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The intersection of disabilities and violence against girls and women in sixteen districts of Tajikistan



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Zarringul Alimshoeva

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Abbreviations

ChWD	Children with disabilities
DV	Domestic violence
FGD	Focus group discussion
PLD	People living with disability
WCD	Women parenting children with disability
WLD	Women and girls living with disability
SGBV	Sexual and gender-based violence
TSA	Targeted social assistance
VAWG	Violence against women and girls

Executive summary

This report is based on the evidence from 150 in-depth interviews with women and men living with disabilities and women and men parenting children with living disabilities, as well as 2,008 quantitative surveys with men and women in 16 districts across Tajikistan: four districts in Khatlon oblast, four in 'Mountainous' Gorno-Badakhshan Autonomous oblast (GBAO), four in Sughd oblast, three in the Districts of Republican Subordination (DRS) and Dushanbe. Apart from Dushanbe, the districts chosen are isolated, in border areas or have been poorly covered by national or international programmes.

Tajikistan is a patriarchal, hierarchical society where traditions and customs dictate that women are first and foremost mothers and wives, should be subordinate to men and their families, and their primary role is to run the household. Women living with disabilities (WLD) are seen as being unable to fulfil these expected gender roles or dominant femininities, putting them in a position of isolation and at risk of violence. Disability is frequently associated with poverty, illness and a lack of education. Being born with or giving birth to a child with a disability is sometimes seen as punishment for sins; the mother is primarily blamed for the disability. Many of Tajikistan's citizens appear to be ignorant of persons with disabilities, which leads to fear, misunderstanding and even hatred. These attitudes prevent persons living with disabilities (PLD) from achieving their hopes and aspirations, particularly women. They face a widespread lack of access to education, healthcare, employment, social security and other basic services. Social stigma, physical and other barriers prevent both men and women living with disabilities from participating fully in society and realising their potential. Most respondents to the quantitative surveys felt that PLD should not leave their houses. This contributes to PLD's further isolation from society, social security and other basic services. Mothers of children with disabilities experience anxiety, depression and hopelessness when faced with the daily challenges and discrimination of providing their children with adequate education and care. Their opportunities to do anything other than be full-time carers are rare.

The rights and mobility of women (and men) living with disabilities and parenting children with disabilities are extremely restricted; they have little or no participation in public life, due to the shame and stigma related to disability which pervades traditional Tajikistan society and the perceived risks to family honour. Fears over women and girls with disabilities being particularly vulnerable to sexual violence dictates strict control over their movements or forms of incarceration. Their marriage prospects are poor because of disability and families are quick to arrange forced marriages of women living with disabilities to older men or men (illegally) seeking multiple wives without consent. These women have little choice but to agree; however, it was stated that this does give opportunities for financial security, improved status, and to bear children (and thereby fulfil their socially expected role).

Regrettably, physical, emotional or sexual violence is a common experience for most women living with disabilities or parenting children with disabilities in Tajikistan - 100% of women interviewees stated they had been subjected to sexual and gender-based violence (SGBV) throughout their lives. The quantitative data also suggests high levels of SGBV, as well as a culture of silence related to the topic. Faced with SGBV, women living with disabilities or parenting children with disabilities rarely seek help, for fear of abandonment. In cases of domestic violence, these women are generally not welcome back at their parents' homes; therefore, they are primarily dependent on their husbands and their families and bear the violence. They are frequently threatened with divorce for being perceived as 'unhealthy', beaten and insulted. Social stigma is so deeply ingrained in the subconscious of persons living with disabilities that shame prevents them from seeking help. One sixth of interviewees had acquired a disability during their marriage, suggesting that prolonged physical and emotional violence committed by husbands and families is resulting in the manifestation of disabilities among women in Tajikistan.

The government of Tajikistan is failing to systematically address the problems facing PLD, in particular SGBV and violence against women and girls living with disabilities and women parenting children with disabilities.

The report concludes with the following recommendations:

- Recognise both disabled women and girls, and women with disabled children as especially at-risk sub-groups.
- Address and mitigate systemic barriers for PLD.
- Recruit women living with disabilities to work in social protection (and other) institutions and thereby increase their representation and voice.
- Address the stigmatisation of disabilities; include disabilities specifically within SGBV-reduction programming.
- Develop effective outreach mechanisms to engage with beneficiaries living with disabilities and women with disabled children.
- Continue to collect data on the intersection of violence and disability to enrich the literature and build a body of evidence on which to base policy and programming decisions, and make them more effective.

Introduction

Background

International Alert (hereafter Alert) has been working on the prevention of SGBV in Tajikistan since 2015. As a result of this work, it became apparent that women living with disabilities and women parenting children with disabilities were particularly at risk, vulnerable to violence, but were and are often overlooked, unintentionally being excluded from interventions.

During 2018-2019, Alert undertook a qualitative study on the intersection of gender, violence and disabilities, with a focus on the role of disabilities in increasing the risk of SGBV and domestic violence (DV) perpetrated against women with disabilities and women parenting children with disabilities.

The aim of the study, published in 2020 and authored by Subhiya Mastonshoeva,¹ was to gain a deeper understanding of:

- the underlying dynamics and norms leading to different forms of DV and VAWG with disabilities and women with disabled children in the three target areas;
- the needs and wishes of affected women in terms of response; and
- support and gaps or challenges in current support mechanisms.

During the 2020 study, field data was collected through 12 focus group discussions (FGDs) with men and women living with disabilities or parenting children with disabilities, with four FGDs in each research location (Dushanbe, Bokhtar and Khorog) divided by age and gender. Repeat in-depth interviews using the life history approach were conducted with 12 women and six men with disabilities and/or who have children with disabilities, among different age groups, a total of 30 interviews.

The research demonstrated a strong link between disability and violence against women and girls living with disabilities (WLD) and women parenting children with disabilities (WCD). It suggested this was not an unknown issue, but one that was not being systematically addressed by the national authorities, civil society or international actors focused on preventing VAWG and SGBV in Tajikistan.

The findings were that:

- Married women with disabilities facing domestic abuse generally do not seek help outside their close family circles. Due to their increased vulnerability and dependence on family members, they are more likely to tolerate violence and abuse.
- To conform with accepted social norms on marriage and deference (and indeed servitude) to in-laws, women with disabilities try to take on all the responsibilities usually assigned to women without disabilities, even if this affects their own health negatively.

¹ S. Mastonshoeva, Intersection of disabilities and violence against women and girls in Tajikistan, International Alert, 2020 <https://www.international-alert.org/publications/intersection-disabilities-and-violence-against-women-and-girls-tajikistan/>

- Young women with disabilities face significantly fewer chances of marriage because of strictly enforced patriarchal gender norms and expectations. Often, women with disabilities either marry men with disabilities or become second wives of significantly older men, as a means of securing financial stability, status and fulfilment of their socially assigned roles as women, i.e. marriage and childbearing.
- Social isolation of WLD and WCD is common. Reasons given for this include poorly developed infrastructure and inadequate transportation, which have negative impacts on physical mobility; the need to be accompanied and the attendant burden on family members; the associative stigma related to disability among family members; the time needed for mothers, family members and others to take care of a disabled child, limiting possibilities for socialisation; rigid gender norms; restricted gendered spaces; and forced confinement in the family home due to safety and other concerns. The resulting isolation restricts the education, potential employment and personal lives of young women living with disabilities, leaving them feeling lonely, worthless and hopeless.
- Mothers of disabled children experience anxiety, depression and hopelessness when faced with the daily discrimination and challenges of providing their children with adequate education and care. The limited number of schools which include children with disabilities means mothers must struggle to negotiate with schools, teachers and other parents to accommodate their children with special needs.
- The interviews with men revealed issues related to the intersection of masculinities and disability, stigma and discrimination. Disabled men tend to internalise the social stigma associated with their disability and as a result struggle with depression and anxiety. Men living with disabilities and parenting disabled children were not very comfortable sharing personal histories of stigma and discrimination; Tajik constructs of masculinity dictate that men are expected to deal with stigma and discrimination silently and on their own. However, in the research process there were several occasions where the safe spaces created for male participants allowed them to be more confident and secure in sharing their experiences, including on sexuality.

Based on the findings of this report, Alert has adapted its programming to be more inclusive of WLD and WCD and has made efforts to disseminate information to other civil society organisations and the Tajikistan government. While civil society organisations agreed with the findings, government sources criticised the report's small sample size. Therefore, Alert planned a larger-scale research intervention to understand more about the prevalence of this issue, test the findings of the pilot report and provide robust data to support local advocacy on SGBV prevention and the organisations working with WLD and WCD.

Violence against women and girls and disability in Tajikistan

Tajikistan's conservative, patriarchal society is characterised by rigid gender roles, stereotypes and discrimination. Women and girls face disadvantages in education (more likely to drop out before completing secondary education),² employment (underrepresentation in the formal sector, discriminatory human resources practices, e.g. pay gaps, hiring, maternity leave, etc.),³ socio-political life (very low political participation)⁴ and reproductive health (low

2 UNESCO Office in Almaty, Gender equality in and through education in Central Asia, UNESCO, 2021 <https://unesdoc.unesco.org/ark:/48223/pf0000377910>

3 World Bank, Tajikistan country gender assessment, World Bank Group, 2021, <https://reliefweb.int/sites/reliefweb.int/files/resources/Tajikistan-Country-Gender-Assessment.pdf>

4 Country Fact Sheet, UN Women Data Hub, <https://data.unwomen.org/country/tajikistan>, accessed 17 April 2022

knowledge and limited control over it),⁵ among others. These disadvantages entrench gender inequality in the country and extend to VAWG, an obstacle to achieving peaceful societies and gender equality.

The United Nations defines violence against women as “any act of gender-based violence that causes or is likely to cause physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or private life.”⁶ Tajikistan has ratified a number of international legislative acts, including the Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination Against Women in 1995. It has assumed obligations, including to suppress and combat VAWG, as well as to support victims. The National Assembly of Tajikistan (*Majlisi Milli*) adopted the Law “On the Prevention of Domestic Violence” in December 2013. In accordance with this law, the concept of domestic violence is a deliberate unlawful act of a physical, mental, sexual and economic nature, committed within the framework of family relations by one family member in relation to another family member, which causes a violation of his or her rights and freedoms, causing physical pain or harm to his or her health or the threat of causing such harm to health.⁷ In 2014 this was followed by the State Programme for the Prevention of Domestic Violence in the Republic of Tajikistan for 2014-2023. The reduction of gender inequality is highlighted through the improvement of policies to ensure actual gender equality and prevent all forms of VAWG, an intersectoral priority of Tajikistan’s National Development Strategy for the period up to 2030.⁸

Despite these efforts, VAWG and SGBV remain widespread.⁹ Official data suggests that 25-31% of women¹⁰ of ever-married women aged 15-49 have experienced different forms of spousal violence during their lifetime, including physical, sexual or emotional. However, qualitative and quantitative data collected by Alert in Tajikistan since 2015 in Sughd, Khatlon and GBAO (to albeit on a smaller scale, but methodologically more in-depth) suggests that this figure is closer to 60%,¹¹ and higher for WLD and WCD.¹²

There are currently approximately 150,000 registered persons living with disabilities in Tajikistan, including more than 28,000 children;¹³ and that number is growing. The World Health Organization (WHO) considers disability “an umbrella term, covering impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.”¹⁴

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- 5 Ibid; Family planning in the Republic of Tajikistan: A narrative review from Soviet times to 2017, Central Asian Journal of Global Health, <http://cajgh.pitt.edu/ojs/cajgh/article/view/404>, accessed 17 April 2022; S. Kasymova, Use of reproductive health services in Tajikistan; Does women’s empowerment matter? Women’s Reproductive Health, 2020, <https://www.tandfonline.com/doi/abs/10.1080/23293691.2021.2016155?journalCode=uwrh20>
 - 6 United Nations. Declaration on the Elimination of Violence against Women. New York, United Nations, 1993
 - 7 Law of the Republic of Tajikistan “On the Prevention of Violence in the Family”, March 19, 2013
 - 8 Analytical report “Assessment of the situation on the manifestation of gender-based violence against women and girls in the target areas of the Republic of Tajikistan”.
 - 9 Violence with every step: Weak state response to domestic violence in Tajikistan, Human Rights Watch, <https://www.hrw.org/report/2019/09/19/violence-every-step/weak-state-response-domestic-violence-tajikistan>, accessed 17 April 2022
 - 10 Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health Tajikistan and ICF, Tajikistan demographic and health survey 2017, Dushanbe and Maryland, 2018, <https://www.dhsprogram.com/pubs/pdf/FR341/FR341.pdf>
 - 11 S. Mastonshoeva, U. Ibragimov, H. Myrntinen, Zingdaii Shoista – Living with dignity: Preventing sexual and gender-based violence in Tajikistan, International Alert, 2016, <https://www.international-alert.org/wp-content/uploads/2021/08/Tajikistan-Living-With-Dignity-EN-2016.pdf>; S. Mastonshoeva (unpublished) Formative research report DRAFT, Zindagii Shoista UN Women Trust Fund Project, International Alert: London, <https://www.international-alert.org/publications/gender-based-violence-tajikistan-context-covid-19/>
 - 12 International Alert, 2020, Op. cit., <https://www.international-alert.org/wp-content/uploads/2021/08/Tajikistan-Disabilities-VAWG-EN-2020.pdf>
 - 13 Инвалиды Таджикистана. Проблемы и достижения, Avesta Information Agency, <http://avesta.tj/2020/07/08/invalidy-tadzhikistana-problemy-i-dostizheniya/>, accessed 17 April 2022
 - 14 Disability, World Health Organization (WHO) <http://www.who.int/topics/disabilities/en/>, accessed 17 April 2022

The principal legislation for the protection of rights, freedoms and interests of persons with disabilities is the Constitution of the Republic of Tajikistan (Articles 5 and 14), and the Law "On social protection of persons with disabilities". This law defines disability and social assistance: families with two or more disabled persons or single disabled parents raising a child with disabilities qualify for government support.

In 2016, the Government of Tajikistan adopted the National Programme for the Rehabilitation of Disabled People 2017-2020. This is based around the UN's sustainable development goals (until 2030) and, alongside the "Accessible Environment for 2021-2025" state programme and signing of the UN Convention on the Rights of Persons with Disabilities in March 2018, is targeted at strengthening social protection, social equality, medical and social rehabilitation and living standards of PLD. This also includes mobility and unhindered access to residential, public and industrial buildings, sports facilities, recreational facilities, cultural, educational and other facilities and institutions. The state is the primary provider of services for PLD and defines PLD categories. Different definitions of disability are used in Tajikistan, depending on the policy or purpose for which disability is being defined: disabled veterans; disability through military service; disability through suffering from a systemic disease; disability through suffering from an occupational disease; disability through work-related injury; children living with disabilities; disabled clean-up workers from the Chernobyl Nuclear Facility.

Nevertheless, WHO reports that in Tajikistan, PLD face widespread barriers to accessing services and have lower health outcomes, lower educational attainment, lower economic participation and higher levels of poverty than people without disabilities. Healthcare facilities are poorly equipped to meet the needs of PLD and they are significantly more likely to be denied care.¹⁵ As a result, non-governmental organisations are heavily involved in the provision of services for children and adults with disabilities, primarily through social agreements or community-based rehabilitation projects. Currently, there are 53 day centres in the country that provide social services to PLD. These centres are funded through annual tenders from central government or the international community.

Methodology

The research methodology included a combination of qualitative and quantitative data collection methods to explore dynamics regarding:

- Domestic violence and its impact on women, girls and people with disabilities;
- Public opinion towards behaviours and attitudes of men and women in the family;
- Family socio-economic conditions and their impact on gender relations;
- Social and physical health status of women and girls in the family;
- Drivers and prevalence of SGBV and VAWG and its impact on the family environment;
- Attitudes of family and community members towards women, girls and persons with disabilities; and
- The relationship between gender, violence, and disability, in particular whether disability increases the risks of SGBV against WLD and WCD.

15 Disability and health, WHO, <https://www.who.int/news-room/fact-sheets/detail/disability-and-health> accessed 17 April 2022; https://www.euro.who.int/__data/assets/pdf_file/0012/275799/State-of-Rehab_Tajikistan_Report_Rus_LLV.pdf

Qualitative research

Employing the 'life history' approach, 150 semi-structured interviews were conducted with women and men living with disabilities, as well as the parents of children with disabilities in the target areas during 3 August to 6 October 2021. The interviews were undertaken across Tajikistan in 16 districts in all regions of Tajikistan: four districts in Khatlon oblast, three in the Districts of Republican Subordination (DRS), in Dushanbe, the capital of Tajikistan, four districts in Mountainous Badakhshan/Gorno-Badakhshan Autonomous oblast (GBAO), and four in Sughd oblast. The districts that were chosen are isolated or in border areas and have been poorly covered by national or international programmes. Due to the sensitivity of the topic matter and to protect the identities of interviewees, the names of the target areas have been coded.

Figure 1: Qualitative interview sample

Region	Target districts	Men		Women		Total	
		Nº	%	Nº	%	Nº	%
Khatlon	1, 2, 3, 4	18	12%	18	12%	36	24%
DRS	5, 6, 7, 8	18	12%	18	12%	36	24%
GBAO	9,10,11,12	17	11%	22	15%	39	26%
Sughd	13,14,15,16	22	15%	17	11%	39	26%
	Total	75	50%	75	50%	150	100%

Before interviews were conducted, respondents were informed that they could refuse the interview or stop it at any time; all respondents gave verbal consent for the interviews to be undertaken. Given the practical and ethical expertise required to interview persons living with cognitive disabilities, the research only targeted men and women living with physical disabilities, namely visual impairment/blindness, muscular-skeletal problems and paralysis, e.g. poliomyelitis. Respondents were split by age (younger, 18-35; older, 36+), and all were over 18 years of age (for women 18-69 years and for men 20-70 years). All respondents were people living with disabilities or parenting children with disabilities.

Figure 2: Socio-demographic characteristics of qualitative interview participants

Category	Men living with a disability		Women living with a disability		Parents of children with a disability, Women		Parents of children with a disability, Men	
	Nº	%	Nº	%	Nº	%	Nº	%
Younger (18-35)	21	37%	18	47%	14	39%	4	22%
Older (36 – 68)	36	63%	20	53%	23	62%	14	78%
Married	32	56%	12	31%	22	59%	12	67%
Divorced	1	2%	5	13%	4	10%	0	0%
Single	21	37%	8	21%	0	0	2	11%
Widower/Widow	3	5%	7	18%	11	30%	4	22%
Second wife	0	0	1	3%	0	0	0	0

Spouse without disability	20	35%	8	21%	19	51%	17	94%
Spouse with a disability	12	21%	4	10%	3	8%	1	5%
Higher education	10	17%	4	10%	4	10%	7	39%
Official employment	6	10%	8	21%	6	16%	6	33%
Informal employment	2	3%	4	10%	2	5%	8	44
Congenital disability	36	63%	21	55%	0	0	0	0
Acquired disability	24	32%	12	16 %	0	0	0	0
Children	36	63%	16	42%	32	86%	18	100%
Children with disabilities	1	2%	0	0	37	0	18	100%

Respondents graded their disability as mild, moderate or severe. Parents of children living with both physical and cognitive disabilities were interviewed. The qualitative research team also interviewed employees of Social Assistance at Home Departments (SAHD) under the local *hukumats*,¹⁶ heads of Social Policy Departments of local *hukumats*, and representatives of local civil society.

Of the 75 female respondents, 38 are living with disabilities and 37 are raising children with disabilities (ChWD). Among women living with disabilities, four have higher education and eight of them have official jobs. Of the total number of women with disabilities, 12 are married, one woman is a second wife and the rest of the women are divorced, widowed and/or single. Of the 37 women raising ChWD, 22 are married and the rest are widowed or divorced. Four women have higher education and only six of them work officially; two are engaged in seasonal work in the fields. The remaining 30 women are engaged solely in the upbringing and care of ChWD.

Of the 75 male respondents, 57 live with disabilities and 18 have ChWD. Among men living with disabilities, 10 have higher education, six are employed officially and two are engaged in informal work activities. Of the total number of men with disabilities, 32 are married, 21 are single and the rest are divorced or widowed. For men parenting ChWD, 12 are married and four are divorced.

Using open-ended questions and the 'life history' approach, the interviews were conducted in person (following frequent COVID-19 testing and respecting social distancing during the pandemic) in the Tajik, Shughni and Russian languages, depending on each respondent's preference, and took place in what respondents perceived to be safe spaces, primarily their homes. The qualitative interview (Annex 1) was developed as part of Alert's Zindagii Shoista (Living with Dignity) formative research and was the primary research tool for Alert's previous research into the intersection between VAWG and disability; use of the same questionnaire allows for comparability and validation of previous findings.

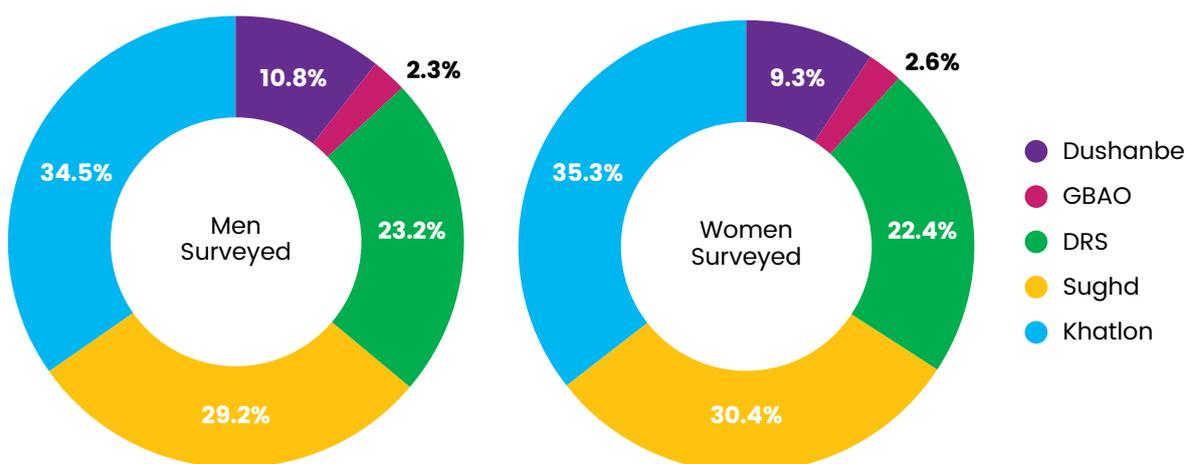
Quantitative research

Similarly, for the quantitative research, the team drew on the formative research methodology from Zindagii Shoista.¹⁷ The quantitative survey covers respondents’ socio-economic situation, family and gender attitudes, attitudes towards violence, physical and mental health, and hopes for the future. The geographic coverage of the research was mostly the same districts as the qualitative interviews, with additional coverage of Dushanbe, the capital city. In total, 2,008 people (1,005 women and 1,003 men) participated in the survey, all of whom were aged over 18 years. The research team used a probability sample based on data from the Agency on Statistics under the President of the Republic of Tajikistan (as of 1 January 2021). Most of the respondents were ethnic Tajiks¹⁸ (average 91.8%), Uzbeks (average 8%), with the remaining 1.2% made up of Russians, Turkmen, Kyrgyz, and Lakai. Respecting the issues related to the sensitivity of the qualitative research, individual districts have not been named under the principle of do no harm.

Figure 3: Quantitative research sample

Region	Number of districts	Age 18-29		Age 30-44		Age 45-59		Age 60+		Total
		Women	Men	Women	Men	Women	Men	Women	Men	
Khatlon	4	150	149	108	105	61	58	32	29	692
Dushanbe	4	39	51	29	32	21	19	10	9	210
GBAO ¹⁹	4	12	12	8	9	6	6	4	3	60
DRS	4	93	96	73	74	41	40	21	21	459
Sughd	4	108	108	94	95	60	58	35	29	587
Total		402	416	312	315	189	181	102	91	2008
Percentage of total		20.0	20.7	15.5	15.8	9.4	9.0	5.1	4.5	100

Figure 4: Number of interviewed men and women by region



17 International Alert, 2016, Op. cit., <https://www.international-alert.org/wp-content/uploads/2021/08/Tajikistan-Living-With-Dignity-EN-2016.pdf>; S. Mastonshoeva et al., Zindagii shoista – Living with dignity: Mixed methods evaluation of intervention to prevent violence against women, International Alert, 2019, https://www.international-alert.org/wp-content/uploads/2021/08/Tajikistan_LivingWithDignity_Evaluation_EN_2019.pdf

18 This includes Pamiris.

19 Numbers of respondents in GBAO are lower due to the lower population density. While it makes up approximately 45% of Tajikistan’s land mass (only 3% of which is arable), it only has 2.5% of its population.

Challenges during the research process

Obtaining permissions from local *hukumats* was a challenge, despite the research teams having permission from the State Committee on National Security. For example, the *hukumat* district #3 in Khatlon oblast demanded reconfirmation from this committee.

Respondent selection was not entirely independent. Local civil society organisations assisted the research teams to compile sample lists of respondents; however, these needed to be presented to the *hukumats* for a final decision to be made by the *hukumat* chairman/deputy. Therefore, it was the *hukumat* leadership who ultimately decided the respondents. This was particularly the case in Khatlon oblast.

For the qualitative research, due to the COVID-19 pandemic, initially, there was a high refusal rate to participate in interviews. Those interviewees who did participate did not always reveal if there were other family members suffering from COVID-19 within the household before the interview began. Researchers wore masks, distanced themselves as best as possible and used hand sanitiser. Given the time of year, temperatures were extremely high – even exceeding 50 degrees Celsius. The houses in which interviews took place lacked air conditioners and were very hot, which may have affected the quality of answers in interviews.

There was clear inconsistency regarding the reporting of actual experiences of physical or other violence in the quantitative surveys. Every woman respondent in the qualitative, in-depth interviews reported current or past experience of some or combined forms of violence, whereas in the quantitative surveys only up to 30% of women stated they had experienced some form of violence. The discrepancies between the quantitative and qualitative data highlight the sensitivity of questions around violence and the need to build trust and rapport between the data collectors and research participants. The quantitative team reported that 7% of woman respondents and 15.8% of men respondents were uncomfortable with the survey questions, which may have affected the quality of their responses. Consultations with the research teams suggest that, given the sensitivity and personal nature of the topic, the short time period in which data was collected may have had an impact on the quality of the data, as it was difficult to establish rapport and trust with respondents. Stakeholders in SGBV-prevention programming suggested that experienced (and trusted) local facilitators administer the quantitative surveys, to gain more accurate responses. Although this is resource (and time) intensive, the option could be considered for future research. Additionally, self-administered surveys could also be explored, where literacy rates allow.

Main findings

Intersection of domestic violence and disability

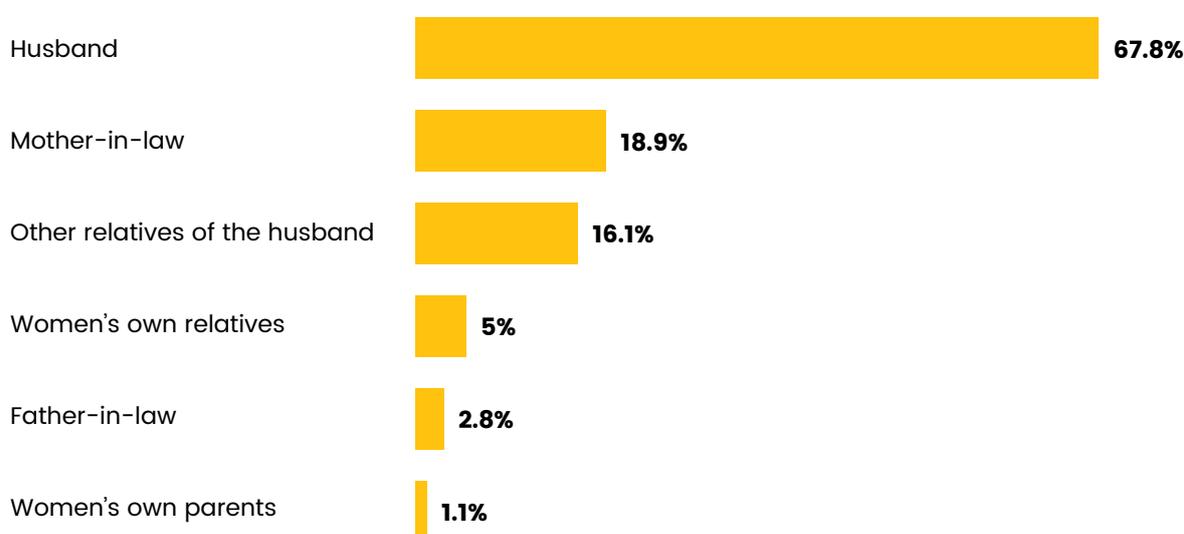
Every woman living with disabilities interviewed in the qualitative interviews (100%), regardless of location, reported having experienced violence both recently and during their lifetime – from husbands, mothers- and fathers-in-law and other relatives, and even members of their own families.

In the quantitative data, however, very few women reported having experienced violence (question 63) – only 11% reported having been slapped or punched, had something thrown at them, and 30% having been pushed or shaken. For more serious violence, such as being threatened with a weapon or strangled, these were under 3% and 6% respectively. Only 20% reported having been subject to aggression (yelling, breaking furniture); 17% had had treasured items broken by their husbands in rage or funds withheld; 13.5% had been threatened with violence and 6% with divorce. This suggests a serious inconsistency between the quantitative and qualitative data and considerable underreporting of the problem. For example, when asked if they had shared their experiences of violence outside of the family (question 65), approximately 20% had done so, with 80% saying they had not (which suggests a far higher prevalence of women experiencing violence).

Physical violence is a characteristic of many families. In the neighbouring family, the husband was jealous and beat his wife. Everyone in the village knew it but no one intervened. This lady never went anywhere. She hoped her life would, one day, get better but never told anyone about it. One day her husband beat her so badly that he killed her. He went to prison and her little children became orphans. But no one in the community talks about it. These things should be discussed in the community.

Older women parenting a child with a disability, R_7

Figure 5: Prevalence of ill-treatment by family members against girls and women



The quantitative data suggest that violence is mostly committed by husbands against women and women living with disabilities, while mothers-in-law and other relatives of the husbands also engage in much of the violence which is both physical and psychological. One fifth of the female respondents in the survey reported that they had been abused by a family member in the last three months. Women are expected to be subservient to their husbands and in-laws and violence of different forms is 'acceptable' to protect perceptions of family honour from gossip. Additionally, a culture of silence is expected and enforced around violence.

Figure 6: Women's views on relations between men and women

Statement	Percentage of women respondents			
	Completely disagree	Disagree	Agree	Fully agree
Women in the family should always follow the orders of their husbands	0.1	7.1	83.1	9.4
Daughters-in-law in our family should always follow the orders of the mother-in-law	1.2	12.0	79.8	6.8
If a woman in our family does something wrong, her husband can reprimand her	4.2	23.0	70.1	2.5
If a woman in our family, regardless of her age, does something wrong, she should be punished physically	19.1	63.1	16.4	1.2
It is acceptable in our family to beat a young woman if it is necessary to change her behaviour	19.7	63.3	16.3	0.5
In order to save her family, a woman must endure violence	3.7	16.0	75.9	4.0
In order to preserve the honour of the family, a woman must endure violence	3.1	14.5	77.7	4.5
In our family, a woman should give birth until she gives birth to a son	10.9	62.0	23.8	3.0
Men should monitor the behavior of women so that our family does not become the object of condemnation and gossip	0.8	4.6	86.2	8.2

In the qualitative interviews, a far wider, more prevalent mosaic of violence was presented, one in which women living with disabilities or parenting children with disabilities are subject to physical, emotional and sexual abuse by a wide array of family members on both their own and their husband's sides of the family. This again suggests underreporting in the quantitative data.

*I have been doing all the housework since I was 10 years old. Despite this, my father and stepmother beat me every day. My stepmother continues to turn my father against me and he beats me with his hands and with a whip. I have never complained to anyone before. I grew up in constant fear. When I started arguing with my stepmother, she complained to my father. He threatened me and called me a "dirty c***". I was very hurt and offended. I can't take it anymore, I'm beaten every day, scolded and called bad words. They keep telling me to die soon. I complained to a neighbour, she came and talked to my stepmother and now it's got even worse...[I have] daily beatings from my stepmother and father. I don't want to go to this house anymore. Nobody will help me. I don't trust anyone anymore. I entered a vocational school, but my father does not allow me to leave the house now and study.*

Younger woman living with disabilities, R_2

Power and control are exercised over women and girls living with disabilities and women parenting children with disabilities. The misuse of power is by all available means, including neglect, stopping other family members from communicating with the WLD and WCD, and sexual assault. Like the previous research, men, including men living with disabilities, conform to gender roles and stereotypes of controlling and punishing women which puts the WLD and WCD at risk. Given the prejudice and stigma against disability in Tajik society, WLD and WCD are completely dependent on their own families or their husbands' families for care or financial security, meaning that they endure violence for fear of being abandoned.

My husband comes home and beats me for no reason. I have epilepsy...after being assaulted I feel weak and don't want to sleep with him. But he beats me and accuses me of having found another [man]. I have to lie underneath him.

Older woman living with disabilities, R_16

My mother-in-law beats me. I told my mother, but my mother said that you need to endure it, that you can't leave the family because of this. I don't say anything to anyone else so that their attitudes towards me don't get worse...I have not complained to my parents again and endure everything. I don't tell anyone that they beat me all the time – I do not, cannot speak about it. My eyesight has deteriorated... which the doctor attributes to high stress. [I think that, due to the stress I am under,] I have gone completely blind in one eye.

Younger woman living with disabilities, R_12

Figure 7: Prevalence of violence against women living with disabilities

Question	Percentage of women who reported having a disability (6.5% of the total)			Total
	Once	A few times	Many times	
How many times has your current or former spouse insulted you by pointing out your disability?	12.3	36.9	7.7	56.9
How many times has your current or former spouse threatened you because of your disability, causing your condition to worsen?	15.4	26.2	4.6	46.2
How many times has your current or former spouse inflicted bodily harm on you and this caused your condition to worsen?	21.5	18.5	9.2	49.2
How many times has your current or former spouse blamed you for your disability?	10.8	35.4	6.2	52.4

The quantitative data revealed that of the women who stated that they had a disability, approximately 50% had been subjected to verbal or physical abuse by their husbands. When weighed against the qualitative data (which suggested closer to 100%), this also seems to be significant underreporting. Girls and women living with disabilities are more likely than men living with disabilities to become victims of domestic violence by close relatives or their spouse's relatives.

I was 20 when I was forced to marry a relative. My husband was the son of my aunt. My aunt tormented me and found any excuse to scold or abuse me. After my husband died, she kicked me out of the house. Now me and my children live with my parents but it's difficult here. There is no space for my kids and there is fighting every day.

Older woman parenting a child with disabilities, R_15

Men are not immune to the violence.

My older brother always beat me during my childhood and my family did not take notice. I was scared to talk about the beatings or complain to anyone. I was scared I'd be rejected by my family.

Younger man living with disabilities, R_2

In the qualitative findings, approximately 32% of men had acquired a disability during their lifetime. Only 3% of men in the quantitative survey (question 14) reporting having a disability, but of them, the majority had suffered a disability between the ages of 19-35 as a result of work or occupation (questions 14.3a, 14.4, 14.4a). The qualitative interviews suggested that disabilities were the result of traffic accidents, military service or the Chernobyl clean-up. Acquiring a disability or even being 'less than perfect' is viewed extremely negatively in Tajikistan society.

I studied at the school in my village [until I was 12 or 13]. At the beginning, I had some difficulties seeing but did not tell anyone because I was shy. I would squint all the time and even when teachers figured out my situation and talked to my parents, they thought that I just had minor issues with my eyesight. I did not want to wear glasses because I was scared that I would be bullied by my schoolmates and called names.

Older man living with disabilities, R_5

In the qualitative interviews, 16% of women reported acquiring a disability rather than being born with a disability, as opposed to 4.6% in the quantitative surveys (question 13.3, 13.3a). Most of the events in which disability was acquired occurred between the ages of 19-49 and were attributed to two reasons – heavy physical work and systematic violence committed by husbands and immediate family. Regardless of how a disability is acquired, it lowers a woman's perceived worth.

I lived with my husband and did all the hard work around the house. Once I climbed onto the roof for firewood, slipped and fell off, injured my spine. I was bedridden. My husband's relatives invited my mother, and my father-in-law told her to take me home. After a while, my husband married again through Viber.

Younger woman living with disabilities, R_1

I lived in my husband's house for six years. We argued every day. He thought I wasn't doing my chores and beat me constantly. When my husband went on [labour] migration, I thought that the beatings were over. But then my father-in-law began to beat me. He is a bad person. He brings me so much suffering. I was constantly stressed and I noticed my sight worsening.²⁰ One day my father-in-law told me: "Get out of my house, blind woman, I will marry my son to a healthy woman." I cried, asked him to take pity on me as where could I go with two children? He simply beat me again and kicked me out of the house with the children.

Younger woman living with disabilities, R_6

20 The literature suggests that prolonged high levels of stress can cause short- or long-term deterioration of vision. Can stress cause vision problems? The Optometry Center for Vision Therapy, <https://ocvt.info/can-stress-cause-vision-problems/>, accessed 17 April 2022; How stress can affect your vision, All About Vision, <https://www.allaboutvision.com/conditions/stress-and-vision/>, accessed 17 April 2022

The finding that women acquired disabilities during their marriages as a result of domestic violence is dramatic; it implies that there are hundreds, if not thousands of women across Tajikistan who have acquired disabilities as a result of physical violence and the associated stress of abuse, including physical injury, sight loss and other disabilities. The literature suggests that violence leads to serious short-term and long-term physical, mental, sexual and reproductive health problems for women.²¹

Intersection of mental health and violence

The quantitative data suggests that mental health problems are widespread among all groups of women, those living with and without disabilities. Loneliness, panic attacks, feelings of helplessness and stress are common, numerous times a week. Suicidal thoughts were twice as high among women (3.4%) than men (1.7%). This cannot be linked simply to VAWG and SGBV but is more symptomatic of the poor socio-economic situation in Tajikistan.

Snapshot of the socio-economic situation in Tajikistan²²

The quantitative surveys collected data on the socio-economic situation of target families in 20 districts, covering all regions of Tajikistan. Key points included:

Families are facing **food insecurity** and the impacts are gendered. During the four weeks prior to the survey being implemented, 15% of the families stated they lacked enough money to buy food for daily meals, with 69% of families unable to buy regular food items such as fruit. All of the women respondents stated that they had not eaten regular meals, with 11% saying they frequently went to bed hungry. Only 13% of men said they had eaten 'meatless' meals, suggesting that women are foregoing meals and their own nourishment to feed the rest of the family.

Families are also facing **economic insecurity**. In the four weeks prior to the survey, 17.2% of men and 13.4% of women had borrowed food or money, with 75.7% of men and 78.5% of women unable to borrow due to shortages or inability to pay. One third of the women did not feel they could count on the help of others if they needed to borrow TJS500 (USD40), while 53% of men said that they themselves should sort out their own financial problems rather than borrow from others. Regarding savings, 40.9% of women respondents and 8% of men had managed to save up to TJS600 (USD48) over the last month, which suggests that women may not be spending money on themselves. Generally, however, families are not able to keep any savings, with 73.9% of men and 51.9% of women stating they had no savings on which to rely. Most of the men said they were forced to sell family items to get cash. A minority of women stated that their voice was ever considered in family budgeting or financial decision-making.

There is disparity in **earnings**. Women's earnings are far lower than men. Only 23.3% of women had earned money for themselves and their families in the past three months, as opposed to 67.4% of men. However, only 46.6% of men earned between TJS601-1,000 (USD48-80) – the average salary in Tajikistan is TJS1,619 (USD130).²³ Only 7.8% of women, compared to 24.3% of men, earned a salary that exceeds the national average.

21 World report on violence and health, E.G Krug et al (eds.), WHO, 2022, http://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf?jsessionid=40FB75F1DA877A72DFC97E356A3740BD?sequence=1, p18

22 For this box, USD1=TJS12.5 as of 17 April 2022

23 Tajikistan average monthly salary, CEIC, <https://www.ceicdata.com/en/tajikistan/average-monthly-salary/average-monthly-salary>, accessed 17 April 2022

Employment opportunities are limited. Many men (77.5%) travel or intend to travel to Russia to work as opposed to 5.4% of women; the majority of men earn their livelihood for themselves and their families in Russia (and with the ongoing sanctions on Russia this is increasingly uncertain). Most women (94.6%) do not leave the family home to work; however, 17.6% of women sought work over the three months prior to the survey compared to 43.6% of men.

Depression is high due to the inability to provide for families - 38% of men and 31% of women are dissatisfied with their income, which they deem insufficient for living. Depression affects both women and men - 57% of men and 44.6% of women are depressed by their inability to provide financial assistance, with 32% of men and 15.8% of women ashamed to face family members due to the lack of employment, 19.4% of men ashamed to talk to their spouses about their financial situation and 20% of men saying they are giving up looking for work.

According to Alert's previous research and work on SGBV prevention at the family level in Tajikistan, all of these factors play a role in driving the prevalence of violence against women and girls.²⁴

Figure 8: Feelings of discomfort among women and girls over the past week

Type of feeling	Percentage of quantitative survey respondents (%)		
	Once or twice	Regularly	Constant
Fear and panic	21.6	7.8	1.1
Poor sleep	29.6	17.4	3.0
Uncharacteristically silent/taciturn	27.6	13.0	5.1
Loneliness	16.9	8.3	2.2
Hostility towards me	13.6	5.6	1.1
State of wanting to cry	30.6	13.6	3.5
Sickness (through stress)	23.7	15.3	4.4
People hate me	12.1	4.7	1.0
Inability to do anything	18.8	9.3	3.5

The qualitative interviews suggested that many women living with disabilities and parenting children with disabilities (as well as men living with disabilities) experience feelings of discomfort almost constantly. They expressed extreme fear and loneliness because of their situation, associating it with the physical, psychological and sexual violence they experience from a spouse, former spouse or spouse's or own family.

24 International Alert, 2016, Op. cit., <https://www.international-alert.org/wp-content/uploads/2021/08/Tajikistan-Living-With-Dignity-EN-2016.pdf>
International Alert, 2019, Op. cit., https://www.international-alert.org/wp-content/uploads/2021/08/Tajikistan_LivingWithDignity_Evaluation_EN_2019.pdf; S. Mastonshoeva et al, Zingdagii Shoista – Living with dignity: Impact after 30 months, International Alert, 2020, <https://www.international-alert.org/wp-content/uploads/2021/08/Tajikistan-Living-With-Dignity-Impact-30-Months-EN-2020.pdf>;
S. Mastonshoeva (unpublished) Formative research report DRAFT, Zindagii Shoista UN Women Trust Fund Project, International Alert: London; S. Moir, H. Myrntinen, S. Mastonshoeva, Gender-based violence in Tajikistan in the context of Covid-19, International Alert, 2021, <https://www.international-alert.org/publications/gender-based-violence-tajikistan-context-covid-19/>

My mother-in-law is mentally ill. I look after her but people say that I'm rude towards her. My mother-in-law runs out of the house, accusing her daughter-in-law of not looking after her. My brother-in-law has no wife, so relatives [direct their accusations] at me. I listen to everything people say and it makes me feel constantly nervous.

Younger woman parenting a child with disabilities, R_9

I was born with a disability and had a very unhappy childhood. I still think that my parents split up because of me – that they could not come to terms with it all. I blamed myself for a long time, which has taken a heavy toll on my mental health.

Younger man living with disabilities, R_2

According to this research, the group with the poorest mental health is women parenting children with disabilities. The constant threats against them, particularly from husbands' families, and the lack of support and understanding they face gives them very low feelings of self-worth. They express high levels of dissatisfaction with themselves, their lives, their marriages (and marital status), and the potential futures of their disabled children. Suicidal thoughts (12.8%) are higher in this group than any other.

I have three disabled children. I have suffered a lot in my life. The one thing I want in this life is to hug my children and to die together with them. For me, it is very important not to humiliate my children. The neighbours say that these "mad" children should be sent away to an orphanage and got rid of. Even my husband, their father, has occasionally said that if I die he will not sit with them at home and will send them away. I cannot...I have no more strength. Even my own mother wants me to send the kids away to an orphanage.

Older woman parenting children with disabilities, R_1

Mothers parenting children with disabilities

Rigid gender norms and familial expectations in Tajik society mean that women are seen as vessels for childbirth; the inability to perform this function 'acceptably', i.e. giving birth to a child with disabilities, puts a mother at risk of physical and emotional violence. These mothers of disabled children are, as a result, considered incapable of fulfilling their expected duties (looking after the house, etc.) as they are seen as only having the time and capacity to care for these children with disabilities. The mother is almost always accused of having 'passed on' or 'caused' the disability and the upbringing, care and responsibility for children with disabilities rests entirely on mothers' shoulders.

Many mothers of children with disabilities are abandoned by their husbands (who are frequently pressured to do so by their families.)

I have seen times where parents are very disappointed to have children with disabilities, they are unsure about their future. These parents, from the beginning, think of their disabled children as worthless, useless...the children themselves can replicate this, make it a reality. The birth of a child with a disability is for many parents the end of the world. In our district there have been cases where, when a husband has found out his child will be born with a disability, he abandons the mother and child. Children grow up with single mothers who are often young and not educated.

Older man parenting a child with disabilities, R_4

Between [me and my husband] there is no life, no respect, no mutual understanding. He says I should not spend money on our disabled child. Everything important for life has gone. Now I have no relationship with him, he is a stranger to me, we have no contact with him or his relatives.

Younger woman parenting a child with disabilities, R_2

Figure 9: Prevalence of violence against women raising children with disabilities

Questions	Percentage of women who reported having a child with a disability (3.7% of the total)				Total
	Never	Once	A few times	Many times	
How many times has your current or former spouse abused you because your child is disabled?	83.3	4.1	9	3.6	100
How many times have members of society abused you for having a child with a disability?	79.7	3.4	9.7	7.2	100

Compared to the qualitative data - most of the women parenting children with disabilities who were interviewed stated they had experienced violence - these responses to the quantitative survey seem extremely low. It is possible that this under-reporting is linked to the shame and stigma attached to having a child with a disability in Tajikistan.

My husband’s relatives treated me well [initially]. They have a lot of land and I worked in the fields all day. When I gave birth to a disabled son, my husband’s relatives stopped talking to me because I could no longer work, I had to take care of my son. My husband accused me of causing a disabled child. We quarrelled every day. He beat me, insulted me. I bore that but then he kicked me out of the house.

Younger woman parenting a child living with disabilities, R_6

When my husband beat me, I did not tell anyone because I did not want my family to be destroyed, we were close relatives. My mother-in-law...turned her son against me...tormented me a lot. Of course, they don’t do that to a man, but that’s life. Violence reigns in every home. A woman is beaten for her ‘sins’ for giving birth to a disabled child.

Older woman parenting a child living with disabilities, R_8

Marriage prospects and disability

This research reveals that girls, women and men with disabilities, depending on the type of disability, often marry ‘late’ by local standards, i.e. in their mid-to-late 20s, 30s or even later (the quantitative data state that 8% of able-bodied women marry before the age of 18 years). Many PWD have very negative views of their or their children’s prospects because of their disability.

I dream that one day I will walk without crutches, that my life will be different, there will be good changes. Someone will like me, he will marry me, I will have a family, I will have children and I will gain standing [in society]. Today I am no one and no one likes me.

Younger woman living with disabilities, R_2

Life is hard for a disabled woman. She cannot get married in time due to her disability or she gets married to a man with a disability. Many people with disabilities do not have children. When a woman with a disability cannot cope with housework, her husband insults and beats her. This does not take into account her 'illness'.

Younger woman living with disabilities, R_10

Concurring with Alert's previous study, this research finds that in general, many women living with disabilities believe that they have few prospects and will most likely experience violence after getting married.

In our district there is violence in many families – violence from a son to his mother, from a mother-in-law to her daughter-in-law. But no one talks about it to prevent family relations from falling apart. In the district, in-laws can throw out their daughter-in-law and 'divorce' her [give talaq²⁵] instead of their son.

Younger woman living with disabilities, R_1

I have suffered in my life... [In my first marriage, my husband] beat me and kicked me out of the house with the children. My parents later gave me away in marriage to a 70-year-old man. He is disabled and has an adult daughter who is mentally ill. I can't sleep well. She often beats me. Nobody helps me. But if I divorce my husband, everyone in the village will laugh at me. It is so customary among our people that if you leave your husband, then you must return to your parents' house without your children.

Older woman living with disabilities, R_3

Men living with disabilities also face difficulties in finding marriage partners, but in general have better prospects than women living with disabilities.

I am married and my wife has a disability as well. I married her in my 40s and an Afghan businessperson supported our wedding. I never thought that someone would marry me because I felt useless and no one asked me.

Older man living with disabilities, R_4

Research interviews reveal that the perceived 'best prospects' for women living with disabilities are marriage to men living with disabilities, elderly widowers or men looking for second or third wives (the quantitative data suggested that 5% of men have multiple wives which is, in fact, illegal).

I was given away in marriage to a man who was much older than me. My mother said that I would receive the old man's blessing. I was forced to get married. I took care of him for nine years. He had three sons. I did all the housework. When the old man [my husband] was alive, his sons treated me well. After his death, their attitude towards me changed. They beat me and insulted me, tried to make me leave the house. I did not complain to anyone, I did not know where or to whom I should turn.

Older woman living with disabilities, P_5

In many cases, the women did not want to marry the men chosen by their families but were pressured, particularly by male relatives, to do so to alleviate their 'burden' on the family.

25 *Talaq* is a form of divorce in Islam whereby a Muslim man can divorce his wife by pronouncing *talāq* (the Arabic word for divorce) three times.

My brother [arranged my] marriage and he also chose a husband. I didn't want to marry this man. I had a boyfriend, he wanted us to get married, but I didn't tell my brother about it, I was afraid of him. He is very jealous, aggressive and nervous... he didn't even ask for my consent. He decided all the issues in the family, we had to obey. Once, when he beat his pregnant wife, I stood up for her, he kicked me in the face and broke my nose.

Older woman living with disabilities, R_10

My boyfriend has been in love with me since high school. He wanted to marry me, but his parents were against it, they believed that a 'lame' girl was not a match for their family, as people would laugh at them. This disability with my leg has brought me many obstacles in life... I was so heartbroken that I wanted to kill myself because people would ridicule me. Because of my disability, I married late. People think that a disabled person cannot do housework.

Older woman living with disabilities, R_4

Another trend mentioned was that of consanguineous marriage, i.e. marriage between individuals who are closely related. Quantitative survey data suggest that 30% of (able-bodied) respondents had married their relatives. For women living with disabilities, 16.4% had married cousins (even uncles) and 10.2% had married other relatives. This might suggest that women living with disabilities are not at increased risk of marriage to close relatives; however, this requires further research.

Conversations with civil society organisations revealed that in mountainous, isolated regions, marriage between close relatives is widespread and that the figures are probably higher. This is despite a 2016 law that prohibits consanguineous marriage and demands medical examinations for those wishing to marry.²⁶ Corresponding amendments were made to the Law on Registration of Acts of Civil Status and the Family Code of the Republic of Tajikistan. Marriage between close relatives vastly increases the probability of children being born with disabilities;²⁷ the Ministry of Health of Tajikistan states that 30-35% of (registered) disabled children (between 7,800-9,100) were born to parents who are closely related.²⁸

In eastern Tajikistan, where there is highest concentration of ethnic Kyrgyz, there is the illegal practice of *ala-kachuu* (bride kidnapping).²⁹ This usually involves the kidnapping of girls off the street – generally after a short acquaintance or perhaps by a stranger who feels a physical attraction to the woman in question – against the girls' wills. Typically, the women are brought to the men's family; the only way out of this situation, to avoid disgrace, is for the girls to marry the kidnapers. Most families of kidnapped women do not report the cases to the police, to avoid bringing shame on their family, regardless of whether the kidnapped women are satisfied with the situation or not. *Ala-kachuu* is socially regarded as a 'Kyrgyz tradition', although this is disputed – recent scholarship suggests *ala-kachuu* was rare before the 20th century.³⁰ Qualitative interviews in eastern Tajikistan suggested that, where Kyrgyz and Tajik communities live side by side and intermarry, this practice is also being employed by Tajik men. Both able-bodied women and women living with disabilities can be targeted.

26 Asia-Plus, Law banning cousin marriages takes effect in Tajikistan, 1 July 2016, <https://www.asiaplustj.info/en/news/tajikistan/society/20160701/law-banning-cousin-marriages-takes-effect-tajikistan>

27 R.M Shawkey et al, Consanguinity and its relevance to clinical genetics, Egyptian Journal of Medical Human Genetics, Volume 14, Issue 2, April 2013, <https://www.sciencedirect.com/science/article/pii/S1110863013000037>

28 Silkroad News, Ban on consanguineous marriages entered into force in Tajikistan, Tag News, 1 July 2016, <http://silkroadnews.org/en/news/ban-on-consanguineous-marriages-entered-into-force-in-tajikistan>

29 *Ala-kachuu* is prohibited by law but widely practised in Kyrgyzstan and Kazakhstan – law-enforcement rarely get involved, calling it a private family matter. For some men and their families it is a means of avoiding paying a dowry.

30 R.Kleinbach, L. Salimjanova, Kyz ala kachuu and adat: non-consensual bride kidnapping and tradition in Kyrgyzstan, Central Asian Survey, 2007, <https://www.tandfonline.com/doi/abs/10.1080/02634930701517466?journalCode=ccas20>

I finished school, I liked to study, I wanted to become a teacher. We were a low-income family so I couldn't continue my studies. One day my [now] husband saw me and fell in love with me. I didn't know him. He stole me. We have such a tradition among our people.

Younger woman living with disabilities, R_12

A guy steals a girl, lives with her, and then they fight, problems arise with the mother-in-law, and the girl returns to her parents with her children. This often happens now. There are families where the bride's parents ask for a dowry, but the groom cannot pay this dowry, and the bride's parents take their daughter.

Older woman parenting a child with disabilities, R_12

Violence from husbands, mothers-in-law and other relatives is reportedly common in these marriages. Two women interviewed felt that the violence they had suffered had led them to acquiring a disability.

[After being kidnapped by a man I'd never met] I lived with [my new husband's] relatives. There was no shortage of scandals in that house. My mother-in-law always made comments and complaints to my husband who came home from work and beat me. His sister also abused me all the time. I was so stressed and always crying that my sight worsened [considerably].

Younger woman living with a disabilities, R_12

Stigma related to disability

My mother is bedridden and I am lame in one leg. Our daughter-in-law doesn't consider us human. She [verbally] abuses us and won't let her kids come near us.

Younger woman living with disabilities, R_10

Women and girls living with disabilities face widespread discrimination based on gender and social status; intolerance is rife. Respondents suggested that economic insecurity was making the situation worse and that people living with disabilities were apparently an easy target on which to express frustrations. The discrimination begins with education as issues with mobility or specialist care needs mean people living with disabilities cannot get to school or be able to afford care. Education for women and girls living with disabilities is not valued either by teachers or families themselves.

I loved school and studied hard. The school was far away from home and the road was unpaved. I found it hard to walk – on the way to school I would fall a couple of times and I was forced to give up my studies. In school and in the streets, people would call me "lame leg" and laugh at me. The teachers were dismissive [towards me] and they didn't let me participate in competitions or meetings...I got really upset and cried. I have never told anyone about what happened at school, I just cried and asked my parents how I could be treated in this way.

Younger woman living with disabilities, R_2

Many adult women raising children with disabilities believe that their children's disabilities were the main reason that their children were not accepted at school. Those who attend school are frequently bullied due to their disability, discouraging them from pursuing and completing their education. Able-bodied children (at school and on the street) are replicating the views and practices of their parents and Tajik society at large.

I refused to go to school because they called me lame at school, they laughed at me and mocked me.

Older woman living with disabilities, R_5

When my daughter and I go out into the street, everyone looks down at her like she is a second-class citizen, because she is in a stroller. This really offends me. If she has an epileptic seizure, people gather round and stare at her. Some of them clutch at the collars of their clothes [as if warding off evil or asking for God's protection]. It really gets to me, I start lashing out at people, swearing at them. [After this happened numerous times,] I stopped taking my daughter for walks... [I cannot stand the way they] look at my daughter.

Older woman parenting a child with disabilities, R_12

Social stigma can take the form of insults and unpleasant behaviours towards persons living with disabilities. The lack of visibility of disability in society has allowed stereotypes and falsehoods to thrive. For example, in rural areas some people still believe that disability might be contagious.

People don't like disabled people, they look at us with disdain. For Ramadan, I cooked a dish and took it to my neighbours... [I only found later that] they did not eat the food and [instead] fed it to their cow... they consider me 'unclean'. This made me weep bitter tears.

Older woman living with disabilities, R_3

My poor eyesight is ridiculed...they call me 'sick'... If I drink from a cup, they refuse to touch it, saying that my 'illness' could pass to them. If I go to a wedding, I take my cup [and bowl] with me. Being disabled in our society is really hard.

Older woman living with disabilities, R_16

Indeed, this research builds on Alert's previous report in finding that, in Tajikistan, people with disabilities are viewed as helpless, dependent and different from the rest of society. Disability-related stigmatisation removes other multiple identities from disabled people, denying them agency and associating them only with their disability. This has led to more extreme forms of ableism, for example denying disabled men and women's rights to education, employment, personal life choices, marriage, childbirth and parenting. Among these research participants, different forms of stigma and discrimination have apparently been internalised. The qualitative interviews point to significant barriers for men and women living with disabilities to access the job market.

I was insulted a lot by my classmates, my neighbours, my fellow villagers, my colleagues. At work, the chief accountant told my colleagues that she had to work with 'some cripple'. I was very upset again, it affected me a lot. And what to do about it? I am disabled!

Older woman living with disabilities, R_15

I face discrimination every day. When I apply for a job, I get rejected because most employers take a first look at me and from my appearance say I can't do the job. Usually I don't try to argue and defend myself, I just walk away because I think it's useless to argue with them.

Younger man living with disabilities, R_2

Loneliness and social isolation

For men and women living with disabilities, the lack of accessibility in Tajikistan is a real challenge in both rural and urban areas, leaving them isolated.

I can't go to the grocer or supermarket because there is no access for me. I always have to ask someone to buy me what I need. Most of the ramps that are being built in our country are not usable... For example, the underground passages in Dushanbe, especially in the city centre, do not meet accessibility criteria.

Older man living with disabilities, R_11

Men living with disabilities are active outside the home (in part as they are still have responsibilities as breadwinners); however, women and girls living with disabilities have their movements highly restricted. This is partly related to perceptions of shame on the family and malicious gossip, but also there is concern that women and girls living with disabilities are vulnerable to sexual violence outside the home, particularly those women and girls living with intellectual disabilities or cognitive impairments. This fear leads families to forcibly isolate the women and girls as an attempt to keep them 'safe'.

People don't treat people with disabilities well. I lock my daughter in the house because she can run away from home. She smiles at everyone on the street. Someone could put her in a car, take her away and do something bad. We had such a case, one of our neighbours, their young girl was taken off the street into a car. Everyone was looking for her. Two days later she was found close to her home [she'd been dropped off there]. A few months later it turned out that she was pregnant. So at night I sleep near the door so that my daughter does not run away.

Older woman parenting a child with disabilities, R_13

My oldest daughter is disabled, she can't speak properly and walks with difficulty. She doesn't listen to me and runs away from home. I'm tired, I cannot chase after her. I scared her, saying that if she did not listen to me, I would die and she would be left all alone, no one would care for her. She was terrified and it's [been] two months since she left her room. I don't want her to go out onto the street. Children make fun of her, laugh at her, shout and leer.

Older woman parenting a child with disabilities, R_9

In addition to this isolation, these women and girls with disabilities are seen as unable or incapable of doing anything. They have no social status or visibility, which negatively affects their health and self-esteem, increasing their senses of loneliness and isolation. Respondents said that this isolation worsened over winter.

My disabled daughter is turning 30. Every day it gets harder to take care of her... We live off her pension. With her pension, I educated my healthy children. My disabled daughter doesn't need anything. She is at home all the time, sitting on the couch all day. She doesn't walk.

Older woman parenting a child with disabilities, R_12

The main cause of depression and anxiety of people with disabilities is unemployment and lack of motivation. In winter, it is especially difficult for people with disabilities to go out because the roads become slippery and most people with disabilities use wheelchairs. For example, it is especially difficult for me to go to the office and commute every day during the winter because it is risky for me to be alone and ride my wheelchair.

Young man living with disabilities, R_10

Women parenting children with disabilities also feel isolated. As mentioned earlier, their main responsibility is to provide care services to their disabled children, for which they receive little support from other family members. Given stigma and shame around disability, these women are rarely permitted to leave the house. Mobility is strictly controlled by husbands and in-laws. In the quantitative data, 80% of women and 58.3% of men stated that persons with disabilities should not leave the house. Therefore, these women and their children with disabilities have few opportunities to socialise, which affects their mental health.

My mother-in-law insults me but I don't tell anyone. I am not allowed to visit my parents on my own. When my husband was on [labour] migration, I was banned from leaving the house. I could not go out... without the permission and escort of my mother-in-law.

Younger woman parenting a child with disabilities, R_4

My mother-in-law told me off because my son was being restless and touching everything – she hit him for that. So that [the family] would not hit my son or nag me, I locked him in his room. From nine months until five years old, he was alone in that room watching television. I only went in there to feed him or change his nappy. I didn't let him leave the room...sometimes while he would eat, I would chat with him. With time, my son lived as if in cartoons. I did not know it would affect his development. He grew scared of going outside, did not talk, did not play with [other] children. If I'd known that this would happen, I would have left this house.

Younger woman parenting a child with disabilities, R_2

Without the possibility to talk to anyone and under constant stress, parents of children with disabilities can resort to violence themselves.

It makes me very sad when other children do not play with my children. They stay away... My kids are grown up now and still need to wear nappies. The other children laugh at them. I try not to leave my children alone on the street. I'm always nervous and crying. Sometimes I scream at my children, then I feel sorry for them, they are not to blame, then I start crying. Sometimes in anger I grab my healthy son and shout at him because he didn't prepare for his lessons. This is an excuse [as I am taking out my frustrations on him]. I cannot take much more, I lack the strength.

Older woman parenting children with disabilities, R_10

The quantitative data showed a trend of broader restrictions on women's mobility and general freedoms - 33% of men did not allow their wives to use mobile phones (due to exaggerated fears of infidelity³¹) and 16% of men did not allow their wives to spend any money on themselves (although this number seems low when compared with the qualitative data and Alert's previous research). Women do not have the opportunity to travel freely and independently to regional and city centres; family members prevent them from doing so. Most women (83.5%) stated that their husbands did not like them leaving the house alone (83.6% of men wanted their wives to stay at home), and 92.7% of women agreed that they should always ask permission before ever going out. Similarly, 85.8% of women stated their husbands demanded to know where they were at all times, with 40.7% of women stating that if they wore make-up their husbands would become jealous (only 29% of men admitted to being jealous). Most men (70%) said it was acceptable that they dictate how women should dress, travel and with whom they should meet; and 20% of women stated they never received invitations from their families to social events such as district or city holidays while 42.2% of women felt they had to consult their family about the possibility of doing so. Only 35% of women had had the opportunity to visit multiple village events outside the home. Therefore,

31 Interestingly, on the topic of fidelity, 20% of men wanted to be able to explain to their wives their wish to take an additional wife.

the behaviours of women, particularly younger women/daughters-in-law, are strictly dictated by husbands and in-laws and patriarchal structures are enforced. These women are unable to participate fully in civic life and, as such, do not feel connected to their communities.

Access to services

Severe challenges exist for men and women living with disabilities to access services, pensions and social assistance. Many feel that they are not taken seriously by the authorities because of their disability.

I usually talk to the hukumat... I've even been to the viloyat [provincial authorities] but they give my requests no answers. I'm not taken seriously.

Older man living with disabilities, R_1

Poor transport links do not cater for the disabled and private cars or taxis are prohibitively expensive. Most respondents from isolated rural areas were unaware of services available to them or how to access them. Little accurate information is available about targeted social assistance (TSA) – it is excessively bureaucratic, requiring numerous documents (e.g. unemployment certificates, divorce/alimony certificates that women may find difficult to get, annual medical reports that can require lengthy, expensive stays in hospital) and requiring multiple trips to district centres which are expensive and potentially impossible with women's restricted mobility. Due to societal stigma around disability and poverty, many families are embarrassed or ashamed of applying for TSA. Due to negative attitudes towards persons and children living with disabilities, some parents are reluctant or even deny that their child is disabled. According to local civil society, cases of children's disabilities are recognised only when the children start going to school, because the parents are ashamed to admit the disability. There is a lack of inclusive education opportunities for children with disabilities to be able to attend ordinary schools. Mothers of children with disabilities, particularly those in rural areas, struggle to communicate with school management and the educational authorities. This situation deprives the most vulnerable people of opportunities for support.

While there is a lack of qualified specialists to provide men, women and children living with disabilities with the (physical or mental health) support they require, many mothers of children with disabilities do not seek out specialist support, for fear of being judged inadequate carers. Indeed, only 2% of women interviewed in this research had sought out help from the courts or from civil society.

Survivors of VAWG and SGBV state that, while there are official structures for reporting violence, these structures are not trusted or seen as effective. For women living with disabilities, reporting violence comes with considerable risk and fear of being abandoned.

In our area there is a Committee on Women's Affairs. In cases of quarrelling with their husbands or mothers-in-law, women can turn to this committee and the committee mediates. However, after talking to this committee, [many] couples get divorced. Therefore, it is better for a woman not to go anywhere, but to solve all problems at home together with the family members.

Older woman living with disabilities, R_11

This way of thinking was reflected in the quantitative data, with over 95% of men stating that family problems should not involve outsiders and be solved internally and 80% of women said they would not seek out external help in cases of violence.

The stigma associated with disability adds to the already complicated and difficult lives of women, mothers and children who face violence, discrimination and exclusion on a constant daily basis. Tailored psychosocial support is not available and the psychological trauma they endure is not addressed. Many women interviewed in this research had never spoken about their problems and became highly emotional when revealing their deep-seated distress and desperation, sharing that no one had ever listened to them before.

Geographic specificities

For women living with disabilities and women parenting children with disabilities, violence, stigmatisation, discrimination and exclusion are sadly an overwhelmingly common experience in all regions of Tajikistan. A culture of silence related to SGBV and VAWG exists in all regions, with most older women living with disabilities believing that women themselves are responsible for provoking men to violence. Most women interviewed in Sughd, Khatlon, and DRS agreed that any sign of disrespect towards a husband's family warranted a potentially violent response. 'Disrespect' covered a range of topics, from arguing with husbands or his relatives, not doing housework, using a mobile phone without permission, not taking care of the children, leaving the house without permission, talking publicly about experiences of violence or reporting violence to the police or local authority. In GBAO, most interviewees stated that the general use of violence, particularly during arguments, was unacceptable. However, the qualitative data suggests that, despite this, violence against women living with disabilities and women parenting children with disabilities was widespread in GBAO.

Access to education is worse for women and girls living with disabilities in Khatlon and DRS. The literature suggests that these are the two regions of Tajikistan that were worst hit by the civil war (1992-1997) in terms of sexual violence against civilians.³² Rape was employed as a weapon of war by both sides.³³ As a means to protect from rape and thereby preserve family honour, young women were kept at home and barred from going to school or married off as children.³⁴ The consequences of the civil war are still being felt today - many older women are illiterate and barely finished primary education as they were children or teenagers during the war. In Khatlon and DRS, the qualitative and quantitative data reveals a stronger focus on teaching girls housekeeping in preparation for marriage as opposed to completing a formal education. In Sughd, there is a special boarding school for boys with disabilities to which families send their children. However, girls with disabilities are not sent to the school for fear of a lack of protection and vulnerability to sexual violence. Therefore, in Sughd, girls living with disabilities are actively denied access to specialist education. DRS, Khatlon and GBAO lack any specialised schools or inclusive classes, meaning that both boys and girls living with disabilities there have fewer educational opportunities. Thus, women and girls living with disabilities (and indeed able-bodied women and girls) in all regions have fewer employment opportunities than men.

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- 32 WHO Regional Office for Europe, Violence against women: Report on the 1999 WHO pilot survey in Tajikistan, WHO 2000, <https://apps.who.int/iris/bitstream/handle/10665/108339/E69952.pdf?sequence=1&isAllowed=y>; Dr E. Ward, Control and subversion: Gender relations in Tajikistan, *Community Development Journal*, Volume 40, Issue 4, 2005, pages 469-471, <https://academic.oup.com/cdj/article-abstract/40/4/469/349076?redirectedFrom=PDF>; A. Richters, Gender violence, health and healing in situations of ethno-national conflicts: The cases of the former Yugoslavia and Tajikistan, Open Edition Books, 2001, <https://books.openedition.org/iheid/6152?lang=en>
- 33 Tajikistan: Violence is not just a family affair: Women face abuse in Tajikistan, Amnesty International, <https://www.amnesty.org/en/documents/eur60/001/2009/en/>, accessed 17 April 2022; S. Roche, Sophie Roche on Tajik women during the civil war: "The breast of the shahid-mother had milk", *Central Asian Analytical Network*, <https://www.caa-network.org/archives/9168>, accessed 17 April 2022; K. Nourzhanov, Saviour of the nation or robber barons? Warlord politics in Tajikistan, *Central Asian Survey*, 2006, <https://www.tandfonline.com/doi/abs/10.1080/02634930500154867>; M. Sharif Sharipova, K. Fabian, From Soviet liberation to post-Soviet segregation: Women and violence in Tajikistan, *ResearchGate*, January 2010, https://www.researchgate.net/publication/290489263_From_Soviet_liberation_to_post-soviet_segregation_Women_and_violence_in_Tajikistan
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Conclusions

The data collected for this report fully confirms the findings from Alert's 2020 report on the intersection of violence and disability and that they are valid for all regions of Tajikistan, not just the urban centres of Dushanbe, Bokhtar, and Khorog.³⁵

In Tajik society and in families across the 16 target areas, disability is often associated with poverty, illness and lack of education. Being born with or giving birth to a child with a disability is even seen as punishment for sins.

Tajik citizens in all regions are ignorant of persons with disabilities, leading to fear, misunderstandings and even hatred. These attitudes prevent persons living with disabilities from achieving their hopes and dreams, particularly women living with disabilities – broadly, the focus is on their disability rather than their ability. This has negative effects on their opportunities for education, employment, health and social protection.

All regions suffer from a lack of accessible means of transport, buildings and roads. This restricts the movement of girls and women with disabilities and women raising children with disabilities, impeding their access to service buildings and negatively affecting their participation in education, health, labour market, social security and other basic services. Social stigma, physical and other barriers, prevent both men and women living with disabilities from fully participating in society and realising their potential. This contributes to their further isolation from society, social security and other basic services.

The Government of Tajikistan is failing to address systematically the problems facing people living with disabilities, in particular SGBV and violence against women and girls living with disabilities and women parenting children with disabilities. Mothers of disabled children experience anxiety, depression and hopelessness when faced with the daily challenges and discrimination of providing their children with adequate education and care; they are rarely afforded opportunities to do anything apart from be full-time carers.

SGBV is an endemic problem. Tajikistan is a patriarchal and hierarchical society, where traditions and customs dictate that women are first and foremost mothers and wives, should be subordinate to men and their families, and their primary role is to run the household. Women living with disabilities are not seen as being able to fulfil women's expected gender roles or dominant femininities, which isolates them and puts them at risk of violence. Their rights and mobility are extremely restricted and they have little or no participation in public life because of the shame and stigma related to disability and the perceived risks to family honour. They are frequently isolated. Fear that these women and girls with disabilities are vulnerable to sexual violence intensifies the control over their movements, and the insistence that they be escorted everywhere (and thus considered even more of a burden). Their marriage prospects are poor because of disability and families are quick to arrange forced marriages of women living with disabilities to older men or men seeking multiple wives, without consent. These women have little choice but to agree; that does open the opportunities for financial security, improved status and to bear children (and fulfil their socially expected role).

Faced with SGBV, women living with disabilities or parenting children with disabilities rarely seek help, for fear of abandonment. Abuse is endured or covered up to keep the family together. Women living with disabilities are frequently threatened with divorce as they are 'unhealthy' and women parenting children with disabilities are

35 International Alert, 2020, Op. cit., <https://www.international-alert.org/wp-content/uploads/2021/08/Tajikistan-Disabilities-VAWG-EN-2020.pdf>

blamed for the child's disability and beaten or insulted. Women living with disabilities and parenting children with disabilities are not generally welcome back at their parents' homes; therefore, they are primarily dependent upon their husbands and their families and bear the violence. Girls, women and men most often look for the cause of violence in their disability and come to terms with it over time. In many cases, social stigma is so deeply ingrained in the subconscious of persons with disabilities that in addition to physical and other barriers, a sense of deep shame prevents them from seeking help. One sixth of interviewees had acquired a disability during their marriage, suggesting that prolonged physical and emotional violence committed by husbands and their families is resulting in the manifestation of disabilities among women in Tajikistan.

Recommendations

The recommendations to the Government of Tajikistan and the international community - reinforcing Alert's previous report and modified slightly here based on the new data – are as follows:

- **Recognise both disabled women and girls, and women with disabled children as especially at-risk sub-groups.**

SGBV-reduction programming financed by the government and international community must recognise the increased levels of vulnerability of women and girls with disabilities, and women parenting children with disabilities. Their inclusion should be viewed as of paramount importance. Furthermore, all stages of the project cycle – from proposal development and initial research, to design, inclusion in programme activities, dissemination of findings – must consider the extent to which the unique needs of these two groups are integrated. Overall, the experiences of both women with disabilities, and women with children with disabilities, adds to the existing vulnerabilities of Tajik women.

- **Mitigate the systemic barriers to the participation of disabled women and girls, and women with disabled children.**

Disabled women and women parenting disabled children face additional barriers to participating in SGBV programming, due to time and resource poverty. Time and financial constraints place frequently insurmountable barriers to participating in community-based activities, including SGBV-reduction programming in the community. Men and mothers-in-law must be involved in these processes, as they exercise the most control over women's and girls' mobility. Visibility of women and girls with disabilities must be improved, and access to secondary and higher education and rehabilitation services facilitated.

Alongside awareness-raising activities to allow and enable women living with disabilities and parenting children with disabilities space to engage in activities, local civil society recommend providing small grants to women victims of violence to improve their financial and food security, involving them in paid work outside the home, raising living standards and becoming more active in civic life, providing relevant care and childcare, building accessibility and transport opportunities, in cooperation with shelters and rehabilitation centres.

- **Recruit women living with disabilities to work in social protection (and other) institutions and thereby increase their representation and voice.**

This research shows clearly that women living with disabilities and women parenting children with disabilities wish deeply for and are motivated to be involved in social life and different networks. The more women living with disabilities and women parenting children with disabilities are working for state or private institutions and can engage in different networks, the more they can achieve to raise visibility and change attitudes towards disability, for example the acceptance of children with disabilities at school or advocacy for equal access to healthcare. Few existing networks allow this to happen – these need more funding and technical support to increase awareness and make advocacy for persons living with disabilities more effective. New networks also need to be created to span the country and ensure that the voices and experiences of isolated women living with disabilities and women parenting children with disabilities can be heard.

- **Specifically address the stigmatisation of disabilities within SGBV-reduction programming.**

Stigmatisation of both men and women, and girls and boys living with disabilities in all target areas was extremely high. For SGBV-prevention programming to effectively meet the needs of this vulnerable sub-group, it must explicitly incorporate modules or components that explicitly seek to shift stigma around disabilities.

- **Develop effective outreach mechanisms to engage with beneficiaries with disabilities, including women with disabled children.**

Existing services in Tajikistan available to women facing different forms of violence lack inclusivity in terms of addressing the specific needs of women living with disabilities or women parenting children with disabilities. Comprehensive outreach activities must be incorporated into SGBV-reduction programming, since there are notably low levels of help-seeking behaviours among affected women. This should include raising awareness among affected women about existing services and legal protection tools, as well as specific services for psychosocial and legal support. Local civil society institutions already providing these types of services around Tajikistan are well placed to assist local government to improve service delivery; these organisations require additional support to continue to provide services to local communities, advocate for beneficiary needs with local government, and network with other civil society organisations offering services in other regions, to share experiences and engage in collective advocacy at the national level.

- **Continue to collect data on the intersection of violence and disability to enrich the literature and build the evidence on which to base quality policy and programming, make it more effective.**

This report - the first of its type in terms of scope and size - builds understandings of women living with disabilities and women parenting children with disabilities, including their experiences of different forms of violence. It shines light on the issues and highlights the concerns related to early marriage, consanguineous marriage and disability acquired through SGBV. Further research is required to understand these behaviours more fully. However, quantitative surveys must be approached with caution as there is significant underreporting of experiences of violence and methodological review must be conducted. Given the sensitivities of talking about SGBV, experienced facilitators who are known to the target families - rather than outside researchers - should be trained in quantitative data-collection techniques to ensure more accurate data.

Annex 1. Qualitative in-depth interview questionnaire example

Introduction

Thank you so much for your time and your willingness to participate in this study. My name is and I will be running this interview. If at any point you wish to stop or if you have any questions, then please say so.

International Alert is conducting research into disabilities and men and women's experiences of living with disabilities, and how to contribute to better relations between men and women in Tajikistan.

If you have any questions, please let us know and we will take time to explain them as we go along. You can ask us questions at any time, and you can withdraw your participation at any point in time if you wish to do so.

The purpose of our research is to better understand the conditions in your district and how these affect men and women of different ages living with disabilities differently. We will be asking questions about your past and current life situations to better inform projects that seek to improve community harmony and the lives of men and women living with disabilities.

As you are participating in this project, we would like to conduct one interview with you. The interview will take approximately one hour, but if you want to keep it shorter or make it longer, that is not a problem.

Everything that is said here is completely confidential and your identity will be anonymised. And, as mentioned, if you do not wish to answer a question or if you wish to end the interview at any point, that is perfectly all right. You are also free to withdraw your consent at any point during the research process. In case of any questions or issues that may arise, please feel free to contact ... (tel. nr....)

Do you have any questions at this point?

If not, is it ok if we start with some preliminary questions?

IDI Question sheet – female participants

Date:

Location:

Code number of interview:

Starting time:

Finishing time:

Age, birth order and marital status:

Disability: y/n

Nature of disability:

Caring for person with disability: y/n

Note to interviewer: the interview should be as free flowing as possible. After the first question of the life history section, let the interviewee answer as freely as possible and bring in the other questions only as you see fit over the course of the interview, or develop your questions according to the flow of the interview. These questions are to be used as guidance, not as a questionnaire.

For the interviews with women with disabilities, the key objective is to gain insight on experiences of violence and responses to it.

Introductory questions: If it is ok with you, we would like you to tell us a bit about your life. Were you born in the village, or if not did you move here? If she has moved to the village: what was the reason you moved to the village? At what age did you move?

Are you single/married/divorced/widowed? Any children? If so, what is their age and where are they now? Are they married?

Life history

We would like you to tell us about your life so far and its different stages.

Childhood: If you don't mind, we would like to start with your education. Could you tell us about what it was like being in school? (Possible additional questions: Did you enjoy being in school? How many years did you spend in school? Why did end your education? Who decided it? Would you have wanted to continue? Did you experience any violence in school?)

Marriage: Could you tell us how you got married? (Possible additional questions: Did you choose your husband or was he chosen for you? If so, by whom? Why did you choose him/why was he chosen for you? Did you move into your husband's family? How was that experience? What were your initial relations with your husband and in-laws like? How have they changed? Were you ever afraid of your husband or in-laws? Can you tell us about those situations? Did you feel happy/unhappy in those times?)

Motherhood (in case interviewee has had children): Could you tell us a bit about how your life as a mother has been? (Additional questions: how many children did you bear? How many sons/daughters? Were you able to decide how many children you had? Did life with your husband/in-laws change after you had children? Have you treated your sons/daughters differently?)

Married life: Could you tell us about what your life as a married woman was like? (Additional questions: How is your relationship with your husband? How is your relationship with your in-laws? How did these change over time? Why did they change? Do you work outside of the home? Does your husband outside of the home? Did he emigrate? If yes: how did that affect your life? Have you experienced any violence in your married life? Were you ever afraid of your husband or in-laws? Can you tell us about those situations? Did you feel happy/unhappy in your married life?)

Disability: Were you born with a disability? Would you call your disability visible or invisible? How has it affected your quality of life? What services are available to you and who provides them? How do feel your disability is understood or viewed by your family and/or community? How would you rate your current mental state?

If you were not born with a disability, how did your disability come about (disease, accident)? At what stage of your life? How did it change your life? Do you get the services you feel you need? Did your disability change dynamics with your partner or family? How did this make you feel? How is your mental state today?

If applicable – parenting children with disability:

If applicable – divorced/widowed life: You mentioned that you are divorced/widowed now. Can you tell us about how your life is now compared to your previous life (Additional questions: how did this affect your life in the community? Who do you get support from? Were you able to stay with your family/husband's family? Did you experience any violence in this period? Have you felt afraid?)

If applicable – experiences of the Civil War (insert this into the appropriate section of the life history): Could you tell us about how you experienced the civil war? (Additional questions: how were you able to protect yourself? Did you experience any violence in this period?)

If the interviewee relates experiences of violence at any stage of the interview, ask about responses/support mechanisms: Did you tell anyone, or did anyone learn about this? When did you tell? Who? What did you/your family/peers do, what support did you get? Was this sufficient or would you have wanted other support? How did others in your family/community react when you reported it?

Additional questions: (in case issue of violence did not come up in life history)

Support mechanisms: If you have personal issues you want to talk about or are in need of support or need to make a big decision, who do you consult?

Violence (in general): What do you consider to be violence – emotional neglect, financial pressure, verbal abuse, threats, shoving, slapping, other physical abuse?

Justification of violence: Do you think violence is ever justified – between spouses, between in-laws, between siblings, between parents and children? If so, in what kind of situations? If so, when?

DV/VAWG: Have you experienced/witnessed violence yourself? In what kind of a situation? What led to the violence? What happened afterwards?

In case interviewee does not report violence: If there are cases of violence in the household or in your family, do you think it is correct to report (talk about?) this to outsiders? If so, who should it be reported to? How would you see people who report violence? How do other people in the community view people who report violence?

For interviewees living with disabilities/caring for persons with disabilities: Ask probing questions sensitively about stigmatisation/violence related to disability. Have you/your children ever experienced violence or abuse related to your disability, either within your family or from other members of the community? Do you feel that you/your children are integrated into society? What barriers have you faced?

This brings us to the end of our questions. Is there anything else you would like to discuss? Or do you have any questions to me? Thank you again for your time. This has been extremely useful for us.

IDI Question sheet – male participants

Date: _____

Location: _____

Code number of interview: _____

Starting time: _____

Finishing time: _____

Age, birth order and marital status: _____

Disability: y/n _____

Nature of disability: _____

Caring for person with disability: y/n _____

Note to interviewer: the interview should be as free-flowing as possible. After the first question of the life history section, let the interviewee answer as freely as possible and bring in the other questions only as you see fit over the course of the interview, or develop your questions according to the flow of the interview. These questions are to be used as guidance, not as a questionnaire.

For the interviews with men, the key objective is to gain insight on experiences of their gender expectations and if these contribute to violence

Introductory questions: If it is ok with you, we would like you to tell us a bit about your life. Were you born in the village, or if not did you move here? If he has moved to the village: what was the reason you moved to the village? At what age did you move?

Are you single/married/divorced/widowed? Any children? If so, what is their age and where are they now? Are they married?

Life history

We would like you to tell us about your life so far and its different stages.

Childhood: If you don't mind, we would like to start with your education. Could you tell us about what it was like being in school? (Possible additional questions: Did you enjoy being in school? How many years did you spend in school? Why did end your education? Who decided it? Would you have wanted to continue?)

Marriage: Could you tell us if and how you got married? (Possible additional questions: Did you choose your wife or was she chosen for you? If so, by whom? Why did you choose her/why was she chosen for you? Did she move into your family? How was that experience? What were your initial relations with your wife and in-laws like? How have they changed? Did you feel happy/unhappy about your marriage?)

Fatherhood (in case interviewee has had children): Could you tell us a bit about how your life as a father has been? (Additional questions: How many sons/daughters? Who decided on how many children you had? Did life with your wife/parents change after you had children? Have you treated your sons/daughters differently?)

Married life: Could you tell us about what your life as a married man was like? (Additional questions: How is your relationship with your wife? How did this change over time? Why did it change? Do you work outside of the home? Have you emigrated for work? If yes: how did that affect your life? Have you experienced any unhappiness/

frustration/violence in your married life? How did you deal with the frustration or unhappiness?)

Disability: Were you born with a disability? Would you call your disability visible or invisible? How has it affected your quality of life? What services are available to you and who provides them? How do you feel your disability is understood or viewed by your family and/or community? How would you rate your current mental state?

If you were not born with a disability, how did your disability come about (disease, accident)? At what stage of your life? How did it change your life? Do you get the services you feel you need? Did your disability change dynamics with your partner or family? How did this make you feel? How is your mental state today?

If applicable – parenting children with disability:

If applicable – divorced/widowed life: You mentioned that you are divorced/widowed now. Can you tell us about how your life is now compared to your previous life (Additional questions: how did this affect your life in the community? Are you planning to re-marry?)

If applicable – experiences of the Civil War (insert this into the appropriate section of the life history): Could you tell us about how you experienced the civil war? (Additional questions: how were you able to protect yourself/your family? Did you experience any violence in this period?)

If the interviewee relates experiences of violence at any stage of the interview, ask about responses/support mechanisms: Did you tell anyone or did anyone learn about this? When did you tell? Who? What did you/your family/peers do, what support did you get? How did others in your family/community react when you reported it?

Additional questions: (in case issue of violence did not come up in life history)

Support mechanisms: If you have personal issues you want to talk about or are in need of support or need to make a big decision, who do you consult?

Violence (in general): What do you consider to be violence – emotional neglect, financial pressure, verbal abuse, threats, shoving, slapping, other physical abuse?

Justification of violence: Do you think violence is ever justified – between spouses, between in-laws, between siblings, between parents and children? If so, in what kind of situations? If so, when?

DV/VAWG: Have you experienced/witnessed violence yourself? In what kind of a situation? What led to the violence? What happened afterwards? Did you report it?

In case interviewee does not report violence: If there are cases of violence in the household or in your family, do you think it is correct to report (talk about?) this to outsiders? If so, who should it be reported to? How would you see people who report violence? How do other people in the community view people who report violence?

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This brings us to the end of our questions. Is there anything else you would like to discuss? Or do you have any questions to me? Thank you again for your time. This has been extremely useful for us.

International Alert

346 Clapham Road, London, SW9 9AP, United Kingdom

Tel +44 (0)20 7627 6800 **Fax** +44 (0)20 7627 6900

info@international-alert.org

www.international-alert.org

Registered charity no. 327553



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