job and family members of persons with disabilities jointly with the National Chamber of Entrepreneurs and Akimats and then arrange for payments for such services through employment centers.
4. Engage local advocate communities to work with families of persons with disabilities.

Reproductive health and reproductive rights of persons with disabilities

There remain some challenges that needs to be addressed by governmental representative and executive authorities and civil society such as ***reproductive health and reproductive rights of persons with disabilities.*** Appropriate control should be in place for the mechanisms of exercising reproductive rights of persons with disabilities and access to high-quality health services, including sexual and reproductive health and family planning.

Reproductive health is closely related to reproductive rights which include right to education and access to information to make an informed and free reproductive choice, prevent sexual transmission of HIV and other infections; right to access to high-quality reproductive healthcare, including safe motherhood, diagnosis and treatment of HIV and other sexually transmitted infections, diseases of reproductive organs, including neoplasms, infertility; right to contraception and protection from HIV and other sexually transmitted infections (STIs), as well as necessary medicines; right to legal and safe abortion; right to freedom from forcing to abortion and sterilization, as well as protection from injuries and harm affecting reproductive functions. The results of surveys of sexual and reproductive health of persons with various disabilities in Kazakhstan showed that persons with disabilities are most disadvantaged in terms of family planning. Widely prevalent abortions and sexually transmitted infections among persons with disabilities are caused by unsafe behavior and inadequate access to information and services related to reproductive health and family planning.

Women and men with disabilities continue to experience limitations in access to reproductive health services. The overwhelming majority of persons with disabilities do not have competent medical information about their sexual and reproductive health, family planning, birth spacing. Unmet family planning needs among women with disabilities accounted to 41.5% or more than four times higher than in overall population.

Extremely low awareness of persons with disabilities about prevention of unwanted pregnancy results in a high abortion rate among women with disabilities, 8 times higher than in general

population. Sexual and reproductive health indicators are disastrous for all persons with disabilities irrespective of gender, age or type of disorder. But persons with hearing disabilities are even more vulnerable in terms of prevalence of STIs and abortions which point to the necessity and significance of accessible and high-quality relevant information. Early diagnosis as part of screening programs covers less than half of women with disabilities.

Special needs of persons with disabilities with regard to sexual and reproductive health, as well as access to high-quality family planning and safe motherhood services should be addressed by the programs designed to improve life of persons with disabilities, integrated into healthcare programs and reflected in legislative documents.

To assure reproductive rights and reproductive health of persons with disabilities in light of international commitments of the country to implement principles of the UN Convention on the Rights of Persons with Disabilities it is necessary to develop and implement mechanisms to enforce reproductive rights of persons with disabilities, improve access to information in intelligible format especially for persons with visual, hearing and speech impairments and to services of sexual, reproductive and mother health and family planning, implement new technologies for the delivery of services and healthcare.

It is necessary to engage women and youths with various disabilities to the development and implementation of gender-based violence, sexual and reproductive health and reproductive rights programs; support the engagement in the program development and implementation at all stages (planning, design, implementation and monitoring) and in all components (staff training, staffing, elimination of barriers and make information and services available in a comfortable way).

The government should guarantee access to reproductive health and family planning services, sexuality education in intelligible format to persons with disabilities equally as to other populations, and:

- engage associations of persons with disabilities into policy-making related to persons with disabilities, design and decision-making which can affect their interests;
- take into account sexual and reproductive health indicators and reproductive rights of persons with disabilities in accordance with the Sustainable Development Agenda and “leave no one behind” principle, and monitor reproductive health care and exercise of reproductive rights by persons with disabilities;
- it is necessary that all barriers to health care, including reproductive health, were eliminated in the cities and other settlements:
  - physical access, transportation, use of tables for examination and lab testing, access to information in intelligible format;
  - continuous information for healthcare providers about rights of persons with disabilities;
  - raising awareness activities related to reproductive rights of persons with disabilities and statutory reproductive health services;
- facilitate development of specific information content for women, girls and men with disabilities on reproductive health, family planning and mother health with Braille script, sign language interpretation, audio and video materials;
- incorporate communication and specialized training on reproductive health, including prevention on unwanted pregnancy, HIV and STI transmission, into the national long-term development plans for the improvement of life of persons with disabilities and governmental social contracts to NGOs in the regions.

Приложение 1

Respondents' stories

Stories of women with disabilities affected by violence

Story 1

"When I was 17, I was raped by a relative. To avoid disgrace my parents made me marry him. I did not love him and it was disgusting to share a bed. During a month I experienced several episodes of sexual, physical and emotional violence from my husband. In a month, I left him and returned home. Due to the stress I suffered glaucoma and became visually disabled (group 1).

At 21, I met a man special to me. I got pregnant but my mother was against that marriage because he was visually handicapped as well. By trick, she took me to doctors in Shymkent who terminated my pregnancy by caesarean section at 20 weeks and ligated my tubes without my knowledge and consent to prevent me from further pregnancies. A nurse said that it was a beautiful girl... Then I wanted to commit a suicide, took sleeping pills, cut my veins with a knife. Now my mother regrets but you cannot return what had already happened...

Then I married a man with mobility impairment. We lived in a village. His brother attempted to rape me. We divorced in 3.5 years.

Then I learnt to do massage. Now I receive private clients. Sometimes male clients are rude and force to sex. I respond rudely as well and reject any endeavors. I learnt to defend myself. I do not believe anyone. And I will never marry again.

Do you think that if my tubes are "unligated" I can get pregnant?.. If I gave birth that time I would have had a 10-year-old daughter...".

We asked whether she would mind if we tell her story anonymously, she was very enthusiastic: "You know, I was dreaming that someday someone comes to me and asks to tell the story of my life... And I will tell absolutely everything so that everyone knew the story of my life! And this is it! Of course, I do not mind if you tell my story so that people know what happens next to them, how difficult it is for young women with disabilities to live and protect their rights! And I feel especially sorry for young girls exposed to sexual violence (pedophiles)... It is very hard to them to endure this... We can survive (the respondent means girls of full age), if we are raped we will not die of that... But little girls can die...". (Turkestan city, blind respondent. Visual disability group 1).

Story 2

"At 8, a neighbor attempted to rape me. He took me to a shed and set to undressing and touching me. Other neighbors saw and saved me. He was convicted but returned in three years. He intimidated me; I was living in a state of fear. Whenever we met, I felt petrified. I felt attacks and fainted. Epilepsy developed. At 18, I was bridenapped. In two months, when my mother-in-law learnt about my diagnosis (epilepsy) she did not allow me to live with my husband. I was returned to my relatives. I returned to my parents' home 4 weeks pregnant. I wanted to deliver this child very much but sisters kept me long in a steam bath until I miscarried. In a few years my womb was removed due to myoma.

Once I had an attack while cooking, I fell on fire and had a burn of the right side of my face. Now I need several plastic surgeries but I have no money for it. After my mother's death, sisters-in-law abased and turned me out from home. Now I live for 2-3 month at each sister's home or with relatives. As I am short of money, I take only free-of-charge medicines prescribed by neuropathologist.

Do you think I may adopt a child? If I had delivered then now my child would be 24..." (Saryagash Rayon. Female respondent aged 42. Disability due to a general disease, group 2)

Story 3

"At 6, a relative attempted to rape me. I was very frightened and when I came home, I did not say anything to my parents. I told my mother that I did not want to eat, I was crying and fell asleep. My parents did not know anything.

My first husband left me when I was very ill. I married a second time. My second husband did not want to live with a woman with disability. He started a new family.

In my lifetime I experienced collective rape three times. First, it was a young man – my first love. He sold me to his friends for debts. It was a collective rape – 5 persons.

In two months after the collective rape I was attacked by 2 men in the street but did not report about violence again.

The third collective rape took place when I was returning from an event. I was raped by 4 men in a car. I did not report to law enforcement authorities either. In all these instances I did not report because I felt ashamed."

(Shymkent city. Female respondent aged 50. Disability due to a systemic disease, group 1)

Story 4

"I was brought up in a good and loving family. My father was a judge, and my mother – a teacher. I married for love but love passed soon. My husband was jealous because I was beautiful. He abused alcohol, beat me and gave me a hard time. He used to punch me in the head. Each time while beating he said that he wanted to spoil my beauty so as other men did not look at me.

I wanted to divorce but when daughter returns to parents it is shameful to them. You know Kazakh saying: "Қайтып келген қыз жаман" (*The girl who came back is bad*). So, I kept living and bearing it. I bore violence from mother-in-law. After bringing the fourth child I divorced.

In 2016, I was diagnosed with disability group 1 after a road accident. In a year, during a medical examination they found cerebral tumor. My husband returned. Now he takes care of me. Drinking sometimes. He has a disability group 3 caused by a systemic disease. We live on the second floor in a rented apartment. He takes me outside in his hands because the entrance is not adapted for a wheelchair. Each time on the staircase he says: "I will drop you and you will die from falling. I will tell that you pulled away because you wanted to die. And no action will be brought against me." He makes use of my helpless state and keeps raping me 3-4 times a month at nights. I cannot even cry out. Children are sleeping and besides it is shameful. He threatens to leave if I do not set walking. He says: "I want to take a normal and healthy wife. You spoiled my life." Before disability I used to approach a local police inspector in case of violence. Now I endure in silence because I am dependent on him. Children see it all it's not easy for them either. Twice I wanted to commit a suicide by falling from the window but I was not able to step on a windowsill".

(Female respondent aged 41. Disability group 1 caused by MSDs, Turkestan city).

Story 5

"I have been visually impaired from childhood. I could hardly finish school and never studied after. My disability must have been diagnosed back in my early years but it seems that my parents did not know or could not do it. At 26, I was diagnosed with congenital cataract. In 2017, my disability was formalized as group 1. A social worker comes twice a week. Otherwise, my mother would help. Also, I have type one diabetes mellitus and I experience epileptic seizures after childhood injury.

At 20, I got married and my husband is seeing and healthy. When I got married, I knew that he sometimes drank alcohol a lot. I was glad that someone married me. I gave birth to two children in 2013 and 2015. They suffer epilepsy too. It is two months now since we have need divorced. He has a new family. He has lived in two families for 3-4 years.

After the first child was born, he came on beating and strangling me. He blamed me that I produced a sick child. After beatings he forced me stay at home so that no one could see injuries. He received disability allowances for me and for children. He controlled money ignoring family needs. From year to year he was drinking more and more. He might disappear for 3-4 months. But when I file documents for alimony in court he returns. So, for six years he stays with us for 2-3 months to avoid alimony payments. During these 2-3 months he stays with us I experience sexual violence, and now I am pregnant with the third child. I am against abortions because it is a sin. After violence I did not seek any help. Firstly, it is shameful, and secondly no one can help especially local police. When I go to public service center, social security office, hospital or Akimat I feel that they would prefer not to see me there. Also, I hear them reproaching me: "Why did you bear children if you are disabled. Stop bringing forth sick children. You do it for allowance, etc.".

(Female respondent aged 28, 1 Visual disability group 1, Sairam Rayon).

Story 6

"I have not had a family of my own and lived with mother all my life. She took care of me until she died. I have multiple sclerosis and disability group 1. My mother died 5 years ago, then my brother took all title documents and disappeared. He never called or visited me - his sister with disability. I cannot go out or move on my own. I am lying only. Social workers have been caring for me during 5 years. I experienced violence from them too, they demeaned me, demanded money for visits, did not care appropriately. What is really very bad is that my neighbor moved fencing and took part of my land. When I invited him, he came and said: "What are you. You are disabled. Nobody will listen to you. Why do you need land?". My house is a corner house and on the other side a part of land is used as a road. Local deputy akim said that he knew what he was doing. I am nothing. Due to my disability I cannot do anything with this land. Even if a complain to higher-level authority I will not succeed. I do not believe or hope. I am sure that nobody needs us." (Female respondent aged 57, group 1 disability caused by a systemic disease. Sairam Rayon).

Story 7

"Me and my husband have hearing disability, group 3. We live in a rented apartment. No jobs. Neither myself or my husband have any occupation. We did not study after school. Three children. Mother-in-law takes care of children. We live on disability allowances. Mother-in-law controls money and she receives our allowances. She buys food, clothes to children, pays for apartment. We know some sign language. We communicate through text messages with my husband. He is very nervous. For no reason at all he can become agitated and throw things at me. Once he injured me with a knife and I had to stay in hospital. Then a local police inspector made a restraining order for him. I did not apply anywhere any more. After that event he keeps beating me. I want a divorce but I have nowhere to go. Even if I leave, I cannot care for children. Mother-in-law would not allow me take them. No goal in life. I even cannot read books. I am like a live doll from which you can tear arms or legs. Unlike a doll I eat and use toilet. Sometimes I rebel and cry."

(Female respondent aged 28, hearing disability group 3, Shardara town).

Story 8

"My husband kept punching me in the head. I had numerous brain concussions. He forced me to stay at home and did not allow to go to hospital. I did not appeal to local police inspector because I felt shameful. I have higher education.

As a result, I have group 1 visual disability. After disability diagnosis he divorced me. I live with my son now. When he punched me on the head and face, he threatened that he would kill me." (Female respondent aged 49, Sairam Rayon).

Story 9

"I was successful. I finished college and got married but we quickly divorced after the son was born because I could not tolerate beatings from my husband. I owned business and built a house and a shop. After a long disease I was diagnosed with disability group 2 caused by a systemic disease. My son has a lifelong disability caused by a disease too. I borrowed from the bank and from other people. In order to repay loans, I had to sell the house. Then we moved to live in the shop. Akimat, fire and sanitary authorities come all the time and demand eviction. We cannot live in the shop but there is no other place for me to go. They demean me and mock at my weight.

Children bullied my son at school calling me a 'fat barrel'... When he went to get diapers to the social service they were rude to him and said: "Even if your mother shits all over the house we do not have diapers". He returned in tears. As a result, he refused to go to school after the 9th year. He wanted to enter medical college but failed. Now I do not know what we shall do though, to my knowledge, children of the disabled persons are eligible for education grant.

Persons with group 2 disability are not eligible for services of a social worker. They provide diapers only. My weight is 180kg. I have ischemic heart disease, hypertension, Hepatitis C, type 2 diabetes mellitus, and bleeding myoma. They refuse to operate due to concomitant diseases. PHC doctors or nurses do not make home visits and come only when called. MRI is needed. But MRI machine for overweight people is not easily available. I have to go to Shymkent. Taxi service for

disabled persons in my Rayon refused to take me there without bringing any reasons. I have to reconfirm disability each year. This requires a medical examination and hospitalization twice a year. It is not so easy for me; besides, the rayon hospital does not have appropriate machines for examination. I cannot go up to the second floor. To get a lifelong disability group 2 the Medical Expert Commission requires reward. I would give it but I have no money at all. I do not know how to live on."

Story 10

"I got married at 18. His relatives did not like me. They thought that I did not match my husband. In two months after wedding my husband took to using alcohol and turned into an alcoholic. He kept beating me and demeaning in front of relatives. I wanted to divorce but we had two children by that time. I bore it and thought that he would come to senses. After another beating, I ran out of home leaving children. When I was returning home in the evening, I met drinking pals of my husband in the market place. They were slightly drunk. I shouted and asked them to keep away from my husband. One of them beat me up and I was taken to hospital by ambulance. I became visually disabled (group 1). When I returned home my husband debased me even more. His relatives asked him to take me back to my relatives. My husband died after another alcohol use 4 years after I became disabled. Since then I live with children. They are adults, they have no jobs. We are continuously short of money and rowing at home. After one episode I wanted to hang myself but children saved me. Sometimes I think of suicide." (Female respondent aged 51, Shardara. Group 1 visual disability).

Story 11 – Story of a family of persons with disabilities

«We are a family of disabled people. We are five and we all are disabled. Me and my husband have hearing disability group 3, two children with hearing disability and one child with visual disability. No jobs. Employers do not want to assume responsibility for us. They do not know how to communicate with us. We live on disability allowances only. Me and my husband know the sign language but children do not. We cannot afford to take children to the city to learn the sign language and there is no specialist in our rayon. There is one sign language interpreter in our rayon. She is available 24 hours. We cannot communicate with the outside world without her. Often, children do not understand us.

We cannot afford necessary medicines. No rehabilitation for us. None of us in the family receive any health resort treatment. Conflict situations often occur in the family. Sometimes they go as far as physical assault but all this happens because of weariness and shortness of money."

(Female respondent aged 42. Hearing disability. Shardara rayon).

Story 12 – Story of a family of persons with disabilities

Male respondent aged 52. He has been diagnosed disability due to MSDs more than 10 years ago. Family lives in a one-room hostel with 8 children. 10 people sleep on the floor. The youngest child is 7 months old. The room is very dirty, no essential furniture; children do homework sitting on the floor. He thinks it is normal.

"It is all my fault. I abused alcohol from 14-15. When I was drunk, I rode a bicycle and was hit by a car. Brawling was common in my parents' home. My father drank alcohol and beat all family members and kicked everyone outside in winter. I left home often. After school I did not study anywhere. My first marriage failed because of alcohol abuse. I married second time. My wife is Uzbek, I am Russian. We live for 16 years but parents and relatives of my wife did not accept me. They demean and insult me. They demand my wife to turn me out of the house. Neighbors look at us with despise. We have problems with our elder son (aged 16) now. He left home and found a job. When he comes home, he clashes with his mother and demands she finds a job and stops delivering children. He often shouts: "Stop breeding poverty!" and beats her. Family's income per each member is 24 000 Tenge including targeted social assistance. I and my wife decided to file a request to police to never let him back again." *(*Male respondent aged 52. Disability due to MSDs, group 1. Saryagash rayon).

Story 13 – Respondent's story

"My son has been diagnosed with cerebral paralysis at childhood and has a lifelong disability due to MSD. He is the only child. Now he is 40, he weighs 80kg. We live on the second floor. He stays at home for years. Healthcare and social workers forgot about us. Some 20 years ago, a social worker came but was unable to put him into wheelchair and left. Healthcare workers have not been making home visit for over 25 years. We receive a wheelchair once in 5 years and it is of a poor quality. In 1-2 years we have to buy a new one. I have never been working, I take care of the son. Every day, I take him up, put in the wheelchair and move from room to room. Now I have a herniation of intervertebral disk. I have to go for diapers and anti-spasmatic prescription to the polyclinic myself. We are completely excluded from the external world." *(*Female respondent aged 65, Shymkent city).

Story 14 – Abuser's story

"My mother died when I was 9. Then my father married 5 times but his relationships with all wives had been bad. He was very jealous and beat all wives. His wives maltreated and pressed on me. They did not need me. I was diagnosed with disability caused by a systemic disease 5 years ago. I started using alcohol 2 years ago. I could not earn. We were brawling at home. I beat and demeaned family members. After the last brawl 8 months ago, my wife left with children and requested divorce. I did not ask pardon from my wife and think that she should not have left." (Saryagash rayon, male respondent aged 46. Disability caused by a systemic disease, group 2).

Annex 2

Questionnaire

In-depth interviews to identify types of violence experienced by women with disabilities (visual, hearing, musculoskeletal disorders and caused by systemic diseases) and assess their needs in situations of gender-based/ domestic violence

Hello!

I am _____ . You were selected for the survey related to security and prevention of violence against persons with disabilities. We understand that you will spend your time on this interview and we shall be very grateful for your help in this study and your open answers.

The goal is to assess needs of persons with disabilities in Turkestan oblast with a focus on special needs of women affected by violence.

Interviewing women/men aged 18+ living in households of potential risk.

1. Name of the settlement (rayon, rural district _____

2. ID of the settlement type (1 – urban, 2 – rural) …… ☐

3. Respondent's ID..... ☐☐☐

4. Date of interview_____ day _____ month _____ year

To the selected respondent:

I would like to ask you questions about important aspects of our life. You do not have to answer questions you do not want to comment. We assure you that all information provided by you will be strictly confidential and anonymous.

Do this time and venue suit you or would you like to select another venue and time?
1. yes 2. no
Continue only if the answer is "yes".

I. SOCIODEMOGRAPHIC DATA
General information

1. Your age, number of years since your last birthday _____

2. Gender:
1) male
2) female

3. Your ethnicity
1) Kazakh
2) Russian
3) other (please specify)_____

4. Your education
1) higher
2) vocational secondary
3) general secondary
4) incomplete secondary
5) primary
other (please specify)_____

7. Your marital status
1) married
2) divorced
3) widow /widower
4) never married
5) unregistered marriage
6) single

8. How many children do you have?
1) one
2) two
3) three or more
4) none

9. Who do you currently cohabitate with?
1) alone
2) with a spouse/partner
3) with children
4) with relatives
5) with parents
other (please specify) _____

10. Where do you currently live?
1) own apartment
2) own house
3) own room/rooms in a hostel
4) apartment/house rented from someone/relatives
5) in institution for the disabled and elderly
6) apartment/house of parents/relatives
other (please specify) _____

Can you have privacy?
1) yes, I have a separate room where I can have privacy when needed
2) no, I do not have a separate room
3) other (please specify) _____

11. How many persons (adults and children), including you, do permanently live in your household:_____ persons

12. What type of disability do you have?
1) musculoskeletal disorder
2) visual
3) hearing
4) systemic disease

13. What disability group do you have?
1) first
2) second
3) third

14. When was disability diagnosed?
1) at birth
2) at childhood
3) at adulthood
4) after retirement
other (please specify) _____

15. To what extent are you dependent on someone else's help in daily life?
1) I need someone else's help for self-care (I cannot move independently, wash, eat, change bed position, sit down into wheelchair and move around, use toilet);
2) I need someone else's help when moving around (I cannot go out independently, visit places outside home, move around the city, use transport);
3) I need help in receiving/reading visual/printed information;
4) I need help for communication/in receiving audio information (I communicate through sign language interpreter);
5) I can move around myself without assistive devices yet I cannot go to long distances and over high barriers;
6) I need help from my caregiver;
7) I can do almost everything myself yet it takes effort

other (*please specify)* _____

16. Can you make decisions about yourself such as:
1) what to do, how to look, what to visit;
2) with whom, where and how often socialize;
3) have romantic or sexual relations with another person;
4) marry, divorce, terminate relations with another person;
5) have or have not children.

other (please specify) _____

17. How often do social workers visit you?
1) each week
2) once a month
3) other _____

18. Can you count on trusted and open relationships with a social worker and discuss domestic violence with her/him?
1) Yes
2) Not sure
3) No

If no, why?_____

19. Do social service workers inform you of your rights, liability of persons who committed violence, what to do in case of violence and where and from whom seek assistance?

20. Have you had any problems in communication or interaction with healthcare or social workers, local police or staff from other organizations and institutions? If yes, why?
1) lack of skill/derogative attitude and unwillingness to help
2) address and communicate with your accompanying persons (sign language interpreter, parents/relatives, etc.) rather than you directly;
3) other (please specify) _____

21. Is confidentiality of your personal information maintained?
1) all information is shared with me only;
2) information can be shared with third persons (sign language interpreters, parents/relatives, caregivers, etc.) without my consent.

22. In your opinion, what below mentioned actions are violence? (respond to each)

	Actions	**is violence**	**is not violence**	**difficult to answer**
1.	Beating			
2.	Pushing, pinching and pulling hair			
3.	Throwing objects that can hurt			
4.	Swearing, cursing			
5.	Forcing to take alcohol			
6.	Forcing to take narcotics			
7.	Intimidating, threatening and actually using a gun or a knife against you			
8.	Forbidding to meet relatives, friends Hindering socializing with them			
9.	Exclusion at home			
10.	Refusing to give money to buy essential things (e.g. food, essential clothes, footwear, toiletries, medicines)			
11.	Forcing to commit sexual acts			
12.	Raping			
13.	Belittling and insulting because of health/physical abilities			
14.	Obscene jokes, remarks			
15.	Intrusion into privacy			

II. Violence against persons with disabilities
1. ***Have you been exposed to the following types of violence from your family members or society?***
One answer in each line

		never	**seldom**	**often**	**always**	**if yes, by whom (specify: relatives, spouses/partners, at work, in institutions, etc.)**
	1. Physical violence					
1	Beating, choking					
2	Threatening to use a gun or domestic objects as weapon					
3	Pushing, hitting, pulling hair					
4	Throwing objects at you which could hurt					
5	Forcing to stay at home					

6	Inappropriate care					
	2. Sexual violence					
7	Sexual touches or other sexual acts against your will					
8	Forcing to sexual acts with threats or use of helpless state					
9	If yes, would violence result in pregnancy					
9a	Pregnancy outcomes: childbirth					
9b	abortion					
9c	miscarriage					
	3. Economic violence					
10	Control over your income and expenses					
11	Extort money for alcohol, narcotics					
12	Other person receives and controls your disability allowance ignoring your needs					
13	Refuse or threaten to refuse financial assistance					
14	Take possession of your personal belongings					
	4. Emotional violence					
15	Have you heard reproaches belittling words such as: “I always have to wait for you for ages", “we all have to wait for you”, “how many times should I repeat?”, “I have to shout/repeat again”, “because of you we unlike normal people cannot work/study/spend holiday/afford…”, etc.					
16	Have you faced disaffection expressed in looks, gestures, occasional comments, etc.					
17	Have you experienced restrictions to your independence from your family? • to socializing and meeting other people • to going out • to taking part in family events (weddings, holidays, etc.) • to meeting/dating persons of opposite sex					

2. From whom would you seek help in case of violence?

1) relatives
2) friends, someone I know
3) neighbors
4) ambulance care, hospital
5) social worker, psychologist in a polyclinic
6) crisis center, sociopsychological follow-up service for victims of violence
7) police/local police inspector

8) society of the disabled
Other _____

3. Do you know telephone numbers and/or addresses of a social worker, local police inspector, police, hotline, crisis centers, follow-up services?
1) Yes
2) No

4. Can you and how can you call for help in case of violence?
1) use my own mobile phone
2) call from landline phone at home
3) via internet
4) go to neighbors
5) go out
6) I have no opportunity
7) other (please specify) _____

5. In your opinion, what would you do in case of any violence, what would you need, what would help you do it and cope with or avoid violence in various situations?
What are these measures? _____
In your opinion, what measures should be taken? _____
Do you know your rights? _____
How free do you feel yourself? Is there anything that restricts your freedom? What is it? ___

6. Please tell us what it means to you to be a woman and have disability.

In your opinion, what do others expect from you as a woman? _____

How do you perceive their expectations and meet them? _____

In your opinion, what do others expect from you as a person with disability? _____

How do you perceive their expectations and meet them? _____

7. What do you think about violence that can be experienced by women and girls with disabilities?

In your opinion, how high is the risk for a woman with disability to become an object of any violence? Why?

8. How would you assess your living standard from the perspective of a woman with disability? And what is your life like today?

Family relations (How does your family cope with situations occurring due to the necessity to meet your needs as a woman with disability?)_____

Your spouse/partner (How would you assess your relations? In your opinion, does disability affect your relations with your partner/spouse?) _____

Other people (How would you assess your relations with the society (as a citizen, at work, in cultural context, etc.)?_____

Self-perception (of your body and its merits and demerits; your future plans) _____

9. In your opinion, what can happen to a person who experienced (experience) different types and forms of violence? What consequences there can be? (you can choose several options**):**

1. Health will deteriorate
2. No willingness to make a family and have children
3. Emotional shock, stress will occur
4. Will neglect parental responsibilities
5. Have to leave home, divorce
6. Will start use or abuse alcohol/narcotics
7. Will commit/attempt suicide
8. Nothing bad will happen to him/her
9. Will get used and try to find a way out
10. Do not know
11. Something else, please specify _____

III. HEALTH

1. How would you assess your health?

1) good
2) satisfactory
3) bad
4) very bad

2. How often do you take free-of-charge preventive screening?

1) at least once a year
2) seldom, once in 2-3 years
3) never

3. Do you know what screening is? Have you been invited by local polyclinic?

1) yes, I know and I was invited
2) yes, I know but I was not invited
3) I do not know, difficult to answer

4. Have you taken HIV-testing in the past 12 months?

1) yes; if yes, did you receive testing results_____

2) no; if no, why? _____

3) refuse to answer.

5. In what healthcare facility do you usually receive care?

1) public healthcare provider;
2) private health clinic;
3) other (please specify) _____

6. Do you take preventive screening in a health center to diagnose reproductive system diseases (cervical, breast cancer and other conditions):

1) yes
2) no
3) if you do not, why
1) I would like but cannot
2) no access to a healthcare facility
3) absence of accessible public transport

4) no one is available to accompany
5) other (please specify) _____

7. Have you had any problems with the health services?
1) absence of a ramp, elevator; narrow doors
2) absence of tactile pathways, mnemonic aids, information in Braille script
3) unavailability of equipment (fluorography, mammography, X-ray, gynecological chair, etc.)
4) absence of sign language interpreters
5) other (specify)_____

IV. Access to police services

1. Do you know your local police inspector?
1) yes 2) no 3) other _____

2. Are you able to immediately contact him/her when needed?
3. 1) yes 2) no 3) other _____

3. How many times a month does he/she conduct household rounds?
1) 1-2 times a month 3) never
2) seldom, once in 2-3 months 4) I do not know

4. How quickly police, including local police inspector, respond and arrive to the site after call?
1) quickly, immediately 3) never respond
2) slowly, in 3-4 hours 4) I do not know

5. Is there anyone in your family who is on follow-up with the police; and if yes, is correction work conducted?
1) yes, correction work in place 2) yes, but no correction work is conducted
3) no

6. In case of violence, have you contacted local police inspector?
1) yes 3) other _____
2) no (if no, why?)

7. Have restraining orders been issued?
1) yes
If yes, have obligations been explained to the person against whom the restraining order was issued?
2) no
If no, why?

8. Is your personal information kept confidential?
1) all information is shared with me only;
2) information can be shared with third persons (sign language interpreters, parents/relatives, caregivers, etc.) without my consent.

V. ASSESSMENT OF SERVICES AND SUPPORT MEASURES DELIVERED BY THE AUTHORITIES

1. In your opinion, who should provide assistance in case of violence against women?

1) authorities
2) NGOs
3) relatives/friends
4) crisis centers, follow-up services
5) other_____

2. In your opinion, who is usually providing assistance to victims of violence in practice?

1) authorities
2) NGOs
3) relatives/friends
4) crisis centers, follow-up services
5) other_____

3. What needs to be done to minimize violence in families and in society?

1) Raise awareness and counselling by social workers about prevention and protection from domestic violence;
2) Create inclusive environment (access to information, services and infrastructure);
3) Pay more attention to family/moral upbringing, especially youths who are going to marry;
4) Address social problems /improve living standard of people;
5) Develop skills for resolving family conflicts, especially in young families;
6) Undertake preventive and rehabilitation activities with victims of violence and abusers;
7) Set up special centers for support to families;
8) other (please specify) _____

4. Do you know that the government currently provides certain services to victims of domestic violence?

1) yes
2) no
3) do not know

COMPLETION OF INTERVIEW

We complete the interview. Do you want to add any additional information about certain events in your life you would like to share with us though we did not ask? Do you have any comments or additions?

OPTION 1 FOR COMPLETION OF INTERVIEW **– IF A RESPONDENT REPORTED ABOUT EPISODES OF VIOLENCE AND PROBLEMS.**

I want to thank you very much for your help. I understand it is very difficult to answer these questions but in order to understand abuse EXPERIENCED by a woman it is necessary that women talk about it. From what I heard I can say that you endured hard times in your life. Nobody can be excused for treating you like this. From what I heard I can conclude that you are a strong person and you found strength to overcome these challenges.

If you want, we can offer you a list of organizations which provide support, legal advice and consultations to women. You can contact them if you want to discuss your situation. They provide free-of-charge services and keep confidentiality of all information you share. If you want but are unable, we can inform them about your situation.

OPTION 2 FOR COMPLETION OF INTERVIEW **– IF A WOMAN DID NOT REPORT ABOUT EPISODES OF VIOLENCE AGAINST HER.**

I want to thank you very much for your help. I understand it is very difficult to answer these questions but in order to understand this problem encountered by some women we need to hear about such experience from women themselves.

If you ever heard of women who need help, we can offer you a list of organizations which provide support, legal advice and consultations to women and you can share it with them. You may contact

them if you, your friends or relatives need help. These organizations provide services for free, and they keep confidentiality of all information you share.

Interviewer's comments:

_____

Thank you for participation!

Interviewer's representation: I represent that this interview was conducted by me (full name)

_____ Signature _____

Information about completed interview: Date of completion _____ 2019
Full name of the respondents/telephone/address (to verify conduction of interview)

Annex 3

Terms of Reference for focus group discussion

Goal:

Assess special needs of persons with disabilities exposed to violence with a focus on special needs of women in Turkestan Oblast - 5 rayons (Shymkent city, Turkestan city, Shardara rayon, Saruagash rayon, Sairam rayon).

Objectives:

1. Explore views of the participants of focus group discussion to understand:
   - special needs of persons with disabilities exposed to violence with a focus on special needs of women;
   - existing opportunities, barriers and gaps to access to domestic violence counteraction services for persons with disabilities;
   - access to health system with a focus on reproductive rights and reproductive health;
   - access of persons with disabilities to sexual and reproductive health programs, including prevention of STIs and HIV transmission;
   - access to social services and justice;
   - gender equality and domestic violence in families of persons with disabilities;
   - how high the risk is for women with disabilities to become an object of any type of violence;
   - whether women with disabilities are exposed to violence (abuse)? In what way? Whether it is more frequent/rare than for women without disabilities;
   - type of relationship where inequality/violence occurs:
     - between relatives
     - between partners
     - at work
     - while receiving services (health manipulations, care and treatment, social services, etc.).
   - effectiveness and sufficiency of instruments to counteract/respond to violence and what needs to be incorporated into SOPs as a response to the needs of persons with disabilities exposed to violence.

Assumptions of the study:

1. Majority of persons with disabilities accept violent relationships among people and against them in particular.

2. Many forms of economic and emotional types of domestic violence are not perceived by respondents as violence, i.e. they do not consider such relations abusive.

3. Many respondents do not perceive emotional or economic violence as violence and think it is normal in daily life and excuse abusers.

4. Majority of respondents, especially women with disabilities, are exposed to violence from family and society.

5. Majority of respondents are unable to avoid violence in a family or let others know about violence against them.

6. Generally, persons with disabilities are excluded from the society and dependent on family members.

7. Majority of respondents doubts /does not know that they can receive competent assistance from local police, healthcare and social workers, psychologists.

8. Awareness about consequences of violence against women is inadequate and varies in different rayons of Turkestan oblast between 10 and 20-30% of all respondents.

9. Awareness of population about existence of sociopsychological support services for women affected by violence will be extremely low (less than 10%).

10. Majority of respondents believe that one cannot uncover violence as it is shameful.

11. Existing mechanisms to identify/counteract/respond to violence against persons with disabilities are not effective or adequate.

Questions to focus-groups:

1. What domestic violence is? In what forms is it manifested?

2. In your opinion, how often are persons with disabilities exposed to violence? Is it more frequent/rare than for persons without disabilities?

3. In your opinion, what are the forms and types of violence the women with disabilities are exposed most in families?

4. In your opinion, what are the types of violence the persons with disabilities and women with disabilities in particular are exposed most in society?

5. In your opinion, why are women with disabilities exposed to violence?

6. What are the problems in identifying and responding to domestic violence against persons with disabilities and women with disabilities in particular?

7. What are specific problems in identifying and responding to violence against persons with disabilities with mental disorders and women in particular?

8. What are the problems for persons with disabilities exposed to violence in communication and interaction with healthcare and social workers, local police and sociopsychological follow-up services?

9. How are prevention, identification and support provided to persons with disabilities in situations of domestic violence?

10. What opportunities, barriers and gaps do exist in access to domestic violence counteraction services for persons with disabilities?

11. Do workers of social services inform persons with disabilities affected by violence about their rights, liability of abusers, what to do in case of violence and where and from who seek assistance?

12. How does interaction within an agency and among different agencies work in assisting persons with disabilities in case of domestic violence?

13. Are competent specialists available in the rayon to assist persons with disabilities affected by domestic violence?

14. In your opinion, how effective and sufficient are instruments to counteract/respond to violence against persons with disabilities and what needs to be done to make them more effective?

15. What can you suggest in order to improve prevention, identification and assistance to persons with disabilities affected by violence (mechanisms and interaction of key sectors delivering services)?

16. In your opinion, does violence deserve discussion in public? Are you aware of any materials in mass media about violence against persons with disabilities?

17. Are you aware of any statements by public officials, politicians, community leaders, parliamentary candidates disapproving violence against persons with disabilities?

18. Are you aware of any national or international documents, including Standard Operating Procedures, with regard to prevention and counteraction to violence against persons with disabilities?