
**UNACKNOWLEDGED REALITIES: THE CHALLENGES FACED BY
DEAF WOMEN IN ADDRESSING GENDER-BASED VIOLENCE IN
UGANDA**

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Publication Date: April 2026

ABSTRACT

Background: Global estimates suggest that a significant proportion of women with disabilities live in conditions of economic deprivation and face compounded discrimination compared to both men with disabilities and women without disabilities.

Objectives: The purpose of this study was to understand the challenges faced by deaf women in addressing gender-based violence in Kampala district.

Method: The study used qualitative research of an intrinsic case study design utilising semi-structured interviews and focus group discussions with 30 deaf women in Kampala district and 8 key informants from state and non-state entities to understand this topic.

Results: Findings revealed communication barriers at police stations, courts of law, and local council offices, a lack of preventive programmes and coordination among deaf women, a lack of counsellors to provide comprehensive support to achieve social inclusion, a lack of sign language interpreters, and a low level of knowledge on GBV, possibly due to limited information.

Conclusion: Despite Uganda's legal and policy frameworks on GBV, deaf women's linguistic needs have yet to be incorporated into GBV dissemination and promotion efforts. Therefore, the integration of Deaf epistemology into current policies is necessary to steer GBV prevention and awareness efforts among deaf women.

Keywords: *Deaf women; Challenges; Gender-Based Violence; Sign language, Kampala, Uganda.*

1. INTRODUCTION

The United Nations defines VAWG as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering, including threats, coercion, or deprivation of liberty, whether occurring in public or private life (United Nations, 1993). Global estimates suggest that a significant proportion of women with disabilities live in conditions of economic deprivation and face compounded discrimination compared to both men with disabilities and women without disabilities (WHO & World Bank, 2011). Despite this heightened risk, there remains a lack of context-specific evidence on the lived experiences of specific groups, including deaf women in Uganda. GBV manifests in multiple forms, including physical, sexual, emotional, and economic abuse. Globally, approximately one in three women reports experiencing physical or sexual violence in their lifetime (Devries et al., 2013). While international frameworks such as the Sustainable Development Goals (SDG 5) emphasise the elimination of all forms of violence against women and girls, the realities of marginalised populations remain insufficiently documented.

In Uganda, GBV remains prevalent. National data indicate that a significant proportion of women experience violence, with higher rates reported among women with disabilities (UBOS, 2016). Although Uganda has ratified the Convention on the Rights of Persons with Disabilities (CRPD) and enacted various legal frameworks, implementation gaps persist, particularly in ensuring accessibility of services and information for deaf individuals. Communication barriers, including limited access to Ugandan Sign Language (UGSL) interpretation, restrict deaf women's ability to access justice, health services, and GBV-related information. While trained interpreters exist, their integration into public service systems remains inadequate, limiting the effective participation of deaf individuals in institutional processes.

In the same way, Davids and Van Staden (2024) revealed that deaf women experienced limited knowledge of GBV terminology, and this study further interrogated these findings by asking the questions: Could these compelling reasons also relate to underreporting by these women of the abuse? Furthermore, could their understanding of GBV terminology allow them to think that such abuse is acceptable? It will be necessary to do additional research to answer these questions among women who are Deaf in the South African context (Davids & Van Staden, 2024). Furthermore, harmful social norms and misconceptions surrounding disability and sexuality may increase exposure to violence and reduce reporting. In some contexts, myths and stigma contribute to the marginalisation of women with disabilities and may influence how violence is understood and addressed (Guzu, 2013). These dynamics underscore the need for research that centres the perspectives and lived experiences of deaf women themselves.

The United Nations (UN) standards regarding Gender-Based Violence (GBV) among deaf people in Uganda are primarily grounded in the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). These standards emphasise that deaf individuals, particularly women and girls, face a

disproportionately high risk of GBV due to communication barriers and deep-rooted societal stigma. Despite existing policies and international commitments, deaf women remain largely underrepresented in GBV research, policy formulation, and intervention programmes. Their linguistic and cultural needs are rarely incorporated into GBV awareness and prevention strategies. This study seeks to address this gap by exploring the experiences, knowledge, and challenges faced by deaf women in Kampala in relation to GBV.

2. THEORETICAL FRAMEWORK

This study is guided by the social model of disability and the human rights-based approach (HRBA), which together provide a comprehensive framework for analysing the experiences of deaf women in relation to GBV. The social model of disability conceptualises disability not as an inherent limitation of the individual but as a result of societal barriers, including inaccessible environments, discriminatory attitudes, and institutional exclusion (Oliver, 1990; Shakespeare, 2010). From this perspective, challenges faced by deaf women are understood as arising primarily from systemic failures such as the absence of sign language interpretation, inaccessible information, and exclusion from service delivery systems rather than from hearing impairment itself.

Complementing this, the human rights-based approach emphasises the recognition of persons with disabilities as rights-holders and states as duty-bearers. It focuses on principles such as equality, participation, accountability, and non-discrimination (UNDP, 2006). The HRBA also incorporates the AAAQ framework availability, accessibility, acceptability, and quality which are used to assess whether services adequately meet the needs of all individuals, including those with disabilities. By integrating these frameworks, the study moves beyond descriptive accounts of vulnerability to critically examine structural inequalities and institutional responsibilities. It highlights how legal and policy commitments such as those under the CRPD, particularly Article 16 on protection from violence must be translated into accessible and inclusive practices.

In addition, this study draws on Deaf epistemology, which recognises the unique ways in which Deaf individuals produce and interpret knowledge through visual and cultural experiences (Holcomb, 2010). This perspective is particularly important in ensuring that the voices and experiences of deaf women are authentically represented, rather than interpreted solely through hearing-centric frameworks. As such, this study responded to the following questions: (a) *What is gender based-violence?* (b) *What are the challenges faced by deaf women in addressing Gender based-violence?* (c) *What contributions has the Government/ your organisation made as a duty bearer towards implementing Gender based-violence awareness among deaf women?*

3. RESEARCH METHODS AND DESIGN

Study Design and Approach

This study employed a qualitative research design using an intrinsic case study approach to explore the lived experiences of deaf women in relation to gender-based violence in Kampala District.

Qualitative methods were appropriate for capturing in-depth insights into participants' perceptions, experiences, and social contexts (Creswell, 2013). Data were collected through semi-structured interviews, focus group discussions (FGDs), and document analysis. This triangulation of methods enhanced the depth and credibility of the findings.

The study was conducted between May and December 2023 and forms part of a broader research project undertaken at Kyambogo University.

Epistemological Approach

The study was informed by Deaf epistemology, which emphasises visual modes of communication and values lived experiences and narratives as legitimate sources of knowledge. This approach enabled participants to express themselves in Ugandan Sign Language (UGSL) and ensured that their perspectives were central to the research process.

Study Setting

The research was conducted in three divisions of Kampala District: Makerere (Kikoni), Kampala Central, and Lubaga. These areas were purposively selected due to the presence of deaf communities, institutions, and organisations providing services to persons with disabilities.

Sampling and Participants

A total of 38 participants were included in the study: 30 deaf women and 8 key informants from government and non-governmental organisations involved in GBV response and disability advocacy. Participants were selected using purposive and snowball sampling techniques to identify individuals with relevant experiences and knowledge. Inclusion criteria for deaf women included:

- Being aged between 18 and 49 years
- Primary use of Ugandan Sign Language
- Residence in Kampala District

Key informants were selected based on their professional roles in sectors such as social services, law enforcement, and civil society.

Data Collection

Six FGDs, each comprising five participants, were conducted in Ugandan Sign Language. These discussions explored participants' understanding of GBV, experiences, and challenges in accessing services. FGDs were facilitated by trained female researchers with support from sign language interpreters. In addition, in-depth interviews were conducted with three participants who preferred to share sensitive experiences in a more private setting. Eight key informant interviews were also conducted using semi-structured guides. All interviews and discussions were video-recorded with consent, given the visual nature of sign language communication. Data were later translated and transcribed into English.

Data Analysis

Data were analysed using thematic analysis following the six-step framework by Braun and Clarke (2006). This involved familiarisation with the data, coding, theme development, review, and interpretation.

Ethical Considerations

Ethical approval was obtained from Kyambogo University. Informed consent was secured from all participants through accessible communication in sign language. Confidentiality, anonymity, and the right to withdraw were upheld throughout the study. Given the sensitivity of GBV, participants were informed of potential emotional risks, and appropriate measures were taken to ensure a safe and supportive research environment. As a Ugandan Sign Language Interpreter (UgSL), I obtained informed consent for voluntary participation from the participants, which involved getting permission to video record the discussions.

4. RESULTS

This paper analysed the challenges deaf women faced in addressing gender-based violence in Kampala. The study revealed several challenges faced by deaf women in addressing GBV in Kampala district. These include: limited knowledge and awareness about GBV terms, communication barrier, lack of situational disaggregated statistics on GBV among deaf women, lack of sign language interpreters in the social service spaces, e.g., Police stations, Courts of law, health centers, and communities.

Table 1 shows the background information of the participants; Table 2: What do you understand about Gender-Based Violence? Table 3 shows the challenges in addressing GBV.

Table 1: background information of the participants

Category of participants	Total number of study population
Deaf Women	(30 deaf women who have experienced GBV)
Administrator from GBV shelter	1
Administrator from Deaf Action	1
Sign language interpreters	2
Police in charge OC	1
Executives from UNAD, Ministries including Gender, Education.	3(1 UNAD officer; 1 officer from Gender; 1 officer from Education).
Total	38

Source: Researcher, 2026

(a) What do you understand about Gender-Based Violence?

The participants were asked to explain what they understood by the term “*Gender-Based violence*”. Many gave diverse answers, as seen in the table below that summarises their opinions.

There were different levels of understanding of what “Gender- Based violence” or sexual violence in general, amongst the participants. Most of the deaf women associated gender- based violence with the mistreatment of family members. A few participants mentioned that a wife being beaten by a husband, while others thought that wife beating means love from the husband, raping a woman also shows affection and love, parents beating each other, and chasing away wives from their homes. However, other participants did not have any idea about GBV.

These are some of the responses that were highlighted:

Gender based violence is when their mistreatment of family members in a home (Participant 1, FGD 1, Lubaga division).

Gender based-violence is when children are beaten, but wife beating shows love from her husband (Participant 3, FGD 1, Makerere(Kikoni) division).

GBV is when parents beat each other and also chase away wives from their homes (Participant 5, FGD 6 Kampala central).

“Most of us have never gone to school, so we cannot read GBV information since it is in English. How are we supposed to understand? This becomes a challenge to address GBV, if the government doesn’t cater to sign language for the deaf people” (Participant 2, FGD 2, aged 26, Kampala central).

“I believe the government has failed to create awareness about GBV among the deaf people. This is a new topic to some of us, so a lack of awareness has led to a bigger challenge in addressing GBV in Kampala or Uganda. Everyone has different ideas, but I feel that if the Government created awareness among deaf Ugandans, whether educated or not. Maybe people could open their eyes. So let the Government create awareness about GBV, then you will see how people will report many cases in different police stations” (Participant 3, FGD 4, aged 37, Makerere(Kikoni) division).

The findings indicated that many deaf women do not fully understand the meaning or recognise that the violence they experience, for instance, physical beating, rape, and psychological abuse, constitutes a crime or abuse. This limited knowledge and awareness contribute to higher rates of victimisation and underreporting among these women.

Therefore, these were challenges: traditional beliefs and practices, low literacy level, shame, poverty, societal attitudes, and lack of knowledge and awareness about GBV, as shown in the table below 2.

Table 2: What do you understand by Gender- Based violence?

Based violence	Frequency	Percentage
A woman Being beaten by a husband	5	16.67
Parents fighting each other	4	13.33
A man raping a woman	6	20
Mistreatment of members of the family	10	33.33
Chasing away wives from their homes	5	16.67
<i>Total</i>	<i>30</i>	<i>100</i>

Source: primary data 2023

(b) What are the challenges in addressing gender-based violence in Kampala?

The participants revealed that the primary challenge is communication barriers and a lack of professional Ugandan Sign Language (UGSL) in the communities and service stations (police, healthcare, social workers), which has made it difficult for them to address GBV. This has led to miscommunication, misinformation, and an inability to report crimes effectively.

I was beaten by my husband, then I went to the local council to report, but the leaders couldn't understand what I was explaining. I went back home to bring my friend to interpret for me, unfortunately, she was not around. I did not get any help. I also tried to report my case to the police station. Still, they did not understand my problem. They tried to write down, but I could not read or write, since I am uneducated. So I did not get any help (Interviewee aged 28, in-depth interview, Kampala central).

This is a big problem. I am not educated, and I also had a huge fight with my husband. He is a normal person (he speaks and hears). He called the police to report that I had stolen his money, and I was arrested. The whole police station did not have a sign language interpreter. I stayed in the cell for one day, until my relative was informed of my arrest. When she came, I explained everything to my sister, and she also informed the police. Later, it was discovered that my husband was lying. He was also arrested. But I forgave him. So you see, what we go through to access services and also address GBV (Interviewee aged 37, in-depth interview, Lubaga division).

These findings indicate that communication barriers and a lack of sign language interpreters are the major challenges in addressing GBV among deaf women in Kampala. This study highlights that without the use of interpreters, many deaf women struggle to access services (whether those services relate to health, social care, criminal justice, education, social interaction, or any other services).

This study shows that deaf women also struggle to access GBV information (be it in the form of information booklets, magazines, television adverts, articles on the internet, etc.), as the spoken/written language used is in English, yet most of the deaf people in Uganda are uneducated, which excludes them from such information. Most information on television and radio is spoken, which is in an inaccessible format to the deaf. This has led to misinformation, misinterpretation, and isolation, which have severely affected their mental health and well-being. And justice is usually denied due to such challenges.

The study also revealed that service providers like the police, Courts of Law, local councils, and health facilities often lack the specialised training in Deaf culture, sign language, and ways needed to offer effective moral support, which has led to negative attitudes. Such attitudes prevent deaf people from accessing services in these places.

The respondents shared some challenges; however, this question was also directed to the government officers on the challenges of addressing GBV. These are the responses;

As an organisation of deaf people in Uganda, we do not have disaggregated data or empirical research on GBV among deaf women. This is a major challenge, and we cannot understand their situation if we have no data from the police, local council, or Uganda National Bureau of Statistics (UBOS). We have always advised the Government to generate statistics of deaf women on GBV or sexual and reproductive health rights to identify needs and implement effective, targeted interventions. Still, this advice has been ignored (key informant from Uganda National Association for the Deaf (UNAD), aged 46).

“There have been either insufficient or no efforts at all to introduce specific legislation for addressing GBV or sexual offences in the interest of deaf people. Most of the laws generalise women with disabilities. This means that in most cases GBV is dealt with under laws such as those dealing with common assault, which are inadequate for dealing with complex violations of women with disabilities rights which is a major challenge”. More still, “there is communication barrier between the deaf people and government, we don’t have sign language interpreters in most of public institutions to easy communication” (Key informant aged 53. Ministry of Gender, Labour and Social development).

“For sure, in the whole police force, we have one sign language interpreter who is overloaded to work with different department which has a case with deaf people, which is a challenge to address GBV among deaf people. This whole process slows the investigation in the cases” (Key informant, OC, Central Police Station, Kampala).

The study established that many deaf women always protect their perpetrators, for example, their boyfriends, relatives, and people who sexually abuse them, which is a critical part of women’s experiences of violence across study divisions in Kampala district.

“Women’s decision to follow through with holding perpetrators accountable is complicated by their dependence on men for financial security and protection. For

example, many survivors felt they had to choose between fighting back against the abuse and securing a home and food for themselves and their families. So when their relatives report such cases at the police station, the deaf women change their minds and refuse to testify against such perpetrators or refuse to come and make a statement, so that is the problem” (Key informant, OC, Central Police Station, Kampala).

Community leaders also stated that they were aware of the difficulty deaf women faced in having to protect the person who was causing them sexual harm, due to the death threats, beating, and withdrawal of financial help for either their education or businesses. Survivors go to great lengths to prevent their abusers from being prosecuted. Survivors’ perspectives indicate that, for many deaf women and their families, perpetrator protection is grounded in the awareness that immediate survival is dependent on the abuser.

The deaf church leader stated that one deaf woman told him, “I like him... he’s the source of income. If I let him go to prison, I am not going to get any money. The children have to go to school. So, she wants the case to be dropped... that causes the police sometimes... not want to get involved” (Key informant aged 46, Deaf Action Uganda).

Therefore, the findings from the community leaders and respondents were in collaboration and concurred that GBV is a silent killer consisting of many factors, which many deaf women were unaware of due to several reasons suggested above, which have created challenges in addressing GBV in Kampala district.

Table 4: What are the challenges in addressing GBV

Challenges in addressing GBV	Frequency	Percentage
Traditional beliefs and practices	5	16.67%
Low literacy level	8	26.67%
deafness	4	13.33%
Poverty	2	6.67%
Societal attitudes	3	10%
Lack of knowledge and awareness about GBV	8	26.67%
Total	30	100%

Source: Field Data, 2023

(C) What contributions has your organisation made as a duty bearer towards implementing Gender based-violence awareness among deaf women?

This question was set to determine the contributions made by the Government of Uganda in meeting its duties as a state party to the international human rights frameworks on the promotion and implementation of awareness of GBV among deaf women. This objective was achieved through the process of interviewing key informants from government officers and other

stakeholders working in the deaf community, including the Ministry of Education and Sports, the Ministry of Gender, Labour and Social Development, the Deaf school, UNAD, the Uganda Police Force, and Deaf Action Uganda.

The major challenge reported by all the key informants was that the Government funds GBV programmes for all citizens of Uganda. There are no GBV special programmes that target deaf women. It was further pointed out that because of a lack of empirical research on deaf women's GBV, it is hard to plan for such a group on such issues. As affirmed by the executive officers. The Ministry of Gender, Labour and Social Development officer stated

“The Government only funds programmes or policies that serve all citizens in Uganda. So the funds are limited. But this is good, because we don't make a special programme, rather we make frameworks that fit everyone in the country. So, creating awareness is done in the general and universally acceptable methods. We do not provide special care for the deaf people” (key informant 1; aged 45 years old, Ministry of Gender).

According to another key informant from the Uganda Police

“As police officers, we implement and enforce the law, especially in cases of GBV, but cases involving deaf women are very few. They rarely come to report such cases. So are contributions being made to advise the main stakeholders, for instance, the Ministry of Gender, to sensitise and encourage deaf women to report such cases at police stations?”

“Secondly, we need sign language interpreters in the communities and police stations, because even if the few deaf women came to the police station to report any case, we could not understand their language. So communication barrier is a major challenge”.

In summary, the themes presented here collectively address all the research questions. The findings clearly show that Gender-based violence and all forms of sexual harassment and exploitation, including those resulting from cultural prejudice, are incompatible with the dignity and worth of the human person. The findings from the participants and key informants show that the Government of Uganda has disregarded GBV awareness and advocacy among deaf women in Kampala.

5. DISCUSSION

Focus groups and In-depth interview results

This study revealed diverse challenges that constrained the deaf women from addressing GBV. These comprise: communication barrier, limited knowledge and awareness on GBV issues, lack of GBV preventive programmes and coordination among deaf women, lack of counsellors to provide comprehensive GBV support to achieve social inclusion, lack of sign language interpreters at the police stations, and the court of law. These findings clearly indicated that there is a broad gap in knowledge and awareness about Gender- based violence in the deaf community, who feel that most of the laws do not protect and promote their rights and freedoms.

The above findings were similarly revealed in the UN Report (A/HRC/20/5) that the lack of sexual education of women and girls with disabilities, wrongly perceived as non-sexual beings, contributes to sexual violence committed against them, as they are unable to distinguish inappropriate or abusive behaviours (A/HRC/20/5). The intersection of gender-based and disability-based discrimination also contributes to stereotypical views of women and girls with disabilities as lacking intelligence and being compliant and timid. It also leads to a lack of credibility when abuse is reported, and therefore, a minimal risk of perpetrators being discovered and punished (A/HRC/20/5).

The findings also described GBV perpetrated by their close friends and relatives. For example, participants discussed experiences of sexual violence perpetrated by family members, neighbours, friends, and teachers. Participants seemed to believe that deaf women have no human rights and freedoms, they can-not be heard and do not matter whether they fight back or not, they are always silenced, even if they acknowledged that sexual violence by the husband, instructors or close relatives was not an acceptable response, they have no choice, but to obey, which was total violation of their fundamental human rights and freedoms. In addition, these findings also show that deaf women experience mainly sexual and physical violence. Participants' narratives indicate that, if not occurring simultaneously, different forms of violence occur from time to time. For example, some survivors reported that when partners chose to stop being physically abused, they were still sexually abused.

Unfortunately, many of the survivors rarely report incidents of GBV. It is only when they can't bear it anymore that they open up to their friends or relatives. The reluctance to discuss sexual violence seems to stem from the cultural gendered roles of wifely loyalty and obedience to their husbands. These findings corroborated findings from other studies; Guzu (2013) found that teachers, fathers, and neighbours were the main perpetrators of physical abuse, while the perpetrators of sexual violence were neighbours, teachers, and stepfathers among deaf girls in Ibadan Metropolis, Nigeria. More still, Devries et al. (2013) found that gender-based violence experienced by primary students in Uganda tended to be perpetrated by students, peers, and school staff (Devries et al., 2013).

Notably, this study revealed that deaf women also struggle to access GBV information (be it in the form of information booklets, magazines, television adverts, articles on the internet, etc.), as the spoken/written language used is in English, yet most of the deaf people in Uganda are uneducated, which excludes them from such information. In the same way, Davids & Van Staden (2024) revealed that deaf women experienced limited knowledge of GBV terminology. This finding reveals a critical gap. When information is designed for a hearing, literate audience, it creates a "double barrier" for Deaf women—they aren't just facing the threat of GBV, they are being systematically cut off from the tools to report it or understand their rights.

On the contrary, the UN standards are primarily guided by the Convention on the Rights of Persons with Disabilities (CRPD), highlight that deaf women and girls in Uganda face disproportionately

high risks of Gender-Based Violence (GBV) due to communication barriers, social isolation, and inadequate legal protection. Key mandates emphasise mandatory sign language accessibility in support services, targeting prevention of sexual exploitation, and ensuring justice systems are accessible to survivors (African Centre for Treatment and Rehabilitation of Torture Victims (ACTV), 2024).

The findings indicated that men took advantage of them and sexually abused them. It was indicated that due to the negative attitude that was in the communities, these men approached them at night, sexually abused them, and left them pregnant. The findings further described several ways in which exposure to and experiences with violence, especially at the family level, negatively affect children. For example, some participants described cases where violent relationships had led to children being separated from their mothers. At times, women had left their children with their abuser to escape violence, and would return to see some cases have been reported here of men who have forced women into sex.

6. CONCLUSION

The findings emphasise that significant challenges lie ahead in the provision of GBV information for deaf women in Uganda. Despite Uganda's legal and policy frameworks on GBV, deaf women and girls' linguistic needs have yet to be incorporated into the Ugandan GBV dissemination promotion. Consequently, the integration of Deaf epistemology with the current policies and strategies is necessary to steer GBV promotions among deaf women in Uganda.

Notably, the relevant sectors include health care, protection (including safety, security, and legal support), and psychosocial support, all of which are closely linked and entail specific activities (UNHCR, 2011). The government of Uganda needs to work towards the promotion, protection, preservation, and implementation of the Convention on the Rights of People with disabilities. Particularly Article 16 of UNCRPD, which provides for the prevention of violence and exploitation against people with disabilities in general and women and girls with disabilities in particular.

Contribution to Knowledge

The main contribution of this study is the vast knowledge generated by the collective experience of deaf women have the potential to provide the truth needed to achieve improved fight against GBV under SDG 5. This study deepens the benefit of Deaf Epistemology. Through this paradigm, empirical knowledge is generated, which can be integrated into research, policy, and practice in society. Notably, such solutions can also be used as indicators to monitor the progress and implementation of GBV policies and programs in the deaf community.

Policy and programmatic implications

The findings of the study have significant implications for policy-making and programme design. Deaf women use sign language as the only way of communication, which is often overlooked in GBV policy-making, programme designing, and service delivery. The overlook of these needs has created drastic challenges and hindered accessibility to GBV awareness programmes for this group. Therefore, there is a need to deploy SL interpreters in the public service commission so that they are fully posted in communities for better service delivery.

7. RECOMMENDATIONS

The Government should avoid the ‘one-size-fits-all’ policies, strategies, and programmes, as solutions to addressing the concerns of deaf women and girls, since the interests of one group in a community do not necessarily apply to other subgroups. The Ugandan Policy fragments that mention “disability” do not operationalise provision of interpreters, USL materials, or budget lines that can be used from the national to local councils, which excludes all deaf people. Therefore, there should be a mandatory communication access that creates enforceable entitlements. This process can be implemented in the following ways: (a) revise national GBV and SRHR guidelines to specify USL-access requirements, for instance, digital use of sign language; (b) create district health plans and budgets to include an “accessibility in UGSL”; (c) rigorous supervision and funding for GBV programmes tailored towards the deaf in communities.

The study repeatedly flags communication barriers and the absence of interpreters in the communities and police stations as the principal communication gap. The Government should employ professional interpreters trained specifically on GBV to reduce miscommunication at police stations, Courts of law, and local council enforcements. This can be done through massive recruitment in public services, standing orders for proper management of the sign language interpretation services, and issues concerning the terms and conditions of service in the deaf community.

There should be special attention to translate the laws into Ugandan sign language and disseminate them to the deaf community. The government should strengthen its two organs, the executive and the judiciary, especially the police and the judicial system, through training in handling cases of GBV involving deaf people, so that they may be a mechanism that can track cases of injustices committed against deaf people, as well as allowing them to report without fear or favour.

There is a need to provide free counselling and programmes for deaf women and ensure that such services are accessible to those women and girls who experience abuse or who have survived or witnessed it, and that their specific needs are taken into account. Such programmes should promote the autonomy, independence, and dignity of victims of violence. Measures should also be taken to promote an adequate degree of social protection.

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