



Checklist

to support the inclusion of women with disabilities in research on violence against women

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Background

There is growing recognition that women with disabilities are more vulnerable to experiencing violence than women without disabilities (see Box 1 for definition of disability). This increased risk is driven by factors linked to discrimination, stigma and other barriers that people with disabilities encounter alongside the gender discrimination that all women face (4–7). A review of seven violence prevention interventions reported that women with disabilities were twice as likely to experience intimate partner violence than women without disabilities (8). However, there is a consensus that these prevalence rates are likely to be underestimates. Even though more prevalence data and research on violence against women in the general population are now available (9–11), significant gaps remain in obtaining reliable and valid evidence on the prevalence of violence against women with disabilities, and the relationship between disability and being subjected to violence. This deficiency in evidence can result in the lack of targeted interventions that address the needs of this specific group of women. This shortfall is due in part to a lack of appropriate measures and methods to capture and explain the associations between disability and the experience of violence in women with disabilities (12). It is also due to the lack of attention to disability considerations within research on violence against women (13). Few surveys capture forms of violence that may be unique to women with disabilities (e.g. withholding medication or care and making mobility equipment inaccessible). Moreover, women with disabilities are usually not effectively included in decision-making processes in research on violence against women. As a result, evidence on their experiences as women with disabilities remains largely underutilised, further limiting the development and use of appropriate measures and research processes. Thus, overall, research on violence against women with disabilities is limited, resulting in a weak evidence base on violence against this population of women (13).

Women with disabilities need to be included in research on violence against women to address current gaps. The inclusion of women with disabilities, and of disability as an issue, in research on violence against women will boost efforts towards achieving the United Nations (UN) Sustainable Development Goal (SDG) target 5.2 on the elimination of all forms of violence against women and girls (14). Their inclusion will also enhance programmatic work, improve the design of interventions to prevent violence against women and foster appropriate policy responses to address violence against women with disabilities. Moreover, including women with disabilities in research on violence against women is vital to address the overarching commitment of the SDGs to “leave no-one behind.”

Box 1. Definition of disability

According to the WHO definition, which is based on the International Classification of Functioning, Disability and Health (1), and reflecting the goals and objectives of the United Nations Convention on the Rights of Persons with Disabilities, disability “results from the interaction between health conditions and/or impairments that a person experiences, such as dementia, blindness or spinal cord injury, and a range of contextual factors related to different environmental and personal factors including societal attitudes, access to infrastructure, discriminatory policies, age, and gender” (2), that “hinders their full and effective participation in society on an equal basis with others” (3).

Purpose of the checklist

This checklist was developed to support national statistical offices and other research and data institutions and teams to include women with disabilities more effectively in all phases of surveys on violence against women – from the planning stage and research implementation through to analysis, report-writing and dissemination of findings. The checklist was designed specifically for population-based surveys on violence against women, although the guidelines provided here may also apply to other types of research/surveys on violence against women. It also references the inclusion of violence against women in surveys focused on disability. The checklist is intended to complement, and should be used jointly with, other guidance or checklists developed to ensure quality when planning population-based surveys, including those for measuring the prevalence of violence against women (15). For surveys including minors (girls younger than 18 years) with disabilities, additional steps on assent and consent would be needed, which are not covered here. Studies of women with disabilities in institutions (e.g. residential care, prison and homeless shelters) are also needed to provide information on violence against women with disabilities in these settings. Many of the issues raised in this checklist are also relevant for this research, however, more specific guidance on research in these contexts would be needed.

Research teams are encouraged to use the checklist as a guide and build on and adapt it, based on their context.¹ It may not be feasible to implement all recommendations, but steps should be taken to achieve the goal of full and effective inclusion of women with disabilities in research that concerns them. This checklist is meant to be completed in an inclusive way by all stakeholders involved in the research to assist in the planning, implementation and evaluation phases of the study.

Development of the checklist

The checklist arose from discussions by global experts on disability and violence against women at a meeting convened by WHO in November 2022, including experts from the WHO Disability Programme (16). Some of the items in the checklist have been adapted from the checklist developed to ensure the quality of surveys that measure the prevalence of intimate partner violence against women (15). They build on the recommendations from the Expert meeting (16) summarized in the briefing note on measuring violence against women with disability (17).

¹ We encourage you to share your adaptations and any innovations to this checklist with WHO (srhrel@who.int), so we can learn how the checklist is being used and can continue to improve it over time.

Checklist to ensure inclusion of women with disabilities in research on violence against women

Overall survey design, planning, implementation and management	
A	Are the roles and responsibilities of organizations of persons with disabilities and community representatives of women with disabilities clearly defined in all phases of the survey, from planning through to data collection, analysis, report-writing and dissemination? Specific considerations are given below.
1	<p>Have the relevant organizations of persons with disabilities been involved in the planning and implementation of the survey?</p> <p>Have women with a range of visible and non-visible impairments/health conditions, not represented by organizations of persons with disabilities, been meaningfully involved in the planning and implementation?</p> <p>It is recommended that beyond including organizations of persons with disabilities, the survey team also include in the study steering committee at least one woman with disability or impairment (giving consideration to those with underrepresented conditions) who sufficiently understands the context where the research is to be implemented. It may be necessary to develop mechanisms to identify women with disabilities not represented by existing organizations of persons with disabilities (e.g. community outreach or public calls for participation).</p>
2	<p>Has the leadership team made sure that adequate funding has been secured to:</p> <ul style="list-style-type: none"> • implement measures promoting the meaningful inclusion of persons with disabilities in the survey team and advisory committees, • provide reasonable accommodations to ensure accessibility for women with disabilities participating either in the planning and implementation, or as respondents in the study, • ensure accessible dissemination of findings and evaluation and feedback from women with disabilities and organizations of persons with disabilities from the earliest planning stages? <p>Note: Reasonable accommodations could include disability appropriate consent and survey administration methods (e.g. braille materials for women with vision impairments and sign language interpretation for deaf participants) and other accommodations (e.g. personal assistants, translators, transportation and assistive devices).</p> <p>A specific allocation of dedicated and flexible funds will be needed for inclusion and reasonable accommodations.</p>
3	<p>Have representatives of women with disabilities from the communities and/or organizations of persons with disabilities who understand the context where the survey is to be implemented been included in determining the study objectives?</p> <p>If the representatives of women with disabilities from the communities and/or the organizations of persons with disabilities do not have the research capacity to provide input on the study, it is recommended that a preworkshop be conducted to equip them with sufficient knowledge on the research topic, research goals, benefits of the study and potential risks of the study. This would enable these stakeholders to participate fully and make informed recommendations/suggestions on the process.</p>

4	<p>Does the core survey team and any advisory committee/group include the following people?</p> <ul style="list-style-type: none"> • Women with disabilities who are supported with capacity-building if needed. • If this is not possible, representatives of organizations working with or advocates for the rights of women with disabilities, ideally from where the study is taking place. • Researchers with knowledge of disability and violence against women from a range of fields (e.g. public health, psychology and social work). <p>Where there are no expert researchers on violence against women with disabilities available or no funding to support this, it is recommended that at least one woman who represents disability community organizations be invited to join the core research team, supported with capacity-building where needed.</p>
5	<p>Have the research team and members of the advisory group had capacity-building in measurement of violence against women with disabilities?</p>
6	<p>Has the research team ensured that women with disabilities who are involved in the research team are properly recognized, compensated adequately for their knowledge and time, and offered capacity-building opportunities?</p>
7	<p>Has the research team identified service providers specialized in violence against women with disabilities to provide the necessary support to the study?</p> <p>If there are no service providers specialized in violence against women with disabilities at national or local levels, it is recommended that service providers for women with disabilities or for women suffering violence be included and supported with capacity-building on issues related to research, violence against women or disabilities as required.</p>
8	<p>Has the survey team considered whether the sample size of the survey is sufficient to accurately measure violence experienced by women with disabilities?</p> <p>It is important for the survey team to consider what is feasible to measure in a population-based study. The sample size in a study on violence against women often does not allow for disaggregation of data such as by age and type of impairment or condition. Such disaggregation may not be possible if the proportion of women with disability who have experienced violence is small within the overall study sample. It is also not possible to make statistical comparisons if sample sizes are small, i.e. comparing the prevalence of violence between women with disability and those without.²</p> <p>If a violence against women survey cannot be sufficiently powered to analyse violence against women with disabilities, other options exist for gathering data on violence against women with disabilities. Inclusion of a module on violence against women in a disability survey would ensure that data are collected from a representative sample of women with disabilities. This can be a better way to obtain data on violence against women with different types of disability and is more likely to allow disaggregation by age and type of impairment or condition, as women with different types of disabilities face different types of violence. Another option is a dedicated survey on violence against women with disabilities.</p>

² For more guidance on the measurement of disability in household surveys see the WHO briefing note on measurement of violence against women with disability (17) and the World Bank guidebook on measuring disability in household surveys (18).

Ethical and safety protocols and procedures

B	Has the survey/research team consulted, and adhered to, WHO ethical and safety guidelines on violence against women (19)? In addition, have the following recommendations been considered?
1	<p>Has the survey team ensured that the study protocol is accessible for women with disabilities in the research team or study advisory group and others who need to access it? This entails, among other things:</p> <ul style="list-style-type: none"> • assessing the needs of the survey team, steering committee and advisory groups and ensuring that the study protocol and related materials are adapted for different types of disability as needed (e.g. braille, easy-to-read, audio and large print) to make them accessible to everyone involved; • ensuring that the research meeting or workshop are accessible to women with disabilities who use mobility devices; • ensuring that sign language interpreters and other communication supports are available.
2	<p>Has the research team developed a clear plan for how it will safeguard participants throughout the course of the study, including addressing the specific needs of women with disabilities?</p>
3	<p>Are there sufficient support persons available for the full interviewer training as well as any specialized training necessary for the duration of data collection. In many countries, this level of commitment will leave disability support agencies and services under-served during the study period, which could be 3–6 months. Depending on the availability and skills of support persons, this may limit the range of disabilities able to be supported in the survey.</p>
4	<p>Are there procedures to ensure participants' safety, privacy and confidentiality, with input from women with disabilities and/or representatives of organizations of persons with disabilities? These procedures should ensure the following.</p> <ul style="list-style-type: none"> • Interviewers do not interview women from their same community. • Women with disabilities are interviewed in private (i.e. without their caregivers or other members of their households or communities being able to see them or overhear the conversation). A support person (a woman) should be provided by the survey team and be skilled in working with a range of disabilities. • Flexibility and adaptability which allows women with disabilities to reschedule or relocate interviews to safer times or locations, if needed. The adapted interview locations and times should meet safety and comfort needs for diverse disabilities. • Interviewers know how to switch to safe questions if interrupted by household members or the caregivers of the women. <p>At the point of recruitment, women with disabilities should be provided with choice and options to enable them to attend the interview at an accessible and safe location away from their caregivers. It is recommended that the survey team develop creative safe strategies (e.g. a wellness check-up appointment) to facilitate this.</p> <p>In studies that follow women over time (e.g. longitudinal or intervention studies), consider asking in follow-up interviews about any harm that may have resulted from previous interviews.</p>

- 5** Has the survey team carefully considered consent for women with disabilities? Specifically, has the survey team ensured the following.
- The participant understands that participation in the study is voluntary, they have the right not to respond to any question that they do not want to, and they have the right to withdraw from the interview at any point.
 - The participant appreciates the true nature of the study and has a genuine opportunity to provide informed consent. At the point of obtaining consent, the research team should explain to the participant that the nature of the survey questions, such as those on experiences of violence, may potentially lead to discomfort. They should remind participants of their right to stop the interview at any point.

In cases where the participant has an intellectual impairment, it is recommended that the interviewers keep checking with them to confirm their willingness to continue with the interview and allow regular breaks.

It is recommended that consent from women with disabilities be sought directly from the participant, in private, as opposed to seeking consent from their caregivers or other members of their households or communities or those providing support. However, this may need to be a two-stage process where initial consent to be interviewed (without identifying the specific topic of the survey) is sought from the caregiver to gain access to the respondent. There will also be a need to develop interviewer supports to work around caregiver gatekeeping (i.e. caregivers who do not believe the woman with a disability can participate in a survey). This includes methods for working with the caregiver to assess ability to proceed to the next level in a private setting.

When seeking consent from women with intellectual impairment or a communication difficulty, it is recommended that the research team, in conjunction with experts on intellectual impairment or communication difficulties, develop and implement comprehension questions to quickly assess the levels of understanding of the participants and the adaptations needed for this population to provide informed consent, where appropriate (See Annex 1 for an example of questions that have been used.)

It is important that a support person from the research team for women with intellectual disabilities be engaged where appropriate. There are risks with using known support persons/caregivers as they may be an abuser, and this would breach the privacy of the participant.

- 6** Has effective, dignified and deliberate inclusion of women with disabilities in the study been ensured by providing adequate and discretionary funding, depending on need and feasibility, for: transportation, assistive devices, accessible buildings, sign language interpreters, personal support person, and a range of other reasonable accommodations, as identified by representatives of women with disabilities?

It is recommended that the appropriateness of the accessibility measures put in place be assessed by women with disabilities who are working on the project, as opposed to individuals without impairments. Engaging women with disabilities in the process of planning and implementing the accommodations and resources for the research ensures that the measures put in place benefit those who need them.

7	<p>Has the research team identified and ensured the availability of violence-specific local support services, including transport services and help lines (local or national), and ensured that these services are accessible in different ways to women with a range of impairments or conditions?</p> <p>Establish a clear and efficient protocol for the research team to refer women with disabilities to these services during and after the survey, if the need arises.</p> <p>In the absence of support services, discuss with the organization for persons with disability how women can be supported and establish a clear and efficient protocol for the research team to refer women with disabilities to these services during and after the survey, if needed?</p> <p>Where no violence-specific or other support services for women with disabilities are available, and there is no prospect of providing capacity-building for any existing support services, it is recommended not to proceed with the study as it could put these women at high risk of increased harm. The research team can undertake targeted fundraising to achieve the appropriate support, including capacity-building for support services for survivors of violence against women. Otherwise, it is best to wait until appropriate support services are in place before conducting the survey.</p> <p>Support services should be able to respond to the needs of women with disabilities who may experience adverse effects as a result of taking part in the survey (e.g. a woman who may ask for support to leave her home or experiences increased violence after participating in the survey may need an accessible shelter). This may mean building the capacity of violence-specific support services to ensure that they include women with disabilities or the capacity of support services for women with disabilities to offer violence-specific support. (see also item A7)</p>
C	<p>Has the survey/research team adhered to WHO ethical and safety guidelines on interviewer selection, training and support and considered the following points to ensure inclusion of women with disabilities?</p>
1	<p>Has the research team ensured that the fieldworkers are effectively trained on interacting with and interviewing women with disabilities, and upholding values of gender equality, human rights and equitable access?</p> <p>Does the research team include women skilled in using communicating aids and/or sign language who will be trained as interviewers?</p>
2	<p>Has specialized training for interviewers been provided? This training should include information on:</p> <ul style="list-style-type: none"> • diversity of the types of impairment and conditions, the needs of women with these impairments and challenging common stereotypes on disability; • violence against women with disabilities and common stereotypes about such violence, including the human rights perspective; • safe and ethical ways of managing gatekeeping by the community and household which may otherwise exclude women with disabilities from participating in the research; • using appropriate and accessible methods of data collection (such as adapted communication tools) and sensitive procedures (such as dedicating adequate time and accessible resources) to ensure meaningful participation of women with disabilities; • how to build and maintain trust and dignity when conducting interviews with women with disabilities to ensure that the participant feels safe, respected and heard. <p>It is recommended not to use remote methods when conducting research on violence against women with disabilities, as privacy may not be assured.</p> <p>The survey team should include women with disabilities within the interviewer team where possible.</p>

Questionnaire design and adaptation

D	Has the survey/research team ensured that the questionnaire measuring violence against women with disabilities has considered the following points?
1	Has the questionnaire that will be used to measure violence against women with disabilities been adapted and is it available in multiple accessible formats (e.g. easy-to-read, braille and alternative and augmentative communication tools, as required) to enable women with a range of impairments and conditions to respond independently, including when a questionnaire is self-administered (20)?
2	<p>Has the research team used appropriate and standardized instruments to measure violence against women with disability (module or set of questions) that are fit for the research purpose?</p> <p>Instruments to measure disability should be suitable to answer the research question. For population-based surveys and studies on violence against women that are not specifically designed for women with disabilities, it is recommended that a short instrument with a short set of standardized disability-specific questions be included. Similarly in disability surveys, a standardized instrument/module on violence against women should be included. In addition, the surveys should include questions to capture the forms of violence specific to women with disabilities and to their disability, and the range of perpetrators and contexts, as appropriate.</p> <p>It is imperative that any survey including questions or a module on violence against women follow the internationally agreed safety and ethics protocol (see sections B and C).</p> <p>Measures used should be as inclusive as possible, both in the forms of disability and the acts of disability-specific violence they capture (although the latter will need to be tailored to the specific subgroup depending on the type of disability). They should also balance the need for short measures that can be integrated into existing surveys on violence against women. Selection of a particular disability measurement instrument for surveys on violence against women has a substantial impact on conclusions about the relationship between disability and violence against women and on the ability to compare studies. It is therefore important to use standardized measures as much as possible, rather than create new ones.³ These instruments should not rely on a single question or diagnosed health condition as the only disability measure. Similarly, a standardized module or set of questions on intimate partner violence and sexual violence against women, based on internationally agreed standards, such as the WHO multi-country study instrument (21)⁴, could be included in disability surveys, provided the violence against women safety and ethical considerations are prioritized throughout survey design and implementation.</p>

³ The most commonly used measures of disability are the Washington Group – Short Set on Functioning (WG-SS), the WHO Disability Assessment Schedule (WHO-DAS 2.0) and the Functioning and Disability Disaggregation Tool (FDD11). The WG-SS is the most used to date in surveys on violence against women. Please see the WHO briefing note on measuring violence against women with disabilities (17) for a review of the strengths and weaknesses of each of these measures, and the World Bank guidance on disability measurement in household surveys (18).

⁴ For the most recent version of the WHO multi-country study instrument, please contact srhrel@who.int

3	<p>With regard to the set of questions or module on disability-specific violence:</p> <ul style="list-style-type: none"> • is it standardized and appropriate, • has it undergone cognitive testing, • has it been translated and back-translated in the appropriate language(s) and with communication tools and in an easy-to-read format, • is it phrased in a sensitive and non-stigmatizing way, • is it valid and reliable, • is it suitable for everyone, including women with intellectual impairments or communication difficulties?
4	<p>Do the instruments being used to measure violence against women with disabilities include different types of violence (e.g. physical, emotional, sexual and controlling behaviours) and capture forms of violence that may be unique to women with disabilities (e.g. withholding medication or care and making mobility equipment inaccessible)?</p> <p>Effort should be made to ensure that instruments used to measure violence against women with disabilities acknowledge forms of violence that may be experienced uniquely by these women. A small focus group of women with disabilities can help evaluate the instruments for appropriateness before the pilot phase.</p> <p>Do the instruments being used also include all possible perpetrators (e.g. caregivers, family members, teachers, health care workers and community leaders)?</p>
5	<p>Has the survey/research team included questions about context, consequences and help-seeking? These questions may include identifying contexts where women with disabilities may be at risk of violence, beyond the home.</p> <p>It is recommended that the survey team expand the response categories to include locations/contexts where violence is likely to be experienced by women with disabilities. The responses should also provide women with a variety of options, including the option for women to give a response that is not listed (i.e. “other,” with an explanation).</p> <p>Questions may also include identifying the experiences of women with disabilities who sought help when they experienced violence (especially in terms of accessibility to existing services and strategies). Questions could ask about:</p> <ul style="list-style-type: none"> • accessibility of support services institutions (e.g. availability (or provision) of sign language interpreters, wheelchair access and clear signs in the building); • perceived quality or helpfulness of services received (e.g. perceptions of stigma); • barriers to disclosure and help-seeking (e.g. lack of resources to access support services or fear of their own safety from the perpetrator if they seek help from support institutions); • perceived (or actual) risk of revictimization when seeking help; • not being believed or understood; • types of violence that prompted help-seeking.

Analysis and reporting

E	Has the survey/research team developed a plan for calculating key prevalence indicators for violence against women with disabilities and disaggregating data in ways that reveal violence in this population? These include the following indicators.
1	<p>For surveys with sufficient sample size, disaggregate data by:</p> <ul style="list-style-type: none"> • sex • age • education • household income level • type of impairment (e.g. physical, psychosocial, sensory or intellectual) • disability (none, mild, moderate or severe) • level of dependency on a support person or amount of assistance required for regular daily tasks • rural versus urban residence. <p style="border-left: 2px solid #e67e22; padding-left: 10px;">It is recommended that data generated from population-based studies on violence against women with disabilities be disaggregated in multiple ways, where sample size enables these types of disaggregation. As much as possible, this should include intersectional factors (e.g. race, religion and migration status) which may further compound violence.</p>
2	<p>Disaggregate data by perpetrator, such as but not limited to:</p> <ul style="list-style-type: none"> • any current or former partner • other family members • caregiver (formal or informal) • health care provider • neighbour or friend • service provider • teacher, religious leader or community leader • police or military officer • other.
3	<p>Disaggregate data by type of violence (e.g. physical, sexual, psychological, economic/financial or neglect/isolation).</p>

Report-writing and presentation of findings

Report-writing and presentation of findings	
F	Does/will the report include key information about methods and field procedures specific to women with disabilities? This includes but is not limited to the following information.
1	Dates, length and content of interviewer training related to women with disabilities.
2	<ul style="list-style-type: none"> • The role and inclusion of women with disabilities in all levels of decision-making as feasible (e.g. as researchers or peer research associates at national and local levels, or as community members) • Adaptations to the survey instruments to make them accessible as a result of challenges encountered to make the study inclusive (e.g. lack of funding to meet some needs or limiting provision of some support) • Removal of barriers, i.e. accessibility measures put in place to allow women with disabilities to take part in the surveys (e.g. accessible venues, accessible transportation and quiet room) • Support provided (e.g. provision of sign language interpreters, translators and peer support) • Training provided to research team members or others. <p style="margin-left: 20px;">The survey team should try and provide this information in detail as it will help inform the research community on the opportunities and challenges inherent in conducting inclusive research on violence against women with disabilities.</p>
G	Does/will the report describe the mechanisms for implementing the WHO ethical and safety guidelines for research on violence against women and barriers to and facilitators of including women with disabilities. This includes the following information.
1	<p>An explicit statement that the survey met the WHO safety and ethical recommendations (17) and national guidelines where they exist.</p> <p style="margin-left: 20px;">As established in the protocol and with the relevant research review boards, the research team should put in place and monitor adherence to internationally agreed ethics and safety recommendations for research on violence against women and persons with disabilities, and any national ethics standards, from conceptualization of the research to dissemination of results.</p> <p style="margin-left: 20px;">Obtaining ethical clearance for the study is critical and it is good practice to include the process in the report.</p>
2	<p>A description of how implementation of the survey met WHO safety and ethical recommendations for research on violence against women with disabilities, including:</p> <ul style="list-style-type: none"> • availability of adapted instruments and procedures • interviewer training and support • informed consent procedures adapted to the needs of participants with disabilities • field procedures adapted to ensure privacy and confidentiality • procedures to ensure respondent safety (e.g. rescheduling interviews or moving interviews to a different location) • adapted procedures in place to refer women with disabilities to local services for support (e.g. what to do when no suitably adapted support systems are in place) • challenges experienced in implementation of the ethical and safety standards.

Dissemination of findings and turning research into action

H	Has the survey/research team made plans for accessible dissemination of the findings and turning research to action?
1	<p>Are plans and budgets in place for ensuring accessible dissemination of findings and evaluation and feedback from women with disabilities and organizations of persons with disabilities from the earliest planning stages?</p> <p>Planning for dissemination of findings should include a budget for adapting the research findings into multiple formats so they are accessible to all. It should also be anticipated that the activities to disseminate findings (e.g. workshops, policy dialogues and conferences) will include women with a range of impairments or conditions, thus there should be sufficient resources to make the dissemination meetings accessible.</p> <p>Mechanisms for receiving feedback from women with disabilities and organizations of persons with disabilities should be developed and included in the budget.</p>
2	<p>Has a communications strategy been developed, including activities to turn research into action, that involves the participation of governments, women’s civil society organizations, organizations of persons with disabilities and academics, and covers international, regional, national and local dissemination?</p> <p>It is recommended that this process be led by women with disabilities, supported with capacity-building where necessary. Women with disabilities should be empowered to identify, develop and implement effective communication strategies. This includes, but is not limited to, presentations at conferences, media briefings, publication of policy briefs and papers in scientific journals, and press releases, as well as other messaging for social media channels.</p>
3	<p>Are there plans to ensure that research dissemination material is available in multiple accessible formats?</p> <p>It is important to recognize that some of the main beneficiaries of research findings on violence against women with disabilities are the women with disabilities. As such, these research findings should be communicated in ways that are accessible to women with a range of impairments or conditions.</p>
4	<p>Is there a strategy to capture lessons learnt, and document and disseminate the impact of the research?</p>

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Annex. Questions to assess intellectual impairment

Some participants in a study will likely have mild/moderate intellectual impairments. We will provide adaptations to support the consent process (e.g. simplified information sheets) and use the “Evaluation to sign consent” to establish if these participants are able to give true informed consent. This study asks the following five questions to participants to gauge their understanding, and these could be adapted for other studies.

- What is expected from you if you participate in this study? (Acceptable answer: would relate to whatever the nature of the study is)
- What is a potential risk to participating? (Acceptable answer: I might feel discomfort talking about my experiences, my partner could get angry and throw me out)
- What is the benefit to participating? (Acceptable answers: any remuneration if provided by the study, I can share my experience)
- What if you don't want to continue? (Acceptable answer: ask to stop)
- What happens with the information you provide us? (Acceptable answers: kept safe, no names/identifier used when shared)

Participants who are unable to answer the five questions even after clarifications and/or repeating relevant sections of the information sheet will be considered not to be capable of providing true informed consent. If they are unable to provide adequate response to the “Evaluation to sign consent” even with clarifications, a support person will provide their consent, and the participant will provide their assent if they are still able to contribute to data collection.

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