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Disabled Women in a Dictatorial Regime:
Sexual Assault and Disability in Zimbabwe

By:

Paidamoyo Chikate

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

In

Gender and Women's Studies

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May 1, 2020

Disabled Women in a Dictatorial Regime: Sexual Assault and Disability in Zimbabwe

Paidamoyo Chikate

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This work is dedicated to my countrywomen, the disabled women and girls of Zimbabwe who have been forgotten by their own state. I will forever be in awe of your strength.

I will not forget you because we are not yet UHURU!

DISABLED WOMEN IN A DICTATORIAL REGIME-SEXUAL ASSAULT AND
DISABILITY IN ZIMBABWE

PAIDAMOYO CHIKATE

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
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MASTER OF ARTS IN GENDER AND WOMEN'S STUDIES

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ABSTRACT

In 2013, the Zimbabwean government promulgated a final draft of legislation meant to serve and improve the lives of people living with disabilities in the country. The move was made in the name of “solidarity” as the government purportedly turned a corner from dictatorship to power sharing as a result of what was referred to as the Government of National Unity. Disability activists made various demands of the government from formulating a definition that covers all forms of disability, accessible government buildings, the mainstreaming of disability and representation at the local and parliamentary levels of legislation. Chief among these demands was a call for the government to help end the sexual assault and rape of disabled women and address the double burden of being disabled and being a woman. Public health experts, Ortoleva and Lewis argue, “Worldwide, women and girls with disabilities are up to three times more likely to be raped, twice as likely to experience other forms of gender-based violence, and more likely to suffer worse injuries and more prolonged abuse than women and girls without disabilities” (Ortoleva S. and Lewis H, 2012,38). Through the social model of disability, this research will explore the steps that have been taken by the Zimbabwean regime, disability activists and women’s rights organizations in the last 6 years to end sexual violence against women living with disabilities in Zimbabwe. It will ask the question “What has the government and nonprofit partners done to curb the prevalence of rape and sexual assault against women with disabilities in Zimbabwe?” Given that there is limited data on the issue of sexual assault against women and girls with disabilities in Zimbabwe, this research will analyze legislative documents that address disability and I will speak directly to disability advocates in Zimbabwe to find out the extent of sexual assault and rape within the disability community. I will investigate what direct action is being taken legislatively or by disability advocates to eliminate the pandemic. This work is analyzed through the lens of disability rights, political and women’s rights theories.

Chapter 1- Introduction

1.1 The history of disability in Zimbabwe

The freedom from colonial rule for Zimbabweans of all races and abilities was long and arduous. Zimbabweans fought to preserve their country, Zimbabwe, and keep the “house of stone”¹ standing. The Lancaster agreement of 1979² was the end of a bitter war between black Zimbabweans and the British crown in a colonized Rhodesia and the beginning of an independent Zimbabwe free of British rule. At Lancaster House on the day of the agreement, Bishop Muzorewa, who was the Prime Minister of Zimbabwe Rhodesia, stated

All racially discriminatory laws, including those relating to land tenure, have been repealed - I repeat, have been repealed. People of all races are now permitted to live where they choose whether in rural or urban residential areas. Our black population participates in all facets of business without any racial restrictions. Our schools and hospitals are now non-racial. All these significant developments were unheard of and thought impossible less than two years ago.³

The urgency of the moment could be felt in all parts of Zimbabwe; a revolution was afoot. The end of discrimination of Zimbabweans based on race was becoming a reality, yet it took Zimbabwe 13 years to provide legislative protections to disabled people and 26 years to amend section 23 of the Lancaster House Constitution which now constitutionally prohibits discrimination of people based on disability.⁴ This research explores the constitutional provisions that have been made in the current Zimbabwean constitution put into effect in 2013. It analyzes

¹ United Nations Educational, Scientific and Cultural Organization. *Great Zimbabwe National Monument* <https://whc.unesco.org/en/list/364/>

² Lancaster House. *Lancaster House Agreement*: Lancashire, England. 1979. Accessed November 19, 2019. https://sas-space.sas.ac.uk/5847/5/1979_Lancaster_House_Agreement.pdf

³ Ibid

⁴ Manatsa, Proceed. “Are disability laws in Zimbabwe compatible with the provisions of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)?” *International Journal of Humanities and Social Science Invention* Volume,4 Issue 4 (2015). 25-34. [http://www.ijhssi.org/papers/v4\(4\)/Version-2/E0442025034.pdf](http://www.ijhssi.org/papers/v4(4)/Version-2/E0442025034.pdf)

the roles played by various stakeholders in ensuring the safety and protection of disabled women and girls who have been sexually assaulted or raped in Zimbabwe. This research will juxtapose the resources provided by the Zimbabwean government with the reality of disabled women and girls in Zimbabwe who have been sexually assaulted or raped in an effort to identify gaps and recommend best practices and ways to fill those gaps.

1.2 Disability and politics

The United Nations Convention on the Rights of People with Disabilities (CRPD), which is the United Nations convention with the highest number of signatories in the history of UN conventions, was established in 2006.⁵ This convention acts as a framework for countries to establish and formally constitutionalize the rights of disabled people. In the ratification process, countries are invited to be a part of ensuring that the rights of disabled people in their countries are protected by an internationally recognized treaty. The ratification of a treaty alone does not make it law or constitutional in any nation, but ratification acknowledges to the world that a country gave formal consent to a treaty and that it is willing to make incremental steps towards achieving the aims of that treaty. Zimbabwe ratified the CRPD and constitutionalized the rights of disabled people in 2013⁶

The context of the ratification of the CRPD and constitutionalizing of the rights of disabled people are integral to how these rights and their politics are understood in Zimbabwe. Zimbabwe's independence from the British crown came after a hard-fought liberation struggle in 1980. The economic, political and social sectors of the country were booming as cooperation with African and Western countries alike prevailed peacefully. The

⁵ United Nations. *Convention on the Rights of Persons with Disabilities and Optional Protocol*. [New York]: United Nations, [2006]. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.

⁶ Ibid

nation was hailed the “breadbasket of the Southern African Development Committee (SADC) region,”⁷ feeding all of Southern Africa for years. In 2008, after 28 years of single party rule, and what many have described as a dictatorship, the Zimbabwean presidential election between the incumbent president Robert Mugabe of the Zimbabwe African National Union Patriotic Front (ZANU-PF) and the opposition party president Morgan Tsvangirai of the Movement for Democratic Change (MDC-T) was marred by unprecedented violence. These elections led to a runoff that inspired the highest rates of election violence ever reported in Zimbabwe.⁸ Thousands of voters were beaten, and militiamen were sent out by the ruling party to conscript citizens into voting for ZANU-PF and its leader, Robert Mugabe.

As a result of political and social unrest, the ruling and opposition parties formed a Government of National Unity where the president remained in power while the opposition party president was named prime minister of Zimbabwe.⁹ The impact of the political violence spilled into social life during this time and affected women directly. Women who were known to be supporters of the opposition party, Movement for Democratic Change (MDC), were attacked by rape as a weapon of political war. The attacks to members of the opposition party came with grave implications for women and sexual assault. As indicated by a local non-profit organizations, “According to AIDS-Free World, a Harare-based organization had informed them of a sharp increase in the number of rapes after the June 2008 elections. Following 70 interviews, conducted by AIDS-Free World with women who had been raped in the lead-up to the election,

⁷ UN Human Rights. Ms. Alia El Khatib. *Once the breadbasket of Africa, Zimbabwe now on brink of man-made starvation, UN rights expert warns*. New York: UN Human Rights. Relief web, 2019. Accessed February 2020. <https://reliefweb.int/report/zimbabwe/once-breadbasket-africa-zimbabwe-now-brink-man-made-starvation-un-rights-expert>.

⁸ Chris McGreal. “This is no election. This is a brutal war.” *The Guardian*. Saturday 21 June 2008. <https://www.theguardian.com/world/2008/jun/22/zimbabwe1>.

⁹ *ibid*

it emerged that most of the victims were either members of the MDC or were closely affiliated to the party.”¹⁰ These targeted rapes were perpetrated across the age spectrum with children and grandmothers alike being victims of rape and sexual assault at the hands of a brutal regime.

The power sharing agreement activated a referendum to amend the constitution that was formulated in 1979 as a tool to transfer power from the colonial British crown to a free Zimbabwe. The two parties agreed to begin again and build a constitution that would reinforce the rights of all Zimbabweans. The two sides promised to be “mindful of the need to ensure that the new Constitution deepens our democratic values and principles and the protection of the equality of all citizens, particularly the enhancement of full citizenship and equality of women,”¹¹ including disabled women and girls.

Zimbabwe is one of the first countries in the world to historically dignify the lives of disabled people with legislative and constitutional representation. In 1992, 14 years before the signing of the CRPD, Zimbabwe signed into law the Disabled Persons Act (DPA).¹² The Act defines a disabled person as “...a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society”¹³

¹⁰ Peace Women, Women’s International League of Peace and Freedom. *DISCUSSION PAPER: SEXUAL VIOLENCE AS A WEAPON OF WAR: POLITICAL RAPE AND THE ZIMBABWEAN CRISIS*. April 2010. <https://www.peacewomen.org/node/89581>

¹¹“AGREEMENT BETWEEN THE ZIMBABWE AFRICAN NATIONAL UNION-PATRIOTIC FRONT (ZANU-PF) AND THE TWO MOVEMENT FOR DEMOCRATIC CHANGE (MDC) FORMATIONS, ON RESOLVING THE CHALLENGES FACING ZIMBABWE.” September 15 (2008): Page 9. file:///C:/Users/ex8461bd/Downloads/ZW_080915_Agreement-between-ZANU-PF-and-MDC-on-Resolving-the-Challenges-Facing-Zimbabwe.pdf

¹² Disabled Persons Act of 1992 and 2001. Chapter 17:01. Act 5/1992, 6/2001 (s. 151), 22/2001 (s. 4)2. Harare, Zimbabwe.

https://www.justice.gov/sites/default/files/eoir/legacy/2013/11/08/disabled_persons_act.pdf

¹³ Ibid

Disability rights activists are to thank for the strong disability laws that exist in Zimbabwe. Over the years, they have fought hard to ensure that the state recognizes them as full members of society. The purpose of the law is to protect disabled people from discrimination in employment, ensure the equal use of public premises by disabled people and assign a parliamentarian minister who would work in collaboration with the National Disability Board (NDB) to protect the rights of disabled people. Any person who denied access to disabled people based on disability was to be “liable to a fine not exceeding four thousand dollars or to imprisonment for a period not exceeding one year or to both such fine and such imprisonment.”¹⁴ Several other pieces of legislation were implemented by the Zimbabwean government to protect disabled people. These included the Children’s Act,¹⁵ the War Victims Compensation Act, and the Mental Health Act.¹⁶ Zimbabwe’s willingness to provide human dignity through legislation to disabled people was at the time, a radical act on the African continent, one that would be constitutionally emulated by neighboring South Africa in 1996 and yet to be considered constitutionally in neighboring Botswana despite the nation’s ratification of the CRPD¹⁷

1.3 Constitutional protections for disabled people

In the Shona language, which is widely spoken in many parts of Zimbabwe, there is a saying about disability, “*seka urema wafa!*” which when translated means “laugh at those with

¹⁴ Ibid

¹⁵ Children’s Act of 2001. Chapter 5:06. Acts 22/1971, 39/1973 (ss.43 and 52), 43/1973 (s.4), 18/1974, 44/1974 (s.4), 26/1979, 15/1981 (s.66), 29/1981 (s.59), 15/1982 (s.3), 11/1986 (s.29), 24/1987 (s.8), 2/1989 (s.7), 20/1994(s.3),14/1995; 9/1997 (s.10)1 , 22/2001 (s.4), 23/2001; R.G.N. 327/1977; S.I. 689/1979. Harare, Zimbabwe.

https://www.justice.gov/sites/default/files/eoir/legacy/2013/11/08/childrens_act.pdf

¹⁶ Mental Health Act of 2006. Chapter 15:12. Acts 15/19961 , 6/20002 , 22/20013 , 23/20044 ; SIs 92/1997, 262/20065. Harare, Zimbabwe.<https://zimlil.org/zw/legislation/num-act/1996/15/Mental%20Health%20Act%20%5BChapter%2015-12%5D.pdf>

¹⁷ United Nations. *Convention on the Rights of Persons with Disabilities and Optional Protocol*. [New York]: United Nations, [2006]. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> .

disabilities when you are dead!” The saying is a clear warning against discriminating against disabled people as we are all at risk, all the time, of becoming disabled. The World Bank estimates that approximately 1 billion people globally are currently living with disabilities.¹⁸ Most people living with disabilities live in developing countries where resources are scarce, and accessibility is not a top priority for government. As previously stated, constitutionally speaking, Zimbabwe is among the few countries that guarantee equality and non-discrimination to disabled people. The rights of disabled people are enshrined in the national constitution, not merely addressed in a piece of legislation or national law. According to the World Policy Analysis Center at the UCLA Fielding School of Public equal rights map,

Constitutional rights provide a foundation for demanding greater equity and overturning discriminatory laws. Constitutional guarantees of equal rights on the basis of disability have been used to challenge hiring discrimination in Mexico, strengthen political representation of people with disabilities in Uganda, and improve access to health services in Canada... Yet, less than 10 percent of countries’ constitutions explicitly guarantee civil rights to persons with disabilities.¹⁹

The map below illustrates the kinds of protections offered from “no relevant provision [of constitutionally guaranteed rights]” to “guaranteed equal rights” by countries around the world. The importance of studying Zimbabwe on the rights of disabled people stems in the fact that Zimbabwe is one of 18 percent of countries that has constitutionalized the rights of disabled people globally and guarantees their rights. This strong stance in the defense of the rights of disabled people is important to juxtapose with the rates of sexual assault and rape and the reality of resources offered to disabled women and girls who may have faced sexual assault and rape.

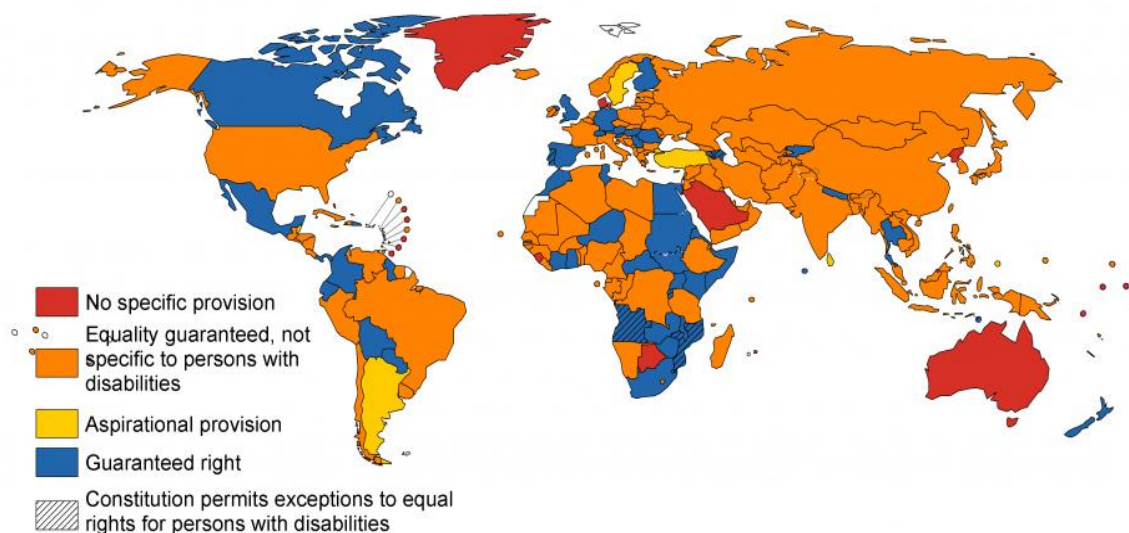
¹⁸ World Bank Group. *Disability Inclusion*. Washington DC: World Bank Group, 2019.

<https://www.worldbank.org/en/topic/disability> .

¹⁹ UCLA Fielding School of Public Health. *Putting Fundamental Rights of Persons with Disabilities on the Map*. UCLA. December 2, 2016.

<https://ph.ucla.edu/news/press-release/2016/nov/putting-fundamental-rights-persons-disabilities-map>

Does the constitution explicitly guarantee equality or non-discrimination for persons with disabilities?



Source: *WORLD Policy Analysis Center, Constitutions Database, 2017*



1.4 Social stigma

Accurate data on disabled people in Zimbabwe cannot be effectively collected given some social and cultural norms that have kept disability and disabled people highly stigmatized. The hiding, in homes and institutions, of disabled people often skews data, and an accurate count is difficult to establish. Choruma states, “A number of negative beliefs on the causes of disabilities persist in Zimbabwe, such as associating disability with witchcraft or maternal promiscuity. The culture in Zimbabwe is still to look at disability as a curse.”²⁰ These cultural phenomena and the lack of complete social acceptance of disabled people in Zimbabwe are an

²⁰ Choruma, Tsitsi. *The Forgotten Tribe: People with Disability in Zimbabwe*. London, UK. January, 2007. <http://www.progressio.org.uk/sites/default/files/Forgotten-tribe.pdf>

active barrier against providing full access to disabled people. For example, the cultural notion of “maternal promiscuity” has grave consequences to how we understand disability and its causes. This sexist notion purports that if a child is born with a disability, that is as a direct result of the child’s mother having been promiscuous and cheated on her partner. The disabled child is viewed as punishment from God for the promiscuity of the mother regardless of whether that promiscuity is proven or not. This not only solidifies discrimination against disabled people but reinforces the discrimination against women who have disabled children. Social stigma remains a seemingly insurmountable hurdle in communities of disabled people worldwide with a prevalence in Africa.

An example of this abhorrent discrimination and stigma can be seen as recently as April of 2019 in Malawi where albinos were hunted by witch doctors to be used as charms in the upcoming election.²¹ Witch doctors believe that albinos have special powers that can give people wealth or be used to cure people with HIV/AIDS. The prevalence of some harmful indigenous African traditional beliefs about disabled people have been a major barrier to the integration of disabled people in Africa and specifically, Zimbabwean society.

Indigenous African beliefs about disabled people are not the only barriers disabled people face. The physical barriers in Zimbabwe cannot be understated. The lack of accessible physical structures in state and private buildings and communal amenities have led to an increased lack of accessibility and invisibility of disabled people in the community. Choruma states, “in Zimbabwe, although most new buildings have ramps with rails, in many cases the recommended gradient of the ramps is not adhered to. The buildings may also lack signs to indicate where the

²¹ Bloomfield, Adrian, Mhango, Henry, “Malawi albinos kidnapped and sacrificed by witchdoctor gangs on the hunt for election charms” *The Telegraph*, April 6, 2019, <https://www.telegraph.co.uk/global-health/terror-and-security/malawi-albinos-kidnapped-sacrificed-witch-doctor-gangs-hunt-election/>

disabled person's entrance, elevators or toilets are located."²² These cultural and physical barriers are altogether compounded by the dire economic situation that Zimbabwe faces as a result of corruption and gross mismanagement of resources. As of September 2019, Zimbabwe had been named the country with the highest inflation rate in the world.²³ The dire lack of resources, the continued stigma and a dictatorial regime in power, posits disabled people among the most poverty stricken and vulnerable populations living in Zimbabwe.

These disparities and discriminatory practices are inevitably gendered. On November 21, 2019, two years after a coup d'état, the Zimbabwe Gender Commission (ZGC) met to sound the alarm on sexual assault and rape of women and girls in Zimbabwe. The chairperson of ZGC stated, "Cases of rape have increased from 4,450 in 2010 to 8,069 in 2018. What is saddening is the increase of rape cases of minors. These statistics are indeed frightening and calls for urgent action to pass deterrent jail sentences for perpetrators of sexual offences."²⁴ A 2016 United Nations Women (UNWomen) report published the following statistics regarding sexual assault and intimate partner violence in Zimbabwe:

The proportion of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime is 35 percent. The proportion of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence in the last 12 months is 20 per cent. The percentage of women aged 20 to 24 years who were first married or in union before age 18 is 32 per cent.²⁵

²² Choruma, Tsitsi. *The Forgotten Tribe: People with Disability in Zimbabwe*. London, UK. January, 2007. <http://www.progressio.org.uk/sites/default/files/Forgotten-tribe.pdf>

²³ Muronzi, Chris, "IMF: Zimbabwe has the highest inflation rate in the world," *Al Jazeera*, September 26, 2019, <https://www.aljazeera.com/ajimpact/imf-zimbabwe-highest-inflation-rate-world-190927004536305.html>

²⁴ Sithole, Simbarashe. "22 women raped daily: Gender Commission" *Newsday*, November 21, 2019. <https://www.newsday.co.zw/2019/11/22-women-raped-daily-gender-commission/>

²⁵ United Nations Women, *Global Database on Violence against Women*. September 2016, 2016. <https://evawglobaldatabase.unwomen.org/en/countries/africa/zimbabwe?formofviolence=b51b5bac425b470883736a3245b7cbe6>

These statistics are just a glimpse into the violence women and girls in Zimbabwe face. Disabled women and girls are at even greater risk of being sexually assaulted or raped due to several factors. These factors include outdated and discriminatory cultural beliefs, the lack of education for disabled women and girls regarding their reproductive and sexual health and the constant harassment they face in the public arena.²⁶ It is imperative to explore the factors that make the lives of disabled women and girls in Zimbabwe challenging and find viable solutions to eradicate the threat and reality of sexual assault and rape they face. The gross assaults on dignity of person through sexual assault and rape that affect the lives of disabled women and girls will be analyzed throughout this research.

1.5 Chapter organization

Chapter two outlines the methodological framework through which this research is conducted. In this chapter, I discuss the rationale that I used to organize and execute the research through specific and relevant qualitative methodologies. In this chapter, I outline my position in relation to the research and what positionality I bring in relation to the research. Chapter three is an extensive literature review of current scholarship on the topics of the models of disability, gender-based violence in Southern Africa and the cultural perceptions of Africans when it comes to disabled people in society. This chapter outlines what scholars have explored, discussed and debated in an effort to debunk myths about disabled women. Chapter four, which is the analysis chapter, dives into the analysis of the data collected through one on one, in person interviews. This chapter will reveal what the reality of disabled women and girls in Zimbabwe is and what actions are being taken by different stakeholders, to improve that reality. Chapter five, the

²⁶ United Nations Women, *Case study: Ensuring access to justice for women and girls with disabilities in Zimbabwe*. June 2018. <https://untf.unwomen.org/en/news-and-events/stories/2018/07/ensuring-access-to-justice-for-women-and-girl-with-disabilities-survivors-of-violence-in-zimbabwe>

conclusion, outlines best practices and recommendations for the Zimbabwean government, nonprofit institutions and private citizens on the issue of sexual assault and rape against disabled women and girls. This chapter will outline possible steps for future research in this area of study.

Chapter 2- Methodology

2.1 Introduction

The purpose of this research is to discuss the resources available to disabled women and girls who have been sexually assaulted or raped in authoritarian Zimbabwe. The methodology that was chosen to conduct this research was qualitative, using semi-structured in-person interviews the alignment of feminist theory, disability studies theory and qualitative methodology allows researchers to take an intentional, participatory and in-depth approach to the issues that affect disabled women and girls. Leavy and McHugh state about feminist qualitative research, “Feminist researchers seek approaches to research that advance our understanding of women without committing essentialist errors or contributing to gender inequities.”²⁷ Using the qualitative approach allows for a more comprehensive understanding of the experiences of disabled women and girls living in a poverty-stricken nation that has been run by the same oppressive political regime for four decades.

The importance of this research is highlighted in the conditions that disabled women and girls must live under in Zimbabwe. Living in the context of a failed economy, poverty and the extreme scarcity of resources, women and girls living with disabilities are among the most vulnerable to gender based violence and abuse. The Swedish International Development Cooperation state, “Studies show that up to 87 per cent of women with disabilities are victims of

²⁷ Leavy, P., & McHugh, M. Feminist Qualitative Research: Toward Transformation of Science and Society. In *The Oxford Handbook of Qualitative Research.*: Oxford University Press.
<https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199811755.001.0001/oxfordhb-9780199811755-e-014>. 2014-07-01

sexual violence and as many as 29 per cent may have HIV/AIDS. Women with disabilities face alarming rates of illiteracy, economic dependency, and social exclusion.”²⁸ Add the existing patriarchal pressures and you have a vulnerable community for disabled women and girls. In 2013, a national survey established that there are approximately 1.4 million people in Zimbabwe living with disabilities. Of those, 44 percent are women.²⁹ The experiences of these disabled women and girls are integral to the accurate telling of how they live their lives. This research is grounded in transnational feminist theory and disability rights theory centering the experiences of disabled women and girls through qualitative methodologies.

2.2 Theoretical Framework

Feminist theory gives us a gateway into exploring the integral nexus where being disabled and being a woman meet. Rosemarie Garland-Thomson states, “One way to think about feminist theory is to say that it investigates how culture saturates the particularities of bodies with meanings and probes the consequences of those meanings.”³⁰ This research is framed around understanding how the Zimbabwean government and culture understands and treats disabled women and girls who have been sexually assaulted or raped through the lenses of transnational feminist theory and disability rights theory.

Transnational feminist theory provides the woman-centered foundation upon which this research is built in addressing women in Zimbabwe and their position as “global south” and

²⁸ Swedish International Development Cooperation Agency. *Disability Rights in Zimbabwe*. Sweden. SIDA, December 2014. <https://www.sida.se/globalassets/sida/eng/partners/human-rights-based-approach/disability/rights-of-persons-with-disabilities-zimbabwe.pdf>

²⁹ Choruma, Tsitsi. *The Forgotten Tribe: People with Disability in Zimbabwe*. London, UK. January, 2007. <http://www.progressio.org.uk/sites/default/files/Forgotten-tribe.pdf>

³⁰ Garland-Thomson, Rosemarie. *Integrating Disability, Transforming Feminist Theory*. *NWSA Journal*. 14. 1-32. 10.1353/nwsa.2003.0005. 2002.

“third world women.” I am intentional in my use of the terms “global south” and “third world woman” not as a reinforcement of the Western colonial era but as a sign of self-empowerment and a bold claim to being a woman from the third world exploring it in collaboration with third world women. Feminist scholars like Chandra Mohanty explore the feminist writings of the West and their stratification of women, like those from Zimbabwe, as “third world women” and in logical opposition, themselves as “first world women.” I, like Mohanty, do not use the transnational feminist lens or the label of “third world woman” in opposition to “first world woman.” I use this framework as a clarifying tool that distinguishes the challenges disabled Zimbabwean women face that Western women may not face. Using a transnational feminist lens to understand disabled women in the third world clarifies the realities of disabled Zimbabwean women and provides an opportunity for effective solutions to the issue of sexual assault and rape.

The disability rights theoretical framework is one that is created by several models of disability. As previously mentioned, some of the models that make up the theoretical framework include the charity model, medical model and social model, to name a few, which are all approaches to disability rights theory and scholarship. The social model is a model of disability that focuses on deconstructing the socially constructed limiting factors that disabled people face rather than the physical impairments that they may have.³¹ Moreover, this research is grounded by the *ubuntu/unhu* model of disability as has been argued by disability activists in Southern Africa. The term is described as follows³² “*Ubuntu* is an African humanist and ethical world view where disability, as part of a common humanity, is necessarily part of what makes us

³¹ Soder, Marten. Tensions, perspectives and themes in disability studies. *Scandinavian Journal of Disability Research* 11: 67–81. 2009.

³² Berghs, Maria. Practices and discourses of ubuntu: Implications for an African model of disability? *African journal of disability* vol. 6 292, doi:10.4102/ajod.v6.292. 31 Jan. 2017.

human. In the Zulu language, the expression is *umuntu ngumuntu ngabantu* which translates as, ‘a person is a person through other persons.’”³³ This model of disability acknowledges the diversity in mental, physical and emotional capabilities and establishes a philosophy that all these capabilities and differences have a space within our social structures and should be accepted as such.

2.3 In person qualitative interviews

When the goal of research is to understand perceptions based on lived experiences, cultural mores and norms, qualitative methodology is the most effective mode of analysis. Shank defines qualitative research as “a form of systematic empirical inquiry into meaning.”³⁴ Based on the purpose of this research, using qualitative methodology was the most effective approach. The qualitative methodology selected of qualitative interviews allowed for the interviewing of those who work closely with disabled women and girls in Zimbabwe. As pointed out by Jamsheed, “semi-structured interviews are those in-depth interviews where the respondents have to answer preset open-ended questions and thus are widely employed.”³⁵ Semi-structured interviews were used in this research in order to get information from service providers and those working with disabled Zimbabwean women who have been sexually assaulted or raped and get a better understanding of the effectiveness of these resources.

The selection of the sample was done based on a non-probability sampling technique called purposive sampling. This type of sample selection allows for a researcher to select sample

³³ Shutte A, *Philosophy for Africa*, UCT Press, Rondebosch, South Africa. 1993.

³⁴ Shanks, G. *Qualitative Research. A Personal Skills Approach*. Merrill Prentice Hall, Upper Saddle River, 2002.

³⁵ Jamshed, Shazia. Qualitative research method-interviewing and observation. *Journal of basic and clinical pharmacy* vol. 5,4: 87-8. doi:10.4103/0976-0105.141942. 2014.

subjects based on their expertise in the field as well as their knowledge of the subject matter.³⁶ Given that this research project focused on the intersection of women's and disability rights, organizations who have expertise in these issues were purposefully selected to be part of the sample. The interviews were conducted in Zimbabwe in the capital city, Harare, and in the second largest city, Bulawayo. In total, six interviews were conducted, and they lasted a maximum of sixty minutes each. Personnel from nonprofit organizations and the government sector who work with disabled women and girls in Zimbabwe who have been sexually assaulted or raped were interviewed. It was imperative to gather data on the challenges and successes in the work that is done to protect women and girls living with disabilities as well as see what kinds of programs are available in the disability rights community. These professionals have firsthand experience working directly with the subject population and relay the challenges and successes they see when it comes to disabled women and girls who are sexually assaulted or raped.

The interviewee was asked to read, sign and initial a consent form as outlined by Institutional Review Board protocol to attain research data in an ethical and consensual manner and invited to ask any questions that they might have about the research process. Participants were given the opportunity to, at any time, remove themselves from the research process or choose a pseudonym of their choice to ensure anonymity and protect their identity. Participants were, with their consent, recorded using an audio device. If participants were uncomfortable with being recorded, the researcher took notes during the interview to capture the data. Given the semi-structured nature of the qualitative research process, the interviewees were able to speak of

³⁶ Denzin, N.K.(red.) & Lincoln, Y. Handbook of Qualitative Research, 2000.

tangentially relevant aspects during the interview process. Follow up questions were asked as needed during the interview to better understand any unclear parts of interviewee responses.

2.4 Reflexivity and positionality

I come to the field of disability theory and pedagogy as a physically and mentally temporarily able-bodied “third world woman.” The temporary status of my mental and physical ability is based on two factors. First, if we live long enough, we will eventually begin to lose the nature of a physical or mentally able body as we age. Second, a broken leg from falling while running, depression due to life’s challenges or the breaking of an arm while riding a bicycle are always imminent and threaten the nature of my temporarily able body. I am conscious that I was not born with a physical or mental disability that I know of and some of the women and girls whose stories are analyzed and documented speak of a life that has been lived with a disability.

Educational privilege and access to resources in the first world must be noted as they have given me the ability to conduct research that scholars in Zimbabwe may not be able to conduct due to the scarcity of resources. Having earned my bachelor’s and master’s degrees in the United States, I have had access to research facilities, institutional funding and moral support that some of my peers in the field of disability rights in the third world do not possess.

Qualitative interviews, in my experience, work best when they flow freely like a conversation with a friend who knows something you do not. My nationality as a Zimbabwean aided immensely in making connections with my interviewees and provided a strong foundation and common ground for fruitful conversations.

As a researcher, I am aware of the potential for re-traumatization when exploring the topic of sexual assault and rape. I did not directly interact with victims of sexual assault and rape.

The qualitative interviews are one degree removed and focused on professionals in the disability rights movement, nonprofit organizations, secondary materials such as annual reports and women's rights supporters for data collection. In a volatile political context like that of Zimbabwe, it was imperative that this vulnerable population was not retraumatized for the sake of research. Advocates who worked with disabled women and girls who have been sexually assaulted or raped were able to provide the necessary information for the research project.

2.5 Research limitations

The ability to have an extensive sample size and unlimited time aids in unearthing patterns and compiling data. This research had a sample size of six as well as documents from nonprofit organizations and government as data which were collected in a limited time frame to accommodate the successful completion of a master's level thesis. These limitations constrained the amount and kind of data that was collected.

Chapter 3- Literature Review

3.1 Introduction

A wide array of research and literature have been written on the topics of sexual assault, rape and disability. This research is specifically focused on the assessment of the experiences of and services provided to disabled women and girls who have been sexually assaulted or raped in the Zimbabwean context. The promises by the state and constitutionalizing of the rights of disabled people in Zimbabwe purportedly laid the foundation for increased access to resources for disabled people in the country. This literature review assesses what has been outlined by scholars and activists on the topics of disability studies and transnational feminism where the topic resides. Within the disability studies and transnational feminism schools of thought, I focus on discussions and debates on the following: the social, medical and *Ubuntu* models of disability, cultural perceptions of disabled people in Africa and sexual assault and rape in Sub Saharan Africa.

3.2 Disability models

A. Social model of disability

Disability models vary in definition and application and they affect society in differing ways depending on what models are subscribed to. This section will discuss the social model, the medical model, and the religious/charity models of disability as these models are the most relevant in the Zimbabwean context. The social model, which I reference as the one I, and many disability rights scholars and activists subscribe to, was established in the United Kingdom by a group known as the Union of Physically Impaired Against Segregation (UPIAS). This group theorized that disabled people were not “disabled” in any way, they, in fact, were only disabled

because of social beliefs about disability, environmental barriers that affected their access and cultural discourse that reinforced stereotypes about disabled people. The group stated in its aims, “We find ourselves isolated and excluded by such things as flights of steps, inadequate public and personal transport, unsuitable housing, rigid work routines in factories and offices, and a lack of up-to-date aids and equipment.”³⁷ The term “social model,” was coined by Mike Oliver in 1983 as part of an endeavor to create an academic course that would focus on disability studies.³⁸

The social model is known for making a clear distinction between impairments and disability. Impairments focus on the private configurations of one's body that may or may not allow them to do everything they physically or mentally want to do. Disability is a burden thrust on individuals by society and culture which is structurally impenetrable and publicly imposed. Mike Oliver writes, “Models are ways of translating ideas into practice and the idea underpinning the individual model was that of personal tragedy, while the idea underpinning the social model was that of externally imposed restriction.”³⁹ The social model gives societies a unique opportunity to upend harmful societal stereotypes and physically create accessible environments for all. Figure 1 below, adapted from Yokotani 2001, is an illustration of the barriers that societies can aim to undo including ignorance, stigma and fear, in the pursuit of communities that understand the social model of disability.

³⁷ Oliver, M. (2004) The social model in action: if I had a hammer, in C.Barnes and G.Mercer (eds) *Implementing the Social Model of Disability: theory and research*, The Disability Press, Leeds

³⁸ Oliver, M. (2004) The social model in action: if I had a hammer, in C.Barnes and G.Mercer (eds) *Implementing the Social Model of Disability: theory and research*, The Disability Press, Leeds

³⁹ Oliver, M. (2004) The social model in action: if I had a hammer, in C.Barnes and G.Mercer (eds) *Implementing the Social Model of Disability: theory and research*, The Disability Press, Leeds



Figure1: Social model and disability Source: Adapted from Yokotani (2001)

The social model, although strongly supported by scholars, activists and some disabled people alike, has its weaknesses that have been pointed out by feminist scholars. The strength of the model lies mainly in seeking to improve the political, social and cultural perceptions of disability in communities, yet physical impairments continue to be the reality of many disabled people. As stated by Williams, “Endorsements of disability solely as social oppression is really only an option, and an erroneous one at that, for those spared the ravages of chronic illness.”⁴⁰

⁴⁰ Williams, S.J. (1999) Is anybody there? Critical realism, chronic illness, and the disability debate, *Sociology of Health and Illness*, 21, 6, pp 797-819

Feminist scholars have asserted that the model in some ways dismisses the experiences of individuals and their impairments, and in some ways invalidates those impairments. Morris, French and Crow use a feminist lens to view disability and state, “As individuals, most of us simply cannot pretend with any conviction that our impairments are irrelevant because they influence every aspect of our lives. We must find a way to integrate them into our whole experience and identity for the sake our physical and emotional well-being, and, subsequently, for our capacity to work against disability.”⁴¹The importance of impairments cannot be understated specifically when discussing people living with chronic illnesses where impairments have constant effects on the function of one's body every single day. Moreover, it is to be noted that the group that theorized the social model, UPIAS, was composed of heterosexual white men who, alone, do not represent the full spectrum of socioeconomic, ethnic, racial and sexual orientation variations that all make up parts of disabled communities.

B. Medical model of disability

The medical model focuses on disability as a disease based on the scientific advancements that have been made in attempts to “cure” disabilities. This medical or biomedical model of disability is often considered in opposition with the social model that takes attention away from the impairments people may have. The model has been criticized for focusing on the impairments and highlighting what disabled people “lack” rather than what society lacks in making more accessible societies a possibility for all. Olkin defines disability through the medical model lens as follows;

Disability is seen as a medical problem that resides in the individual. It is a defect in or failure of a bodily system and as such is inherently abnormal and pathological. The goals

⁴¹ Crow, L (1992) 'Renewing the Social Model of Disability', Coalition, July: 5-9 French, S. (1993)

of intervention are cure, amelioration of the physical condition to the greatest extent possible, and rehabilitation (i.e., the adjustment of the person with the disability to the condition and to the environment). Persons with disabilities are expected to avail themselves of the variety of services offered to them and to spend time in the role of patient or learner being helped by trained professionals.⁴²

The medical model of disability creates a power dynamic that places the medical professional as someone who is “fixing” a “problem” and the disabled person as the one who has a “problem” to be “fixed.” This dynamic is not only harmful, but it creates the perception that disabled people are problematic to society and until they are “fixed,” they are not worthy of being part of our societies. Sarah Goering outlines some of the challenges faced by disabled people as a result of being viewed through the medical model lens. “One result of the common medical understanding of disability is that people with disabilities often report feeling excluded, undervalued, pressured to fit a questionable norm, and/or treated as if they were globally incapacitated. People with disabilities often express frustration when they are met with pitying attitudes or incredulity if they speak about anything positive related to living with their conditions.”⁴³ The medical model, although helpful in assessing impairments and assisting in wanted or unwanted eradication of a disability, is not perfect. The model detracts from what people of varying abilities can give to their communities with a concentration of what they lack to be considered “normal.”

C. *Ubuntu* model of Disability

The African philosophy of *ubuntu/unhu* has been making a steady entrance into the disability world. The philosophy is most prominent and was founded in South Africa where it

⁴² Olkin, Rhoda. (2002). Could you hold the door for me? Including disability in diversity. *Cultural diversity & ethnic minority psychology*. 8. 130-7. 10.1037//1099-9809.8.2.130.

⁴³ Goering, Sara. “Rethinking disability: the social model of disability and chronic disease.” *Current reviews in musculoskeletal medicine* vol. 8,2 (2015): 134-8. doi:10.1007/s12178-015-9273-z

was constitutionally enshrined to encourage the desegregation of white and black people during the apartheid era. As noted in the South African constitution discussions of 1993, “it was against the background of the loss of respect for human life and the inherent dignity which attaches to every person that a spontaneous call has arisen among section of the community for a return to ubuntu’ (S v Makwanyane and Another, 1995: § 227).⁴⁴ *Ubuntu* as defined in South Africa and most of Southern Africa is derived from a proverb “*umuntu, ngumuntu, ngabantu,*” which when translated means “a person is a person because of people or I am because we are.” The general interpretation is to emphasize that we exist as a result and in communion with others and should treat them and ourselves with dignity. The focus on this African philosophy and disability in the context of women in Zimbabwe, is intricately connected to sexual assault and rape. Sexual assault and rape are a direct violation of inherent human dignity and leads to the loss of respect for human life. The abuse negates *ubuntu*.

The *ubuntu* model of disability is influenced by the changes that were made during Africa's colonial era and an understanding that all bodies, regardless of their physical or mental impairments, have a role in society. As stated by Livingston, “In an *ubuntu* model of disability, impairments become cognitive, sensory, mental, physical (inclusive of biological) and spiritual diversity that can have a multitude of shared meanings that society, as human collective, constantly (re) make together. *Ubuntu* can change over time and recognizes the difference of experiences of diversity of humanness (as negative or positive), which are part of our shared

⁴⁴ Tshepo Mosikatsana (Lecturer in Law), Solange Rosa (Research assistant), Victoria Bronstein (Senior Lecturer in Law), Laurel Angus (Senior Research Officer), Myron Zlotnick (Lecturer in Law), Stuart Woolman (Senior Lecturer in Law), Jonathan Klaaren (Senior Lecturer in Law), Ross R Kriel (Student of Law), Anthony Gotz (Junior Research Officer), Lene Johannessen (Research Officer), Mzimhle Popo, Iain Currie (Lecturer in Law), Peter R Jordi (Attorney of the Supreme Court of South Africa Senior Lecturer In Law) & Bradley Silver (Junior Research Officer) (1996) Case Reports, South African Journal on Human Rights, 12:1, 132-192, DOI: [10.1080/02587203.1996.11834903](https://doi.org/10.1080/02587203.1996.11834903)

humanity.”⁴⁵ Livingston encourages communities to view impairments as part of the diversity of our minds and bodies instead of as less than or an inability to be full parts of communities.

It is important to note that when *ubuntu* is applied to disability as a model, there are questions regarding the societal hierarchies and whose needs come first in communities. Critics have pointed out that because of the interconnectedness that *ubuntu* requires, approaches to disability are done as a community rather than as private individuals affected by impairments, some of which may be chronic in nature. Much like the social model, the individual, may become lost in the societal voices of change as the day to day challenges of impairments continue to affect the disabled person. Even in light of these challenges and critics, the very notion that my own social, political, economic, physical freedom and access into society, will enable yours, is an incredibly motivating model whose potential knows no bounds to improving access to disabled people.

Although these models of disability help us apply a critical eye through which to view disability and impairment, there are important critiques brought forward by disability theorists regarding accessibility to medical attention, especially for women like those living in Zimbabwe. Moya Bailey and Izetta Mobley in their work “A Black Feminist Disability Framework” remind us of the challenges faced by those who are unable to have full access to resources as described by the medical model of disability. They state,

While the critique of the medical model of disability is not only warranted but critical, it is also important to remember that, for some, talking about having access to the healing therapies offered by the medical field is part of addressing the medical field’s long disinvestment in Black health. Disability Studies’ critiques of the medical field manage to

⁴⁵ Berghs, Maria. (2017). Practices and discourses of ubuntu: Implications for an African model of disability? African Journal of Disability. 6. 10.4102/ajod.v6.292.

understate or entirely ignore the historically exploitative relationship between Black communities and the medical field.⁴⁶

The connection between this critique and the Zimbabwean situation is that the lack of medical attention to impairments is, in many ways, exacerbated by the state itself with repressed and therefore ineffective opposition by the people. The challenges of lack to access of medical resources due to a corrupt regime and lack of access to an effective social model due to the same will be discussed at length in the findings chapter.

3.3 Culture and disability in Africa

In the Shona language, which is widely spoken in Zimbabwe, there is a saying “*seka urema wafa*” which when translated means “laugh at disability once you are dead.” Perceptions of disabled people in Africa have always been a point of concern for activists, societies and disabled people alike. Cultural myths surrounding what disability is and what disabled people can do have shaped the ways that African societies treat disabled people. Disability as a form of punishment by God or the ancestors has been and is a longstanding belief in Zimbabwe. Peters and Chimedza state “Disability was viewed as a form of punishment by some ancestral spirit unhappy with the family or as a result of bewitchment by enemies of the family...Rituals and spiritual ceremonies were held to cleanse the disabled person and to dispel the evil spirits from the family.”⁴⁷ These beliefs, which are deeply rooted in Zimbabwean and African culture, have had repercussions on how Zimbabweans and Africans view disabled people living in their

⁴⁶ Bailey, Moya, and Izetta Autumn Mobley. “Work in the Intersections: A Black Feminist Disability Framework.” *Gender & Society* 33, no. 1 (February 2019): 19–40. doi:[10.1177/0891243218801523](https://doi.org/10.1177/0891243218801523).

⁴⁷ Peters, Susan & Chimedza, Robert. (2000). Conscientization and the Cultural Politics of Education: A Radical Minority Perspective. *Comparative Education Review - COMP EDUC REV.* 44. 245-271. 10.1086/447614.

communities. These same beliefs affect the ways in which Zimbabweans treat disabled women and girls.

These harmful cultural beliefs are not exclusive to Zimbabwe, many African countries subscribe to cultural beliefs that have detrimental effects on disabled people. Mary Nyangweso states “In 2011, four people were remanded for killing Ifeoma Agela Igwe for ritual purposes in a Southern Nigeria court in Nigeria. Ifeoma, a hunchback woman, was kidnapped, beheaded and butchered and her hunchback was removed. In her community, it is believed that the hunch contains a magical substance that looks like mercury which can make people rich.”⁴⁸ Rituals such as these are also perpetrated on albinos, who are believed to hold sacred powers due to the tone of their skin. Nyangweso elaborates on these beliefs, stating, “There is the belief that men who have contracted HIV/AIDS can be healed from this condition if they slept with albino girls. This erroneous belief has led to the abduction and rape of albino girls. Beliefs such as these are said to be strong around the lake zone, a populous area in Tanzania’s northwest.”⁴⁹ Coleridge elaborates on the repercussions of these beliefs on disabled people and how they are viewed in society, arguing “it is unfortunate that the tolerance was paternalistic, as people with disabilities were perceived as incapable of making independent decisions and managing their own lives. They were looked at as people who always need assistance”⁵⁰ The lack of knowledge regarding disability and the misunderstanding of disability has created societies that do not include disabled people in the day to day activities. Disabled people have become invisible, as my research demonstrates

⁴⁸ Nyangweso, Mary. (2018). Disability in Africa: A Cultural/Religious Perspective

⁴⁹ Ibid

⁵⁰ Coleridge, P (1993) Disability, liberation and development, Oxfam, Oxford.

3.4 Disabled women and gender-based violence in Southern Africa

The United Nations High Commissioner for Refugees defines Sexual and Gender Based Violence (GBV) as “any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature...”⁵¹ In 2018/2019, the South African Police Service reported that sexual offences increased from 88.3 percent in 2017/2018 to 90.9 percent in 2018/2019.⁵² The rape rates recorded an average of 114 rapes per day.⁵³ On November 21st, 2019, the Zimbabwe Gender Commission reported that 22 rapes are reported every day.⁵⁴ In 2019, Voice of America reported that rape in Botswana had nearly doubled between 2018 and 2019.⁵⁵ The rates of sexual assault and rape in Southern Africa are grotesque and are a testament to large social problems that leave women and girls in the region at risk of violence and abuse.

Literature on (GBV) globally and in the Southern African region is extensive yet literature on GBV against disabled women in Southern Africa and Zimbabwe specifically is limited in scope. The gap in the literature is not only a clear indication of the importance of this research but denotes the complex and unreported nature of GBV perpetrated against disabled women in Zimbabwe. This gap has consequential effects on policies that affect disabled women and their quality of life. Peta, in her analysis of GBV against disabled women in Zimbabwe states

⁵¹ United Nations High Commissioner for Refugees. Sexual and Gender Based Violence. Accessed January 2020. <https://www.unhcr.org/en-us/sexual-and-gender-based-violence.html>

⁵² South African Police Service. <https://www.saps.gov.za/services/crimestats.php>

⁵³ *ibid*

⁵⁴ Zimbabwe Gender Commission. 22 Women raped daily. November 2019 <https://zimfact.org/are-22-women-raped-in-zimbabwe-daily/>

⁵⁵ Dube, Mqandisi. Botswana Sees Dramatic Rise in Reported Rape Cases. Voice of America. December 24, 2019. <https://www.voanews.com/africa/botswana-sees-dramatic-rise-reported-rape-cases>

In Zimbabwe, statistics reveal that about 99% of domestic violence offenders are men, whilst 95% of the victims are women and girls. Of notable concern is that such statistics do not provide a distinct overview of the domestic violence perpetrated against women with disabilities in Zimbabwe. However, it is undisputable that the unequal gender relations that sustain the legitimacy of such masculine violence tend to buttress a patriarchal view of the world in which feminine subordination becomes a norm, in spite of international and local laws that direct gender equity.⁵⁶

The high numbers of offenders being men and survivors of this domestic abuse being women not only indicates the disparities that are found in the country, but it begs the question of what the rates are for disabled women and girls. Some of these questions will be addressed in the analysis chapter of this research.

In a review of the literature regarding women's experiences with sexual and physical abuse globally, much like Peta, Findley and Plummer emphasize the need for more extensive research and literature in this area of disability studies. They call for a more tolerant society and acceptance of the reality that disabled women face regarding sexual and physical assault. They argue, "the scarcity of information about abuse of women with disabilities suggests a continued reluctance of society to acknowledge that violence toward this population may be occurring. This is compounded by the overall devaluation of those with disabilities, and the categorizing of women with disabilities as dependent and asexual."⁵⁷ Among the root causes of discrimination of disabled people that leads to their abuse is the notion that disabled women are not interested or active in any sexual manner. Sex in Zimbabwe is a taboo topic, one that is often cloaked and draped in shame if outside the confines of marriage. The inability of societies, women's rights

⁵⁶ Peta, C. Gender Based Violence: A "Thorn" in the Experiences of Sexuality of Women with Disabilities in Zimbabwe. *Sex Disabil* 35, 371–386 (2017). <https://doi.org/10.1007/s11195-017-9485-9>

⁵⁷ Plummer, Sara-Beth, and Patricia A. Findley. "Women With Disabilities' Experience With Physical and Sexual Abuse: Review of the Literature and Implications for the Field." *Trauma, Violence, & Abuse* 13, no. 1 (January 2012): 15–29. doi:[10.1177/1524838011426014](https://doi.org/10.1177/1524838011426014).

activists and feminists to amplify the voices of disabled women and their full sexual personhood, has, in some ways, aided in their silence and further marginalization in Zimbabwean society.

Although limited in scope, some sexual experiences of disabled women in Zimbabwe have been documented regarding their sexual activities, some consensual in nature and many others violent. Peta, McKenzie and Kathard spoke directly to disabled Zimbabwean women to get an idea of their sexual experiences. Peta et.al states about Tsitsi, one of their interviewees “She started menstruating at the age of 13, reusing a few pieces of cloth during such times. Tsitsi reported that she was raped and impregnated twice by an able-bodied man who lived in a neighbouring village, resulting in the birth of her two sons.”⁵⁸ This demonstrates the kinds of conditions that women and girls have to live under in Zimbabwe which are challenging. Rosemary- Garland Thomson, a foremost feminist theorist, says about disabled women “Women with disabilities, even more intensely than women in general, have been cast in the collective cultural imagination as inferior, lacking, excessive, incapable, unfit, and useless. In contrast to normatively feminine women, women with disabilities are often stereotypically considered undesirable, asexual, and unsuitable as parents.”⁵⁹ The perception that disabled women are unfit to become parents or be responsible for the lives of their children further marginalizes disabled women, making them more and more undesirable members of society.

⁵⁸ Christine Peta, Judith McKenzie & Harsha Kathard (2015) Voices from the periphery: A narrative study of the experiences of sexuality of disabled women in Zimbabwe, *Agenda*, 29:2, 66-76, DOI: [10.1080/10130950.2015.1050783](https://doi.org/10.1080/10130950.2015.1050783)

⁵⁹ Rosemarie Garland-Thomson, "Feminist Disability Studies," *Signs: Journal of Women in Culture and Society* 30, no. 2 (Winter 2005): 1557-1587. <https://doi.org/10.1086/423352>

The rape Tsitsi faced left her with children to take care of and some years later, another partner infected her with HIV. Tsitsi said, “I can’t forget Mudiwa because he came, and he gave me AIDS. He started to have sex with me and then he said we should have a baby. So, I said to him, I heard that if people want to have a child they should go for AIDS test. So, he said it's not important. He said to me: ‘So you think you don’t have AIDS? You should know that you have AIDS because I have given you AIDS already.’”⁶⁰ As this quote demonstrates, the lives of disabled women are complicated by their disabilities and paired with a patriarchal society like that of Zimbabwe, it is imperative that their voices are amplified and their dignity upheld.

GBV against disabled women and HIV infections among disabled women have a common denominator, poverty. The Zimbabwean economy has been on a downward spiral for decades with lack of good governance and corruption rife. This economic downturn has left both able-bodied and disabled people at the mercy of black-market trading and illegal trading in order to survive in the country.⁶¹ Plummer and Findley elaborate on the dependence that can leave disabled women without options for an independent life and vulnerable to GBV. They argue that “intimacy, being in a relationship and having one’s daily needs cared for may outweigh the experiences of abuse. Finally, women with disabilities are less likely to be financially independent, often relying on their partner for economic stability.”⁶² The reliance of disabled women on their partners for economic stability has led some women to live with their abusers in

⁶⁰ Christine Peta, Judith McKenzie & Harsha Kathard (2015) Voices from the periphery: A narrative study of the experiences of sexuality of disabled women in Zimbabwe, *Agenda*, 29:2, 66-76, DOI: [10.1080/10130950.2015.1050783](https://doi.org/10.1080/10130950.2015.1050783)

⁶¹ Muronzi, Chris. “As Zimbabwe's economy founders, millennials eke out a living.” *Al Jazeera*, September 24 2019. Accessed February 26 2020. <https://www.aljazeera.com/ajimpact/zimbabwe-economy-founders-millennials-eke-living-190910134415766.html>

⁶² Plummer, Sara-Beth, and Patricia A. Findley. “Women With Disabilities’ Experience With Physical and Sexual Abuse: Review of the Literature and Implications for the Field.” *Trauma, Violence, & Abuse* 13, no. 1 (January 2012): 15–29. doi:[10.1177/1524838011426014](https://doi.org/10.1177/1524838011426014).

an effort to keep a roof over their heads. Analyzing her participants circumstances living with an abusing father, Peta states

Tatenda's mother could have maintained silence about the sexual abuse that was perpetrated by her husband against Tatenda and her siblings with perhaps the intention of protecting her abusive husband who was the sole breadwinner of the big family. There is therefore the likelihood that economic welfare took precedence over the significance of protecting the girls against sexual abuse which carried the risk of HIV infection. Such a scenario provides evidence that poverty adds another rung to the vulnerability ladder of sexual coercion and rape among participants.⁶³

Situations like Tatenda and her mother are common occurrences given the high levels of poverty in Zimbabwe, a factor that exacerbates the livelihood of disabled women and girls. This body of literature provides a window into the world inhabited by disabled women in Zimbabwe and the challenges that they face in the pursuit of a dignified life free of sexual assault, violence and rape. The models of disability and cultural frameworks within which they exist are all important as they provide the lens through which we can understand why sexual assault and rape continues to be a pervasive issue among disabled women. Although the literature presents a significant gap in research and reliable data on the issue, it also presents an opportunity for that research to be conducted in the pursuit of reliable information that will assist in the formulation and implementation of policy and the accurate telling of the stories of disabled women in Zimbabwe.

⁶³ Peta, C. Gender Based Violence: A "Thorn" in the Experiences of Sexuality of Women with Disabilities in Zimbabwe. *Sex Disabil* **35**, 371–386 (2017). <https://doi.org/10.1007/s11195-017-9485-9>

Chapter 4-Research Findings

4.1 Introduction

This chapter outlines the research findings based on the in-person interviews that I conducted with the six nonprofit and public entities in Zimbabwe. These entities work directly with disabled women who have been sexually assaulted or raped and provide legal, advocacy and psychosocial services to them. These findings address two specific aspects of disabled women's lives in Zimbabwe. First, that disabled women and girls in Zimbabwe, because of their disabilities, are vulnerable to being sexually assaulted and raped. The second, that the government of Zimbabwe is not providing adequate services to combat this problem in accordance with the inherent constitutional rights for disabled people. The methodology of this research was qualitative, conducted through semi structured interviews which incorporated the ability for participants to choose whether they wanted to be identified or not given the sensitive nature of the research topic.

The three nonprofit organizations I interviewed are all privately funded by grants through foundations and range from staff sizes of five to fifteen people and work with both disabled and able-bodied women in Zimbabwe. The three interviewees from the state were a magistrate, state prosecutor and intermediary. An intermediary is a court appointed communications representative who communicates directly between the court and the survivor. The size of the sample was (n=6). As a result, the names of nonprofit organizations in this research have been withheld and pseudonyms have been created as identifiers. Code names for nonprofit organizations are identified as "Women's Disability Forum," "Women

First” and “Disability Rights Council.” All the non-profit organizations I spoke to serve able bodied and disabled women in Zimbabwe in both the urban and rural areas of the country. The participants who work for the state chose not to be identified by name and they will be identified by their job titles of “magistrate,” “intermediary” or “state prosecutor.”

This chapter will be organized in two parts. The first will address the historical context through which Zimbabwe views disability in its constitution as well as its signing of international, regional, and national treaties. The second section will be an analysis of the thematic areas that emerged from the one on one in person interviews. These themes were, 1) economic vulnerability 2) community attitudes towards disabled people and 3) service provision barriers.

I. History of disability legislation in Zimbabwe

As stated earlier, Zimbabwe is a signatory to the Convention of the Rights of Persons with Disabilities (CRPD) which the nation signed in 2013. The CRPD was established in 2006 and is, to date, the United Nations Convention with the highest number of signatories. The convention was established to change the societal attitudes that kept disabled people vulnerable and out of societal activities based on ability. As stated by the convention “The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”⁶⁴ The high rate of signatories in the convention is a sign that, globally, the rights of disabled people had been abused and many countries sought to

⁶⁴ United Nations. “Department of Economic and Social Affairs. Disability.” United Nations. United Nations. 2006. Accessed April 2020. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html>

rectify these abuses through regional and national legislation. In 2013, Zimbabwe became one of the less than twenty percent of countries globally, that constitutionalized the measures outlined by the CRPD, an accomplishment that showed progressive policy making in the southern African country. The constitutional changes were as a result of community and political pressure by the disability community to ensure the rights of all disabled people in Zimbabwe.⁶⁵ The track record that Zimbabwe holds and its legal advocacy on behalf of disabled people is a globally admirable position that was enacted before the CRPD even existed. The rights of disabled people stem back to legislation such as the War Veterans Act of 1995 which aimed to protect disabled war veterans who had fought in Zimbabwe's liberation struggle that ended in 1980.⁶⁶ Regarding disabled children, Zimbabwe has also been intentional in its protection of children from atrocities such as sexual assault and rape by ratifying the United Nations Convention on the Rights of the Child (CRC) as well as the African Charter on the Rights and Welfare of the Child (ACRWC) in 1990 and 1995 respectively.⁶⁷

Several other pieces of national legislation and cross sectoral collaborative efforts exist in Zimbabwe and are created to support and protect the rights of disabled people from those disabled in the military to disabled children facing the threat of sexual assault. An example of such an effort is a collaborative endeavor to enforce the protection of the rights of children against sexual assault. Zimbabwe's Review of the Protocol on the Multisectoral Management of

⁶⁵ United Nations. "Department of Economic and Social Affairs. Disability." United Nations. United Nations. 2006. Accessed April 2020. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html>

⁶⁶ South African History Online. "Zimbabwean Independence Day." SAHO. Accessed April 2020. <https://www.sahistory.org.za/dated-event/zimbabwean-independence-day>

⁶⁷ United Nations. "African Charter on the Rights and Welfare of the Child." United Nations, Organization of African Unity. Accessed April 2020. https://www.un.org/en/africa/osaa/pdf/au/afr_charter_rights_welfare_child_africa_1990.pdf

Child Sexual Abuse (RPM) was formulated in 2012 by private, nonprofit and state stakeholders to ensure the safety of children against sexual assault and rape. Over the years, these stakeholders have come together to collect data about child sexual assault, including data on the sexual assault rates of disabled children. These data are used to create recommendations to increase the protection of children against sexual assault. The data that are collected and recommendations made are also done to include disabled children in Zimbabwe.

Zimbabwe's progressiveness in the area of disability rights protection is commendable. It is an indication to Zimbabweans and the rest of the world, that the state is aware of the challenges faced by disabled people and will support them in any way it can. Given this, one would assume that the country actively does what it has constitutionally agreed to, to protect disabled people against any kind of discrimination, including sexual assault and rape. Although the Zimbabwean government has ratified the CRPD, constitutionalized the rights of disabled people and made promises to the disabled community to protect their human rights, they have fallen short when it comes to the sexual assault and rape of disabled women and girls.

II. Treaty, convention, and legislation implementation challenges

It is well known that the signing of treaties and conventions is not the challenging part of the convention or treaty process. The effective implementation, by states, of treaties and conventions is what determines whether an entity can actively put actions behind its words. The ineffectual nature of treaty and convention implementation is not only lamented by disability activists in Zimbabwe, global entities such as the United Nations are aware of where and in what

ways state entities fall short.⁶⁸ The United Nations Human Rights Office of the High Commission states regarding the effective implementation of international human rights and treaties, “As the system has grown, it has confronted challenges. These include delays in submission and/or consideration of reports, non-reporting, and duplication of reporting requirements among treaty bodies.”⁶⁹ The UN’s lack of in-state implementation abilities and measurement tools is a significant gateway to the challenges that members of the disabled community whom the treaties are meant to protect consequently face.

The story of disabled women in Zimbabwe hinges on the effectiveness or lack therefore, of the state as disabled women grapple daily with the challenge of surviving in a fallen economy and surviving potential sexual aggression. The lack of enforcement by states of these international, regional and national protective legislations has been criticized by disability activists in Zimbabwe. They contend that the legislation is not enough and consequently negatively affects their lives. Michelle, a program officer of the organization I am calling the “Disability Rights Council,” whose mission is to work with disabled women is clear about the gaps that are evident in the legislative system in which Zimbabweans live which negatively affect disabled women’s lives. She stated “Yes, we are signatories of these treaties, and our constitution says that we are protected, but there is a lack of enforcement of the actual treaties. The people are given a document that says, ‘you are protected’ but when push comes to shove, we are nowhere near protected.” This quote elaborates the difficulty of legislative

⁶⁸ United Nations Human Rights Office of the High Commissioner. “Effective implementation of international human rights instruments: Development of the human rights treaty system.” United Nations. Accessed March 2020. <https://www.ohchr.org/EN/HRBodies/Pages/DocumentsSystem.aspx>

⁶⁹ United Nations Human Rights Office of the High Commissioner. “Effective implementation of international human rights instruments: Development of the human rights treaty system.” United Nations. Accessed March 2020. <https://www.ohchr.org/EN/HRBodies/Pages/DocumentsSystem.aspx>

implementation that is known to be a global problem. This phenomenon is especially known to be an issue in the signing of UN conventions and treaties by member states. Organizations like Disability Rights First have made it their life's work to close the gap that exists between lack of effective implementation by the state and disabled women who face the threat and reality of sexual assault and rape.

To have more implementation measures in place for states, the CRPD₂ enacted in 2006, is one of the only United Nations conventions that requires that the state create and implement data collection, monitoring and active implementation of the convention.⁷⁰ This is an effort to hold states accountable to the convention as well as have reliable and relevant indicators for all countries that are signatories to the convention. The lack of accountability in the data collection process makes it difficult for reliable indicators to be collected and used to enhance the lives of disabled people and disabled women and girls specifically.

The lives of disabled children and girls specifically, came in focus with interviewees and the legislation, once again, did not match the situation on the ground. Regionally, Zimbabwe's ratification of the African Charter on the Rights and Welfare of the Child (ACRWC) is a clear sign, that legislatively, the country is concerned about the rights of children, including their protection against sexual assault. The ACRWC which was passed in 1995, specifically protects children against sexual exploitation including coercion of children under the age of 18 into any sexual activities as well as protection from prostitution or their use in any pornographic activities. All these are considered crimes regionally and nationally and punishable by law. This

⁷⁰ United Nations, Department of Economic and Social Affairs. "Article 33- National implementation and monitoring." United Nations. Accessed March 2020.

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-33-national-implementation-and-monitoring.html>

regional treaty, much like the CRPD, is enforced through signatory data collection and evaluation with the expectation of recommendation implementation from signatory states. States are expected to report their findings to the regional committees and do so within two years of entry into the charter and every three years thereafter.

Due to factors such as corruption, economic decay, political unrest and the abuse of human rights through a dictatorial regime, Zimbabwe's national legislation is equally compromised by the lack of effective implementation. Corruption has surfaced as one of the most serious culprits in the Zimbabwean system that affects effective legislation implementation. Transparency International, a global corruption watchdog, has ranked Zimbabwe as 158th out of 180 nations globally on corruption.⁷¹ According to Transparency International, this corruption has clear ramifications for women and girls who are sexually assaulted or raped. Nyasha who was nine years old when she was raped, faced not only the trauma of that attack, but was infected with HIV as well. Upon reporting the matter to the police, a man was arrested and dismissed a few hours later.

When the family appealed to the senior police officer at a second police station, the man was again arrested, brought before a court and remanded. But again, he mysteriously disappeared from custody. No-one could tell the distressed family where he was or what had happened. Despite reassurances from the police and prosecutor that they would look for him, six months passed, and he remained at large. Sadly, this kind of disappearance wouldn't seem so mysterious for many in Zimbabwe. "There are some police officers here who would help people get away with any crime, however devastating, if the price was right"⁷²

⁷¹ Transparency International. "Zimbabwe Corruption Index 2019" Transparency International. Accessed March 2020. <https://www.transparency.org/country/ZWE>

⁷² Transparency International. "Zimbabwe Corruption Index 2019." Transparency International. Accessed March 2020. <https://www.transparency.org/country/ZWE>

As stated before, the constitutional provisions made, are meant to protect the Zimbabwean people including those living with disabilities. This research views the Zimbabwean constitutions chapter on dignity of persons as an explicit call on all Zimbabweans not to sexually assault or rape their fellow man, woman or child.

Chapter 4 act 51 and Chapter 17 act 2 address human dignity and gender parity respectively. These constitutional chapters are in line with global instruments that protect women from sexual assault and rape so that they can continue to enjoy human dignity. In 1993, at the World Conference on Human Rights, the world formally addressed violence against women as a human rights violation. The UN states,

The 1993 Declaration on the Elimination of Violence against Women became the first international instrument explicitly addressing violence against women, providing a framework for national and international action. It defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.⁷³

The constitution of Zimbabwe reinforces the declaration on the Elimination of Violence against Women through both Chapter 4 act 51 ad Chapter 17 act 2. Both these chapters clearly support the protection of the dignity of the Zimbabwean people and supports the protection of women's rights which includes disabled women and girls.

Chapter 4 act 51 of the Zimbabwean constitution states about human dignity, "Every person has inherent dignity in their private and public life, and the right to have that dignity

⁷³ United Nations Women. "Global norms and standards: Ending violence against women." UN Women. Accessed April 2020. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/global-norms-and-standards>

respected and protected.”⁷⁴ Rape and sexual assault against any person, able-bodied or disabled, is an assault on individual dignity that is inherent to Zimbabwean citizens as per the constitution. As previously stated, the rates of sexual assault and rape in Southern Africa and Zimbabwe specifically have left women and girls vulnerable to life in dangerous communities. In some cases, in Zimbabwe, that danger is at the hand of an entity which, by definition, is designed to protect human rights and dignity, the state itself.⁷⁵ The statistics are clear, disabled women are more likely than able-bodied women to be raped or sexually assaulted.⁷⁶ In Zimbabwe, an unyielding patriarchal society and the lack of constitutional and human rights implementation have made for even greater challenges for disabled Zimbabwean women and girls to live dignified lives free of rape and sexual assault.

As previously stated, there are several reasons why legislation may not be effectively implemented and globally, the variation in definitions of rape and sexual assault as well as variation in the force in implementation all have effects on how states handle sexual assault and rape. Martha Nussbaum theorizes why constitutions and legislation globally, do not necessarily prevent the continued abuse of women’s rights globally.

If there is no clear understanding of law’s deterrent effect, *a fortiori* there can be little clear understanding of the deterrent effect of transnational norms, that is, of the extra deterrent impact of adding a transnational norm to domestic laws. And if there is no deterrent impact without effective enforcement, and if, as is the case for women’s human

⁷⁴ Republic of Zimbabwe. “Zimbabwe’s Constitution of 2013.” Constitute Project. 2013. Accessed February 2020. https://www.constituteproject.org/constitution/Zimbabwe_2013.pdf

⁷⁵ Moyo, Jeffrey. “Rapes by Zimbabwe troops go unreported as victims fear reprisals.” *Reuters*. January 31 2019. <https://www.reuters.com/article/us-zimbabwe-women-rape/rapes-by-zimbabwe-troops-go-unreported-as-victims-fear-reprisals-idUSKCN1PP0KI>

⁷⁶ United Nations Population Fund. “Five things you didn't know about disability and sexual assault.” United Nations Population Fund. 30 October 2018. <https://www.unfpa.org/news/five-things-you-didnt-know-about-disability-and-sexual-violence>

rights, international human rights laws rely entirely on local and national enforcement, it seems obvious that they cannot be effective wherever enforcement is ineffective.⁷⁷

The reliance of international treaties on national and local enforcement places states between a rock and a hard place, but it is integral that states raise the seriousness of these crimes against women and girls to the level of seriousness that they deserve. State implementation should not be the responsibility of international bodies but rather, a priority of the state itself as a protection measure for its own citizens.

Chapter 17 act 2 of the constitution is clear about the role of the state when it comes to gender and discrimination. It states, “The State must take positive measures to rectify gender discrimination and imbalances resulting from past practices and policies.”⁷⁸ As previously mentioned, the Zimbabwean constitution was amended to include the inherent rights of many marginalized and previously discriminated people in 2013. The protection of women's rights and rectification of past practices has not been a small feat in the country. As will be discussed later in this chapter, nonprofit organizations have created programs to combat the atrocities of rape and sexual assault with limited assistance and resources from the government despite its constitutional promise to do so. This limit in assistance and resources has created gaps in the accountability and implementation systems such as police and judicial interventions that are meant to protect the rights of disabled women and girls. It is essential to note that, as of this time, the Zimbabwean constitution does not directly address the protections afforded to disabled women or girls specifically. The constitution addresses the rights of women and the rights of

⁷⁷ Nussbaum, M.C. (2016). Women’s Progress and Women’s Human Rights. *Human Rights Quarterly* 38(3), 589-622. doi:10.1353/hrq.2016.0043.

⁷⁸ Republic of Zimbabwe. “Zimbabwe’s Constitution of 2013.” Constitute Project. 2013. Accessed February 2020. https://www.constituteproject.org/constitution/Zimbabwe_2013.pdf

disabled people separately, yet the nexus of these identities is not accounted for hence the importance of this research.

III. **Childhood sexual assault and rape**

In 2012, in accordance with the reporting standards of the ACRWC and national legislation, a multisectoral report was commissioned by the Chief Magistrate's Office to carry out multisectoral research on the status of children and sexual assault in Zimbabwe. The report was to outline the challenges that children face as a result of sexual assault and rape and clearly state recommendations to the state on how to effectively tackle child sexual abuse. A description of some barriers to protecting children from sexual assault and rape is given, among them, the lack of knowledge. The protocol states, “In some cases, the criminality of child sexual abuse is either not well understood or deemed to be of secondary importance to community harmony. In such cases, internal settlements involving compensation and the marriage of survivor and perpetrator may be arranged by the family.”⁷⁹ The blatant disregard of the protection of a child against their abuser, is so common that I have seen it in my own family with the marrying off of a cousin when I was a child in order to protect the “purity” of the family unit. In some cases, the child is sabotaged by his or her own family as they refuse to report the assault and do not refer it to the police for investigation.

The report is clear on the direness of the child sexual abuse situation in Zimbabwe:

“Around 3,448 cases of sexual violence were reported to the Police Victim Friendly Unit (VFU)

⁷⁹ Republic of Zimbabwe, Judicial Service Commission. “Review of the Protocol on the Multisectoral Management of Child Sexual Abuse in Zimbabwe 2012.” Republic of Zimbabwe. Accessed April 2020. http://www.togetherforgirls.org/wp-content/uploads/2017/10/Multi_Sectoral_Protocol_2012-Zimbabwe.pdf

in 2009. Around 60 percent of these survivors were children of which the overwhelming majority were girls.”⁸⁰ The report also states, about the challenges of data collection, “Data on child sexual abuse in Zimbabwe is scattered among a variety of actors...Unfortunately, data collection is not standardized and therefore often not comparable. The data that does exist is often centered on reported cases. Furthermore, as with sexual abuse data globally, most cases go unreported by survivors and service providers...”⁸¹ This lack of standardized data collection methods, high rates of sexual assault of girls and consequently the inability of the state to provide adequate resources to survivors affects resource provision and protection of the rights of disabled women and girls.

Many outdated cultural beliefs contribute to how women and girls are treated in society and in many ways, leave them vulnerable to sexual assault as they are viewed as personal property rather than human beings. Examples of these beliefs include child marriage and virginity testing. Disabled and able-bodied girls are vulnerable to child marriage as well which is complicated by the entrenched and outdated beliefs about virginity and virginity testing. Rituals such as virginity testing reinforce some of the beliefs about the sexual status of women and girls and increases the vulnerability of able-bodied and disabled girls to sexual assault and rape. The marrying off of child sexual assault survivors is a result of many factors including the outdated sentiment that women and girls must be virgins and “pure” until they

⁸⁰ Republic of Zimbabwe, Judicial Service Commission. “Review of the Protocol on the Multisectoral Management of Child Sexual Abuse in Zimbabwe 2012.” Republic of Zimbabwe. Accessed April 2020. http://www.togetherforgirls.org/wp-content/uploads/2017/10/Multi_Sectoral_Protocol_2012-Zimbabwe.pdf

⁸¹ Republic of Zimbabwe, Judicial Service Commission. “Review of the Protocol on the Multisectoral Management of Child Sexual Abuse in Zimbabwe 2012.” Republic of Zimbabwe. Accessed April 2020. http://www.togetherforgirls.org/wp-content/uploads/2017/10/Multi_Sectoral_Protocol_2012-Zimbabwe.pdf

are married. Chisale and Byrne state about virginity testing, “Virginity testers confirm a girl’s virginity by examining the tightness or intactness of the hymen. Virginity testing is practised in some sub-Saharan African countries such as South Africa, Swaziland, Zimbabwe, Kenya and Ethiopia”⁸² Once a child has been sexually assaulted or raped, that “purity” is gone and as a result, some families think it best to marry off their child so that they are not shunned in the community for having a child who has a child out of wedlock.

4.2 Thematic analysis

The interviewees that provided insight into the thematic areas discussed below were from non-profit organizations and state entities. Three of the interviewees worked as program administrator, executive director and development officer respectively. State interviewees included a magistrate, state prosecutor and intermediary. All the non-profit organizations work directly with disabled and able-bodied women in providing legal and psychosocial resources if a woman or girl is raped or sexually assaulted and is need of these pro-bono services. State interviewees work with both disabled and able-bodied citizens when they interface with the Zimbabwean justice system.

Economic vulnerability and corruption

The economic stability of a country affects the availability and effective delivery of resources. The economic plight of Zimbabwe has been a long and arduous one as it continuously deteriorates with each year. International Monetary Fund evaluator Jee-A-van-de-Linde, states about an early 2020 assessment of the Zimbabwean economy, “From our

⁸² Sinenhlanhla Sithulisiwe Chisale & Deirdre Cassandra Byrne (2018) *Feminism at the margins: the case of the virginity bursaries in South Africa*, *African Identities*, 16:4, 371-382, DOI: [10.1080/14725843.2018.1439729](https://doi.org/10.1080/14725843.2018.1439729)

perspective, there is little prospect of a major improvement to Zimbabwe's economic and financial challenges in the short- to medium term and the measures in place designed to improve prospects are likely to have negative social consequences, with some risk to political instability."⁸³ When the state invests in certain aspects of a country's activities, it signals to citizens that that aspect is essential and should be upheld for the benefit of all citizens. The prioritization of those social aspects is increasingly compromised in a failed economy with continued cases of political corruption and looting of resources by the country's elites. A lack of investment by the state in infrastructure and functional social services has profound effects on the lives of disabled people in Zimbabwe, particularly on the lives of women and girls.

The economic instability in Zimbabwe has brought with it high levels of poverty that have affected disabled people generally. Muderedzi and Ingstad explore the causes and effects of poverty on disabled Zimbabweans. "Poverty in Zimbabwe has increased considerably from 1995 until the present. The proportion of households below the food poverty line increased from 20% in 1995 to 48% in 2003, representing an increase of 148%... There are good reasons to believe that people with disabilities, even more than non-disabled people, are among the victims."⁸⁴ For both able-bodied and disabled women and girls, specifically, the burden that they face in Zimbabwe because of poverty is grave. As stated by Muderedzi and Ingstad, "We found that the burden of care often fell on mothers or other female relatives and siblings. There was a trend of schoolgirl drop-outs looking after their disabled brothers and sisters." The economic instability in Zimbabwe not only affects able-bodied women and girls as they turn into

⁸³ Smith, Elliot. "Zimbabwe in 'economic and humanitarian crisis' as IMF sounds alarm." *CNBC*. March 2020. <https://www.cnbc.com/2020/03/03/zimbabwe-in-economic-and-humanitarian-crisis-as-imf-sounds-alarm.html>

⁸⁴ Eide, Arne H., and Benedicte Ingstad, eds. *Disability and Poverty: A Global Challenge*. Bristol, UK; Portland, OR, USA: Bristol University Press, 2011. Accessed April 24, 2020. doi:10.2307/j.ctt9qgths.

care givers, but it also affects how disabled women and girls as they cannot engage in productive ways in the economy and make a living for themselves.

Working for the state in Zimbabwe comes with its own challenges many of which are as a result of the lack of good governance by the regime. Civil servants like my first interviewee, “David,” often go home without a paycheck and when they do receive one, it is corroded by inflation. He works as a regional magistrate which is a position directly under a judge under British Dutch law which is the law of the land in Zimbabwe. He, along with three other regional magistrates, manage a region which consists almost half the country. “David,” gave a glimpse into some economic factors that have contributed to the physical exclusion of disabled Zimbabweans from society. He stated, “This building we are sitting in is the cornerstone of justice, but it is not efficiently equipped with the needs that accommodate disabled people. For example, the lift has not worked for decades and oftentimes, that makes it challenging for disabled people to physically engage with the judicial system. It is difficult when there are no funds to make the situation better.” Lack of funding and effective delivery of services in an ailing economy like that of Zimbabwe is not surprising yet the effects on disabled people cannot be ignored. Many buildings in Zimbabwe lack universal design and if the buildings where one would access justice are physically inaccessible, he or she is eliminated from a fair opportunity at attaining that justice. The economic circumstances of Zimbabwe exacerbate the situation that disabled women and girls must endure to live a dignified life. The mere fact that physical accessibility to buildings that provide much needed resources such as court houses and police stations is a glimpse into the harsh realities disabled women and girls must live under.

The economic failures faced by Zimbabwe have forced both able-bodied and disabled people to live in states of poverty. The inability to work for oneself to afford food and shelter

adversely affects disabled women and girls. A foremost Zimbabwean expert in disability activism and education, Ngabaite Muchinguri states “Disability is inseparable from poverty.”⁸⁵ The vicious cycle of poverty makes it difficult for women and girls to find freedom from abusers and be able to fend for themselves and not be vulnerable to sexual assault and rape.

The implementation of laws and legislation in Zimbabwe has been plagued by its own persistent ineffectiveness caused by various factors as disclosed by interviewees. Non-profit organizations in the country have made concerted efforts to cover the gap between the state and the citizens yet they too, face challenges with corruption. “Linda” has been working for “Women First” for five years and over that time, she has had to fight hard to make sure that the organization does not engage in the rampant corrupt culture. “Women First,” is an organization that empowers women through free litigation services, and she spoke about the role that corruption has played in whether laws and legislations are enforced and done so effectively. She states, “It is difficult to get anything done in Zimbabwe without giving a bribe. To get a passport, you need to bribe. To register as a nonprofit organization, you need to bribe, to even get basic necessities, you need to know someone who will be your ‘inside man’ and let you know when those things are available. The whole system is compromised!” This quote shows the decayed nature of the Zimbabwean economy and society.

⁸⁵ Choruma, Tsitsi. “The forgotten tribe- People with disabilities in Zimbabwe.” Progressio, London UK. January 2015. Accessed January 2020. <https://www.progressio.org.uk/sites/default/files/Forgotten-tribe.pdf>

These same sentiments were echoed by “Bongani,” a state prosecutor, about access to state resources for survivors of sexual assault or rape. His role in the state is to defend survivors and bring charges to their assailants so that they can attain justice. He stated,

Our judicial system is really under attack. Here in Bulawayo, we serve the Matebeland North and South regions and that is both the urban and rural Zimbabweans. In many cases, our rural people do not have enough financial resources to come to the courts since we have one regional court and one high court for the region. The logical thing then is to take the law to the people, right? We used to have enough money to go and set up courts in the rural areas for our constituencies who cannot easily make it to the city. We would go there for a few days and the magistrate and prosecutors would hear the cases, make rulings etc. A lot of people would come just to watch how the Zimbabwean judicial system works. Those went away because of corrupt bureaucrats who spent that money on new company cars, trips abroad and building houses for themselves. Now we don't even have enough money for fuel for police officers to transport these survivors to court.

This quote provides an explicit illustration of the extent of the challenges that are faced by survivors of sexual assault or rape as they interact with the Zimbabwean judicial system. The extent of corruption has incapacitated the economy and morally bankrupt Zimbabwean society which has adversely affected the functionality of the system.

Community attitudes towards disabled people

The cultural perceptions in a patriarchal society are fraught with tension as women and girls fight to claim their stake in communities. Questioning the cultural perceptions of disabled women and girls is essential to analyze as culture often shapes societal beliefs. Interview participants in this research were asked to answer semi-structured questions about disabled women and girls in Zimbabwe who have faced sexual assault and rape. Addressing the question, “what are cultural perceptions of disabled women and girls in Zimbabwe?” a consultant, that serves “Disability Rights Council,” expressed her thoughts stating,

It is difficult to address disabled women and girls without addressing able-bodied women and girls to begin with. As a woman, I am lucky to have a career, a home I own and a husband who sees me as his equal. Many women do not have that luxury in Zim. So, what more when a disabled woman has to stay with her abuser so that she can eat? Or endure abuse from her father so she does not become homeless? What then?

As demonstrated by this quote, the nature of disability in Zimbabwe, as it is globally, is layered and complicated by varied identities. As previously stated, the constitution of Zimbabwe does provide legislative provisions against gender discrimination and against the discrimination of disabled people, yet these two identities are not protected together which poses challenges for disabled women. Oftentimes, disabled women are considered secondary to able bodied women, making them more vulnerable and unable to get the necessary reproductive health resources to address issues such as sexual assault and in many cases, contraception as well. Maphosa and France address the dire nature of accessibility of resources with an interviewees experience of seeking contraception. She states, “I went to look for family planning methods at the clinic and the nurses told me that sex was not meant for the disabled, hence there was no need for me to get contraceptive methods.”⁸⁶ The above treatment of a disabled woman in seeking reproductive health is an example of the challenges that these women face daily even in trying to protect themselves from pregnancy or live a fulfilling sexual life .

The influence of cultural beliefs and patriarchy, as a theme, ran across the professional spectrum of those who work with disabled women and girls who have been raped or sexually assaulted. “Bongani,” the state prosecutor, mentions the effects of culture and patriarchy on disabled women and girls “Sometimes, women are told by their families not to report relatives who rape them because it would bring “shame” upon their family’s name. They are told to

⁸⁶ Rugoho, Tafadzwa, and France Maphosa. “Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe: The case of Chitungwiza town.” *African journal of disability* vol. 6 252. 26 May. 2017, doi:10.4102/ajod.v6i0.252

sacrifice themselves for the family. It's nonsense! If a woman is mentally disabled, she is not even likely to be believed." Here, the differences between physical impairments and mental impairments are highlighted and the difficulty that come with mental impairments as compared to the physical. These views demonstrate the plight of Zimbabwean women in a patriarchal society and emphasize the compounded and inherent discrimination that cultural and patriarchal beliefs have on disabled women based on their disability.

An integral part of what we think of as culture is based in the languages that we speak. As briefly discussed in chapter three, language in disability studies impacts cultural and societal beliefs and attitudes. Language that we use to describe a socially constructed phenomenon can be, intentionally or unintentionally, loaded and discriminatory. An interviewee who works for a women's organization highlights the unmistakable impact of language in her response to the question about cultural attitudes. She states about language:

It is interesting. The answer to that question is in the language we use. So, in Shona or Ndebele, in our mother tongues, we say "chirema or isilima," which literally means "burden." in English. We have already labeled disabled people as being burdens and we wonder why they end up so vulnerable? These words have power to make or break people and communities and, we have set up, through our language, a perfect trap for them to fall into. Umm, you see, It is as though they have the words tattooed on their foreheads. They are viewed and treated as a burden to us and to our communities.

The language we use to describe bodies has to be challenged in Zimbabwe if we are going to move in a productive direction. As expressed above, cultural beliefs about disabled women and girls and disabled people more generally in Zimbabwe, run deep with their makeup in powerful elements such as language. The perception of disabled people in society has, in the case of Zimbabwe, shaped the intrinsic ways in which they are treated, many of which are exclusionary in nature.

4.3 Service provision barriers

State and non-profit organization resources

Although the cultural, economic and social factors affecting the lives of disabled women and girls who have been sexually assaulted or raped in Zimbabwe is dire, there are some resources that interview participants highlighted. These resources are provided mainly by nonprofit organizations in the country although the state also has resources available at a smaller scale of effective functionality. Non-profit organizations working in the legal sector have made efforts to support disabled women and girls with free legal services and court representation. Those working in the disability sector provide services such as sign language interpretation and teaching as well as acting as advocates for disabled people. These pro-bono services are supported by grants from international aid organizations, foundations and individual donors.

Available resources- state

In 1996, the Zimbabwe judicial system created the Victim Friendly unit (VFC). This unit consists of the VFC court /intermediary and Zimbabwe Republic Police VFC unit. These units work collaboratively to assist children attain justice in the judicial system. The police VFC unit is the first port of call for allegations and criminal investigations of child sexual abuse. They system was created in such a way that police stations have a separate desk or office where a VFC officer sits and any sexual assault or rape allegations, go directly to that officer. Magistrates

and prosecutors are also trained in the VFC system as they interact with survivors of sexual assault often. The VFC system is the only one of its kind in Southern Africa.⁸⁷

Gaps in this system stemmed mostly from lack of resources in the form of funding and communication skills with those with hearing or speaking impairments. When it comes to disabled girls specifically, participants were concerned about resource provision in investigating cases. A regional magistrate stated

I am concerned about resource mobilization when officers encounter disabled children. Saint Georges and Leonard Cheshire provide assistance in terms of communicating with deaf children, but those resources are not readily available to our officers. Ideally, some officers would at least know how to use sign language so that when a situation comes up, they can effectively communicate and investigate an assault.

The fact that officers did not have adequate training in sign language is a significant barrier given that communication is key to any investigation and subsequent trial and prosecution of an accused person. An elaborate protocol exists and must be followed by anyone who is VFC certified from police officer to chief justice. The main character who deals directly with a survivor is called an intermediary. The job of the intermediary is to speak with the survivor and make him or her feel comfortable enough to say what happened. A VFC unit intermediary spoke at length about her frustration in having some resources but not being able to effectively deploy them into the community. She describes the protocol for children in the court room as follows:

We have a room where we put survivors when they come in for a trial and I sit with them as an intermediary. The job of an intermediary is to really make the survivor feel safe and build trust so that they tell me and the court, what happened to them. The accused person and witnesses are in the next room which is the court room along with the magistrate or judge and other family members. We have set up anatomically appropriate dolls and the

⁸⁷ Musiwa, Anthony Shuko. "How Has the Presence of Zimbabwe's Victim-Friendly Court and Relevant Child Protection Policy and Legal Frameworks Affected the Management of Intrafamilial Child Sexual Abuse in Zimbabwe? The Case of Marondera District." *Journal of Interpersonal Violence* 33, no. 11 (June 2018): 1748–77. doi:[10.1177/0886260517752154](https://doi.org/10.1177/0886260517752154).

children are asked to demonstrate what happened to them and use the dolls to tell the court that story. The room is equipped with CCTV that transmits into the court room but the challenges are numerous. Sometimes there is no electricity or there is load shedding so we cannot even get a VFC case done, we currently have a backlog of those cases. If we have a blind child or a child with a mental illness, that also presents its own challenges in terms of communication.

The mission of the Zimbabwe Republic Police which houses the VFC police unit is “To maintain law and order, protect and secure the lives and property of the people and to institute dynamic policing practices that engender effective prevention, investigation and detection of crime.”⁸⁸ Promises to protect individual citizens and their property are said to define the organization yet, barriers to this mission continue to plague the organizations effectiveness. Police need reliable transportation to be able to reach their clients and do investigations in a confidential manner. The effectiveness of the VFC police is curtailed by transportation and fuel shortages⁸⁹ The lack of basic resources such as transportation further limits disabled women and girls from attaining the justice they deserve as they sometimes must be retraumatized by being in proximity with their alleged perpetrator.

The VFC court system is meant to provide the legal and prosecutorial services to survivors yet similar concerns about the lack of resources were highlighted court personnel. A prosecutor lamented the fact that he did not have a laptop or access to a notetaker and had to do the work of writing notes by hand.

It is so very difficult to do this job. I came into it with passion and have not lost any of that passion for justice but sometimes it gets so bad that there is no paper to write on or pens to use when I take note. This whole system should be online at this point but there are simply no resources. I am my own note taker, I use my personal phone to get in touch

⁸⁸ Zimbabwe Republic Police. “Victim Friendly Unit.” Zimbabwe Republic Police. Accessed March 2020. http://www.zrp.gov.zw/index.php?option=com_content&view=article&id=114&Itemid=723

⁸⁹ Zimbabwe Judicial Service Commission. “Review of the Protocol on the Multisectoral Management of Child Sexual Abuse in Zimbabwe.” http://www.togetherforgirls.org/wp-content/uploads/2017/10/Multi_Sectoral_Protocol_2012-Zimbabwe.pdf

with clients and then I have to be a prosecutor as well. Transportation and accommodation are problems as well. Oftentimes when clients show up, they have nowhere to stay if the case is put into a continuance and no money to go back home and some of them come from the rural areas and cannot just pop in and out of the regional courts as easily as those who live in the urban areas.

Magistrates, prosecutors, intermediaries, and police officers all faced the same challenges, lack of resources to be able to do their jobs effectively. The lack of electricity and load shedding was no hyperbole as during these interviews, I sat in offices with no electricity with my interviewees. Repeatedly, when speaking about resources, interviewees would say “see, no electricity, as usual!”

Available resources, non-profit organizations

The role of non-profit organizations and civil society organizations in Zimbabwe regarding the rights of disabled women and girls who have been sexually assaulted or raped have focused on three main areas. These areas are legal support to bring perpetrators to justice through providing pro-bono legal services, community education explaining what sexual assault and rape are and how to report those crimes as well as pre- and post-trial support including providing resources for effective psychosocial services.

One non-profit organization, for example, that provides both legal and psychosocial resources goes into courts and posts fliers with contact information for their services so that survivors know where to get these services. They carry out legal education sessions to women so that they can defend themselves if necessary, in a court of law. They are active in the community as well with a mobile office that travels around the country educating women and children about their human rights as stated by the constitution. An interviewee from the organization stated “We have had a lot of success with the education piece because we

are able to go to the people and do our work that way. If the people had to come to us, we would not be making as much headway as are. We also find that women and girls especially want to learn how to protect themselves and that makes our jobs easier because they are interested.” The quick and efficient mobilization of resources in the non-profit sector provides these organizations with the effectiveness they need to serve survivors of sexual assault and rape lessening to burden for these women and girls.

Funding for nonprofit organizations based in oppressive regimes is often challenging. Resources are allocated to several causes yet difficult choices must be made even though there are more problems than there are funds. A staff member from a women’s rights non-profit organization expressed her frustration with the lack of adequate resources as well as the limited amount of funding available for disabled women and girls. “Disabled women are not getting the resources they need especially when it comes to gender based violence. “They are missing from conversations when we talk about GBV and resources are not being equally allocated for them to receive the counseling they need before, during or after such events. It makes our work very difficult.” After asking why disabled women are not part of the GBV conversation, the lack of a constitution that does not merge multiple identities was identified as a part of the reason why disabled women are not systematically involved in GBV conversations and hence GBV funding streams. The interviewee stated “well, the constitution has women on one side and disabled people on the other but there are disabled women in this country and to me, that means we are not speaking with one voice!”

Personnel resources are also scarce in non-profit organizations and this affects the work these organizations do as well as the effectiveness of these organizations. A participant stated “We are happy to provide legal services to any women and girls facing GBV but we only have a

few lawyers which makes it difficult as we receive a lot of cases. Our time is split between being in court and writing grants for funding so that we can continue our work.” This quote expresses the typical nature of non-profit organizations globally as they often face challenges with limited resources in environments that have a multitude of challenges for their work to thrive. In Zimbabwe, non-profit organizations face the same challenges when it comes to funding. As stated by Agare et al, “The availability of funding is critical to service delivery of the NGOs while the unavailability of funds plays a debilitating role in the effective running of these institutions.”⁹⁰ These challenges are compounded by the lack of cooperation from the state that often fights non-profit organizations in Zimbabwe because of their tendency to expose human rights violations in the country. As stated by Musila

Over the last 15 years, 11 African countries have adopted legislation or policies that improperly constrained nongovernmental organizations (NGOs).¹ Seven countries—Egypt, Tunisia, Rwanda, Zambia,² Malawi, Mozambique, and Tanzania—have anti-NGO measures pending or may be moving to introduce them, while six—Kenya,³ Malawi, Angola, Nigeria, Congo-Brazzaville, and Zimbabwe—have introduced such measures only to have them abandoned by the executive, rejected by the legislature, or invalidated by the courts. These laws and policies seek to impose state control over civil society, particularly NGOs that work on human rights and governance issues.⁹¹

The above concerns about the lack of resources were consistent across the board from state officials, non-profit organizations and civil society organizations. Participants were acutely aware that economic dilapidation led to the corruption in all sectors that affects the distribution of resources and their effectiveness. Challenges such as lack of electricity and transportation put survivors of sexual assault in positions that make them more vulnerable even

⁹⁰ Kang'ethe, Simon & Manomano, Tatenda. (2014). Exploring the Challenges Threatening the Survival of Ngos in Selected African Countries. *Mediterranean Journal of Social Sciences*. 5. 1495-1500. 10.5901/mjss.2014.v5n27p1495

⁹¹ Musila, Godfrey. “The Spread of Anti-NGO Measures in Africa: Freedom Under Threat.” Freedom House. May 2019. Accessed April 2020. https://freedomhouse.org/sites/default/files/2020-02/05132019_UPDATED_FINAL_Africa_Special_Brief_Freedoms_Under_Threat.pdf

when seeking justice for crimes perpetrated against them. The participants statements, when juxtaposed with the state's legislation and constitution of Zimbabwe, show how inept the state has been in providing adequate resources for disabled women and girls. All these concerns affect the ways in which disabled women and girls who have been sexually assaulted or raped do or do not live dignified lives.

Chapter 5-Conclusions and recommendations

This research aimed to identify the constitutionally mandated resources provided by the government of Zimbabwe to disabled women and girls who have been sexually assaulted or raped and juxtapose those mandates with the reality these women and girls live. Using critical analysis and qualitative one on one in person interviews, it can be concluded that disabled women and girls in Zimbabwe do not have adequate resources to address their physical, emotional and psychological needs when they are sexually assaulted or raped. The findings indicate the lack of basic and essential service provision that would facilitate the living of a dignified life by disabled women and girls free of sexual assault and rape. Although the sample size of this research was small, the generalizability of the results was strengthened by the selected qualitative methodology and the consistency in results from participant data from across differing fields of work. The one on one, qualitative interview approach was beneficial in allowing for in depth interviews. This approach provided new insight into the multiple layers of stakeholder involvement in GBV at large and allowed participants to think deeply about the subset of GBV that is occupied by disabled women and girls and the challenges that they, specifically, face.

The findings of this research challenge and question the 2013 Zimbabwean constitutional promises whose aim was to provide dignified lives for all Zimbabweans. Participants' responses

confirm that the constitution as well as national and international legislation that have been ratified by Zimbabwe, have not been effectively followed up by actions to support disabled women and girls who have been sexually assaulted or raped. The findings highlight the challenges faced by service providers as well as disabled women and girls who have been sexually assaulted or raped. The findings also highlight the limitations that are involuntarily imposed on these women and girls as they seek to report sexual assault crimes, access justice through the judicial system and receive psychosocial services.

5.1 Recommendations for future research

The interview participants identified areas of improvement that they think ought to be taken into consideration by the government of Zimbabwe to support disabled women and girls who have been sexually assaulted and raped.

1. Education regarding sexual assault and rape must be provided to all citizens and reporting of any sexual assault or rapes encouraged by teachers, parents, the police force and all citizens. The continued conscientization of Zimbabwean citizens will benefit able bodied and disabled people in our communities.
2. The state must provide universally designed spaces so that disabled people can access the resources that they need with ease.
3. The VFC is a good start to providing child friendly and sensitive judicial services. The unit needs more personnel resources and police officers must be trained in how to communicate effectively with disabled people so that they can be effective in their investigations.

4. There is a need to explore the cultural attitudes and beliefs about disabled people and upend the discriminatory beliefs that surround their existence. This can be done through education in schools and in communities.
5. The state must provide adequate transportation for the police to transport survivors of gender-based violence to courts where they can attain justice.
6. The state must provide psychosocial services for all survivors of gender-based violence.

Alison Kafer, a foremost disability activist and scholar, questions the medical and social models of disability and how, in any way, we can leave out the political implications of models that describe who is able-bodied and who is disabled. She states,

in juxtaposing a medical model with a political one, i am not suggesting that the medical model is not itself political. On the contrary, i am arguing for increased recognition of the political nature of a medical framing of disability. As Jim Swan argues, recognizing that a medical model is political allows for important questions about health care and social justice: “How good is the care? Who has access to it? For how long? Do they have choices? Who pays for it?”⁹²

The research shows that the systems of politics, policy and legislation affect disabled women and girls in Zimbabwe. Their location, political system and disability all play an integral role in how they live and survive sexual assault and rape. In thinking about what Kafer describes as “imagined futures,”⁹³ Zimbabwean disability activists, non-profit organizations and the state, must fight hard for an effective solution to the problem of sexual assault and rape. It is the only way that disabled women and girls can have a remote chance of a dignified life.

⁹² Kafer, Alison. *Feminist, Queer, Crip*. Indiana University Press, 2013. Accessed May 7, 2020. www.jstor.org/stable/j.ctt16gz79x

⁹³ Kafer, Alison. *Feminist, Queer, Crip*. Indiana University Press, 2013. Accessed May 7, 2020. www.jstor.org/stable/j.ctt16gz79x

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