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Management of Violence Suffered by Girls and Women with Disabilities in Ivory Coast

Kouakou Konan Isidore

Lecturer researcher Felix Houphouet-Boigny University/Ivory Coast

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Abstract:

This article presents the results of a study aimed at understanding the management of violence suffered by girls and women with disabilities in an urban context. It is based on a documentary study and semi-structured interviews. There were 47 participants in the study. They were chosen using the non-probability and purposive sampling method. The results obtained through a qualitative analysis of the data reveal that once entered, the competent structures (police station, social center, school, UNAFEHCI) in the matter implement a range of care (medical, psychological, psycho-educational and social, nutritional, educational and economic, hygienic, legal and judicial) of the survivors in an attempt to rehabilitate them on the one hand and to punish the possible culprits on the other. However, it appears that many cases of violence suffered have not been followed up due to family interference, a simple absence of complaint or a failure to denounce the culprit by the victim or their parents. that faced with the violence suffered, girls and women with disabilities or their parents choose to contact either the social center, the police station, the gendarmerie or directly the Association of Paralytic Women of Côte d'Ivoire (AFPCI) with a view to obtain redress, except to remain silent.

Keywords: Management, Violence, Girls and Women, Disability, Ivory Coast.

Introduction:

The literature on gender-based violence, more particularly on violence against disabled women, is abundant. Women with disabilities, made fragile by their physical or even intellectual difficulties, find themselves more vulnerable to all types of violence, verbal, physical - particularly sexual - and psychological attacks. Sensory disabilities (blind or deaf people), motor disabilities (people in wheelchairs or on crutches), psychological disabilities, so-called “invisible” disabilities make people who suffer from them easy prey to intimidate, deceive, and abuse. . From the point of view of domestic violence, disabled women face higher rates in this area than non-disabled women. The experiences of violence they experience take complex forms that relate in particular ways to the intersections of gender and disability (Dagenais, 2021).

In Europe, if there is institutional recognition of this specific violence – through reports which contribute to it – the reality of disabled women is still little studied at the French-speaking academic level, and therefore little documented, but known to activists of the cause who carry the words of those mainly concerned (Women’s Council, 2018). Thus, in France, from a statistical point of view,

65% of women with disabilities experience physical violence between the ages of 15 and 50; 54% of women with disabilities experience discrimination, compared to 27% of so-called "able-bodied" women (Autonomia asbl, 2021).

Furthermore, according to HandiConnect (2021), 4 out of 5 women with disabilities experience violence and/or mistreatment of all types. 35% of women with disabilities experience physical or sexual violence from their partner, compared to 19% of so-called able-bodied women. Around 90% of women with an autism spectrum disorder experience or have experienced sexual violence, including 47% before the age of 14; 27% of deaf or hard of hearing women report having suffered violence during their lives.

According to a study by DAWNRAFH Canada[1], women with disabilities are particularly victims of neglect, physical, sexual and psychological abuse as well as financial exploitation. 60% of women with disabilities will experience violence during their adult lives and 40% report having experienced violence during their lives. Considering all violent crimes, 51% of women with disabilities were victims of more than one violent crime during the previous 12 months compared to 36% of women not disabled. Some studies also show that women with learning difficulties are often more vulnerable to sexual exploitation.

These writings show the extent and persistence of violence against women through numerical data. It appears that if violence is manifested against women in general, it is much more accentuated among women living with mental, physical or sensory disabilities. In this sense, Piot (2010) indicates that violence among disabled women has a very specific connotation. On the one hand, she carries the weight of women and all the past violence is recorded in her body. There is the guilt of difference, of the defect, of the handicap, the ancient guilt of being a woman, the shame of being handicapped. The blows revive all this suffering, all this past. If such violence occurs in the West, what about the African continent?

In Africa, being a woman means, more than elsewhere, enduring an existence punctuated by violence. According to UN-Women (2019), Africa is the region in the world where women are most at risk of being killed by an intimate partner or family member. Described by the UN as "the most widespread but least visible human rights violation in the world", gender-based violence massively affects African women. However, this violence against African women varies depending on the country.

In 2018, a survey by the World Health Organization (WHO) revealed that 65% of women in Central Africa and 40% in West Africa have experienced violence. In Niger for example, according to Ndiaye (2021), 99% of rape victims do not take legal action. And when they do, the convictions do not reflect the seriousness of the facts. The Network of Locally Elected Women of Africa (REFELA, 2018) indicates that South Africa has a high rate of rape and feminicide.

In Mozambique, poor women living in rural areas are the most subject to violence. More than half of Mozambican women (55%) are victims at least once in their life of physical or sexual violence by their partner or a stranger. In Mali, 91% of women are excised and 55% of women are married before the age of 18. Furthermore, 38% of women suffer physical violence from their spouse.

Another form of violence is street harassment which affects 40 to 60% of women in North Africa (REFELA, 2018). In this African region, Hattabi and Fath (2023) indicate that in Morocco, domestic violence, combined with social vulnerabilities such as poverty and exclusion, have harmful repercussions at several levels of women's lives, leading to a deterioration economic, social and family.

[1]https//: www.dawncanada.net (page consulted on January 28, 2023)

In Côte d'Ivoire, according to the 2021 statistical directory of Gender-Based Violence (GBV), 6,040 cases of gender-based violence were recorded including 954 cases of rape, 1,391 assaults, 26 cases of female genital mutilation and 1,052 cases of psychological and emotional violence. Excision affects 36.7% of women with 10% of girls under 14 years old; this practice constitutes a constant battle which requires significant costs in different areas (UNFPA-CI, 2023).

This study also indicates that of the 6,040 cases of GBV reported, 147 survivors are disabled (2.43%), including 84 physically disabled (57.14%), 33 psychologically disabled (22.45%), 23 disabled. sensory (15.65%) and seven people with multiple disabilities (4.76%). However, the study shows a small proportion of GBV victims having taken legal action. Thus, of the 6,040 cases of GBV recorded, 1,152 women filed complaints (19.07%). Among them, there are only 147 girls and women with disabilities who are victims of GBV.

Considering the reports on violence against women in Africa, it appears that the specific case of violence against women with disabilities is not sufficiently mentioned. However, according to the debate of the Committee on the Rights of Persons with Disabilities, held on March 8, 2023 in Angola, women with disabilities are often victims of sexual violence, including from agents supposed to enforce the law. This phenomenon also occurs in Ivory Coast. Paradoxically, very few cases of violence against girls and women with disabilities are revealed to the competent institutions, when we know that violence against this category of the population is recurrent.

The problem that arises is how girls and women with disabilities manage the violence to which they are subjected. This is what the study aims to analyze throughout this presentation. To do this, we present the methodological approach adopted.

1. Methodology:

1.1. Site and participants:

The study took place in Abidjan, the economic capital of Côte d'Ivoire. Three fundamental reasons could explain the choice of this agglomeration. First, from a demographic point of view, this city is considered the most populous with 5,616,633 inhabitants (RGPH, 2021). As a result, it is plausible to meet girls and women with disabilities who have been victims of sexual violence at least once. Then Abidjan is the place where the headquarters of several international and national institutions caring for people with disabilities are located. Finally, this choice is explained by the fact that this city has experienced an increase in violence fueled by the successive armed conflicts that occurred in Côte d'Ivoire (2002; 2010-2011). All these elements militated in favor of the choice of Abidjan as the study site. The headquarters of the National Union of Disabled Women of Côte d'Ivoire (UNAFEHCI) located in Plateau, a commune in Abidjan, served as the actual location of the investigation.

The study sample consists of 47 participants. It is constructed using the non-probability and purposive choice sampling method. In detail, 30 survivors were selected based on the care files received. 10 participants represent a collection of isolated cases retained before or during the investigation. Finally, 07 other people made up of parents (03), social workers (02) and law enforcement officers (02) participated in the study.

1.2. Data collection and analysis techniques:

Two instruments were used to collect data in the field: the documentary study and the semi-directed individual interview lasting fifteen (15) minutes per session. The first made it possible to select survivors on the basis of care files made available. The second was useful in collecting information using an interview guide structured around four essential elements: Profile of victims, types of violence suffered, structures seized and method of caring for the victim.

Qualitative analysis of the data was favored in this research, it being understood that these are methods of managing the violence suffered. With this in mind, extracts from speeches, testimonies and life stories were presented in the body of the work to support the narrative text.

2. Results:

The results relate to three (3) essential points: Profile of victims, structures seized and method of caring for the victim.

2.1 Profile of survivors:

The profile of survivors is described through three (3) distinct characteristics: age, type of disability and type of violence suffered.

2.1.1. Age:

Table n°1: Distribution of survivors by age

Age group (years)	N	%
[0 – 15]	28	70
[16 – 31]	10	25
[32 – 47]	02	5
[48 ; and more[	-	-
Total	40	100

Source: UNAFEHCI, GBV summary table, 2020; 2021; 2022; 2023/ Field survey, 2024.

The table reveals that most victims of violence are minors aged 15 years or less (70%). They are followed by survivors whose ages range from 16 to 31 years (25%). The lowest proportion concerns people aged between 32 and 47 (5%). It appears that female people with disabilities are more likely to be victimized in childhood. This could be due to their double vulnerability (minority and disability).

2.1.2. Type of disability

Table n°2: Distribution of survivors according to type of disability

Type of disability	N	%
Psychomotor delay	5	12.5
Mental disability	7	17.5
Down syndrome	14	35
Paralysis	4	10
Cerebral palsy (CMI)	2	5
Multiple disabilities	5	12.5
Autism	3	7.5
Total	40	100

Source: UNAFEHCI, GBV summary table, 2020; 2021; 2022; 2023/ Field survey, 2024.

Field investigations indicate that girls and women victims of violence are, in descending order, affected by Down syndrome (35%), mental deficiency (17.5%), multiple disabilities (12.5%), psychomotor delay (12.5%), 5%), paralysis (10%), autism (7.5%) and cerebral palsy (5%). Given this diversity of disabilities, it appears that mental disability (Down syndrome, mental deficiency, psychomotor delay and multiple disabilities) is predominant. However, the physical handicap (paralysis) is not negligible.

Upon analysis, it appears that disability further weakens the girls and women who suffer from it, making them more easy prey to manipulate, abuse and violate.

2.1.3. Type of violence experienced

Table n°3: Distribution of survivors according to the type of violence suffered

Type de violence	N	%
Rape	26	65
Physical assault	10	25
Verbal aggression	04	10
Total	40	100

Source: UNAFEHCI, GBV summary table, 2020; 2021; 2022; 2023/ Field survey, 2024.

The survey indicates that the majority of girls and women with disabilities are victims of rape (65%). They are followed by those victims of physical aggression (25%) then victims of verbal aggression (10%). However, according to the Ivorian penal code, rape, physical assault and verbal aggression constitute offenses. Rape, for example, under this

code is a crime which consists of subjecting an individual by force or violence to an involuntary sexual relationship. In the specific case of this study, we could speak of sexual abuse given the diminished physical and/or mental faculties of the girls and women studied. Physical assault refers to the act by which a person intentionally harms the physical integrity of another person (assault and battery is one of them). Finally, verbal aggression, for its part, designates an act of intimidation consisting, for one person, of inspiring in another the fear of harm projected against their person, their family or their property, by announcing the implementation of this project. All of these acts are repeatedly perpetrated against girls and women with disabilities. What about the method of managing the violence of which they are victims?

2.2. Structures entered

Once the violence has been suffered, whether it is a sexual, physical or verbal assault, the victim or, where applicable, the parent or guardian chooses to come forward or not. In short, the victim, parent or guardian contacts a structure to report the harm suffered. In this regard, several structures have been informed of cases of violence suffered by girls and women with disabilities. The following table presents the different structures entered:

Table n°4: Distribution of survivors according to the structures entered

Structures entered	N	%
Social center	12	30
Police station	11	27.5
Educational etablishment	2	5
Gendarmerie Brigade	2	5
UNAFEHCI	2	5
Family structure	10	25
Community committee	1	2.5
Total	**40**	**100**

Source: UNAFEHCI, GBV summary table, 2020; 2021; 2022; 2023/ Field survey, 2024.

Field investigations indicate that 30% of cases of violence suffered by girls and women with disabilities were reported to a social center, while 27.5% of cases of victims of violence were reported to a police station. According to the table, the third referent in cases of violence suffered is the family structure (25%). It is followed respectively by the following structures: educational establishment (5%), gendarmerie brigade (5%), UNAFEHCI (5%) and community committee (2.5%). The following testimonies actually indicate that several structures are contacted in cases of violence suffered by girls and women with disabilities:

KC (Specialist educator, UNAFEHCI): *"In 2021, NMP, a 23-year-old girl with multiple disabilities was raped by her stepfather and became pregnant. She lost the child at birth. The stepfather was arrested but after several negotiations from the survivor's mother he was released. The NGO was not informed because the survivor's mother hid this information from us. It was after several home visits that she felt obliged to give us the information. The family lives in a barracks and we believe that promiscuity and the fact that the survivor is disabled increased the risk of sexual violence against her.''*

T.B.K. (Social worker, UNAFEHCI): *"Raped by a thug in 2022, GJC a young lady of 40 years old, physically and intellectually disabled with moments of lucidity, became pregnant and gave birth to a daughter who was one year old. A complaint against x has been filed. The case is ongoing but has not yet been resolved since the perpetrator is unknown.''*

C.M. (Preschool educator, social center): *"Raped by her father since the age of 12. KELB suffering from Down syndrome ran away and contacted us through her guardian. His father was arrested by the police and during the process he committed suicide to avoid the rigor of the law.''*

D.F. (Mother of the victim): *"My daughter CF, a 21-year-old paralytic girl, confided to me that she was sexually assaulted by her paternal grandfather. I was so confused not knowing what*

to do, I finally started taking precautions to prevent this from happening again.''

It emerges through the testimonies of the respondents that the cases of sexual violence suffered by girls and women with disabilities are mostly reported by parents or guardians to social centers, police stations or gendarmerie brigades or quite simply hidden by these latter. In the last case, the victim's family structure decides not to reveal the attack to a social center, nor to an NGO, much less to a police station, when the perpetrator of the act is a member of the family. In any case, an approach is adopted towards the victim and the aggressor.

2.3. Methods of managing cases of violence suffered

In the event of sexual violence, two elements must be taken into account: the victim and the perpetrator. In this context, separate treatments are implemented to manage the victim and the alleged perpetrator.

2.3.1. Victim management methods

As soon as a structure is contacted for a case of sexual violence committed against a girl or woman with a disability, it has a range of procedures depending on its specificity to take care of the victim. The following table presents the types of support granted to the victim:

Table n°5: Distribution of survivors according to the type of support received

Type of support	N	%
Medical care	25	62.5
Psychological support	4	10
Psycho-educational and social support	30	75
Legal and judicial support	24	60
Food support	5	12.5
Educational/economic support	3	7.5
Functional rehabilitation	1	2.5
Hygienic care	6	15
Accommodation	2	5

Source: UNAFEHCI, GBV summary table, 2020; 2021; 2022; 2023/ Field survey, 2024.

In general, the treatment of a victim depends on their condition at the time of reception. Thus, the different types of care identified through the structures seized are functional rehabilitation, accommodation, medical, psychological, psycho-educational and social, legal and judicial, nutritional, educational and hygienic care. However, the table reveals that the recurring types of care are respectively psycho-educational and social care (75%), medical care (62.5%) and legal and judicial care (60%). Food (12.5%) and psychological (10%) support with relatively low proportions are also types of assistance very often provided to victims. The following speeches collected from social workers are strongly revealing:

KC (Specialized educator): *"The 23-year-old multiple-handicapped survivor who had been raped by her stepfather, benefited from psychological, medical, legal support and technical assistance (she received a wheelchair for her mobility). She also benefited from food support given that the family is very poor."*

T.B.K. (Social worker, UNAFEHCI): *"GJC the young lady of 40 years old, physically and intellectually disabled, benefited from psychological, legal, nutritional support and an AGR to be able to take care of herself and look after her baby"*

C.M. (Preschool educator, social center): *"Raped by her father since the age of 12, KELB benefited from medical, psychological, educational (student), nutritional support and was placed in a foster family.''*

K.L.B. (Social worker, Social Center): *"We received here a young mentally handicapped girl who was raped by her grandfather. The survivor benefited from psychological and legal support and was placed in a foster family.''*

The comments collected reveal that the care provided to survivors is diverse and varied. However, it should be remembered that the support provided to victims is specific to the structures. Thus, for the most part, medical, psychological, psycho-educational and social, nutritional, educational and hygienic care are the prerogative of social structures (social centers, NGOs and associations), while legal and judicial care is the responsibility of falls under the jurisdiction of the judicial (justice), defense and security structures (police station, gendarmerie brigade). However, these institutions work in synergy, which leads them to refer the various cases of sexual violence received to the appropriate structure for effective and efficient treatment.

2.3.2. Management methods for the alleged perpetrator of sexual assault:

Concerning the alleged culprit of the sexual assault, when he is known, and the matter is brought to the attention of the competent authorities, he is arrested for the offense committed and then imprisoned when the facts are proven. When it is unknown, a complaint against x is filed at the police station, the gendarmerie or directly at the court of law. However, when the perpetrator of the sexual assault is known and the victim's family does not denounce him because of the relationship with the victim, we prefer to cover up the matter. The following table presents different methods of managing committed sexual violence.

Table n°6: Distribution of survivors according to the attacker's management method

Attacker's management method	N	%
Sentence (Prison)	7	17.5
Warning/Relax	23	57.5
Family settlement (amicable)	10	25
Total	40	100

Source: UNAFEHCI, GBV summary table, 2020; 2021; 2022; 2023/ Field survey, 2024.

The table reveals that if 57.5% of sexual assault cases were resolved through a warning to the perpetrators and their subsequent relaxation, 25% of cases were resolved within the family compared to 17.5% of sexual assault cases where the perpetrators were sentenced to prison terms. Upon analysis, it appears that too many cases of sexual assault against girls and women with disabilities have been resolved through a simple warning followed by relaxation or a simple amicable settlement. In reality, this is sometimes due to a notorious silence of family members in the face of the sexual assault observed or to too much family interference in the management of these types of aggression, often for fear of reprisals. Therefore, we are witnessing an increase in the black figure of sexual crime.

Discussion and Conclusion:

The planned research focuses on the management of violence suffered by girls and women with disabilities in Ivory Coast. The objective is to understand the mechanism for managing attacks on girls and women living with disabilities. To achieve this, the investigation took place in Abidjan, in an open environment (for the identification of unlisted cases) and at the UNAFEHCI headquarters located in Plateau. There were 47 participants in the study. The qualitative analysis of the data collected through the documentary study and semi-structured interviews resulted in three results.

In the first case, it appears that the vast majority of people with disabilities who experience violence are girls living with a mental disability, aged 15 or less (70%) and victims of rape (65%). In the second case, the structures contacted by the parents of the survivors are the social centers and the police stations or gendarmerie brigades. Finally, the psychosocial, legal and judicial care of the victim and the conviction or acquittal of the alleged culprit are all mechanisms for managing the violence suffered by girls and women with disabilities.

These results once again corroborate those of the study conducted by Piot (2010), in that the type of disability most affected by girls and women victims

of rape is mental disability. To remedy this, medico-psychosocial and legal and judicial care constitute mechanisms for managing violence suffered by disabled survivors.

Furthermore, this reflection revealed that many cases of violence perpetrated against girls and women with disabilities go unreported. Indeed, the perpetrators are generally members of the victims' families if not certain people responsible for their re-education. It is therefore out of compassion or simple fear of reprisals that people prefer not to denounce all cases of violence against disabled women. Mass awareness-raising and the implementation of an efficient policy for the protection of girls and women with disabilities are necessary.

Bibliographic References:

1. Autonomia Asbl (2021). Violence, women and disability: Alarming figures. [Online]. Available at: https://www.autonomia.org (Page consulted on April 23, 2024). [Original version: French]
2. Council of Francophone Women of Belgium (2018). Disability, violence and sexuality through the prism of gender. [Online]. Available at: https://www.cffb.be (Page consulted on April 24, 2024). [Original version: French]
3. Dagenais, C. (2021). Disabled women and domestic violence: a look at the structural barriers encountered in leaving violent relationships. Master's thesis in social work. University of Ottawa. [Online]. Available at: https://ruor.uottawa.ca (Page consulted on April 23, 2024). [Original version: French]
4. Hattabi, J. & Fath, R. (2023). Empirical analysis of domestic violence among precarious women in Morocco hosted in an assistance center, International Journal of Researchers, 4 (3), 1-21. [Original version: French]
5. Handiconnect (2021). Violence against people with disabilities (adults): focus on domestic violence and sexual violence. [Online]. Available at: https://handiconnect.fr (Page consulted on April 23, 2024). [Original version: French]
6. UN-Women (2019). Femicides: inventory of the situation in the world. [Online]. Available at: https://www.onufemmes.fr (Page consulted on April 24, 2024). [Original version: French]
7. Piot, M. (2010). Violence against women: The no of disabled women. Paris: L'Harmattan. [Original version: French]
8. Ndiaye, N., A. (2021). Gender-based violence in West Africa: Cases of Senegal, Mali, Burkina Faso and Niger. Dakar: Friedrich-Ebert-Stiftung. [Original version: French]
9. REFELA (2018). Analytical report on the situation of violence against women and girls and the progress made on the African continent, 8th Africities Marrakech-Kingdom of Morocco summit. [Original version: French]
10. UNFPA-CI (2023). The investment case on the cost of eliminating gender-based violence in Côte d'Ivoire by 2030. [Online]. Available at: https://cotedivoire.unfpa.org (Page consulted on April 24, 2024). [Original version: French]