



## **Building capacity for disability inclusion in gender-based violence programming in humanitarian settings**

### **Jordan – November 2013**

The International Rescue Committee (IRC) and Women's Refugee Commission (WRC) are currently conducting a two-year project to contribute to the evidence base on effective strategies for disability inclusion in gender-based violence (GBV) prevention and response activities in humanitarian contexts. This project is being implemented in IRC humanitarian programs in four countries – Ethiopia, Burundi, Jordan and North Caucasus. This paper describes the findings from the first phase of this project in Jordan, where IRC is delivering Women's Protection and Empowerment (WPE) activities to Syrian refugees.

#### **Methodology**

In October 2013, IRC and WRC conducted group discussions with refugees with disabilities in Jordan to identify their GBV protection risks and vulnerabilities, as well as the potential gaps and opportunities to strengthen access to existing women's protection and empowerment programs operating in the current Syrian refugee response. A total of 10 groups discussions were conducted in Zaatari refugee camp, Irbid, Ramtha and Mafraq with men with disabilities and male care-givers; women with disabilities and female care-givers; adolescent girls with disabilities and their mothers; and refugee community volunteers. A total of 130 refugees and 30 humanitarian actors were consulted across the four sites. The vast majority of refugee participants were care-givers of, or individuals with, physical and/or intellectual disabilities.

#### **Types of violence reported by persons with disabilities and their families in group discussions**

Participants in group discussions recounted examples of the following types of violence towards persons with disabilities and their family members:

- Domestic violence in families where there is a person with disabilities, between husband and wife, and also between parents and children;
- Sexual violence, including rape and sexual assault, against women and girls with physical and intellectual disabilities in Zaatari refugee camp;
- Physical violence against men and boys with intellectual disabilities in Zaatari refugee camp
- Sexual harassment of wives of men with disabilities when in public places in urban settings;
- Exploitation of persons with disabilities and their families when accessing services and assistance.

Participants in group discussions in urban settings also expressed a fear that children with disabilities may be at risk of sexual violence, although they were not aware of any examples of such violence being perpetrated (as opposed to Zaatari where there were examples recounted by participants). Although reported less frequently and in less detail, sexual violence against men and boys with disabilities was explicitly mentioned in three group discussions.

## What makes persons with disabilities and their families vulnerable to violence?

Group discussions highlighted the following factors that make persons with disabilities and their families vulnerable to violence:

- Changing household roles for wives of men with new disabilities, or single women with disabilities, increases their vulnerability to sexual harassment, abuse and exploitation, as they assume roles commonly undertaken by the male head of household (e.g. sourcing assistance and / or income generation).

*“The husband usually becomes dependent on the wife. If he needs to pay for something, the wife has to go out to work ... There are more risks for the wives of men with disabilities because people will take advantage of her. Sometime society’s perception of these wives will change because they don’t know why she is going out and this is not normal here – she may become stigmatized by the community.”*  
(Participant in group discussion with men with disabilities and male care-givers in Zaatari)

- Increased stress in families of persons with disabilities due to confusion and limitations in services and assistance, over-crowded accommodation and a lack of income generation opportunities. This is further heightened in families with a person with a newly acquired disability.

*“One of my family is disabled and so this affects us even more. We have two problems – no money and then disability as well. The stress gets more and more. Maybe I will smack him because of this stress. When I see my other son going to school, and the disabled son can’t [because of lack of transport and cost] – I get frustrated and may resort to domestic violence. (Participant in group discussion with men with disabilities and male care-givers in Mafraq)*

- Community perceptions that persons with disabilities will be unable to physically defend themselves from a perpetrator or effectively report incidents of violence.

*“And persons with mental/intellectual disabilities are also prone. Even if they experience sexual violence, people think they are crazy and don’t believe them.”* (Participant in group discussion with women with disabilities and female care-givers in Zaatari)

- Lack of knowledge about GBV and personal safety which means that women with intellectual disabilities can be more easily targeted by perpetrators.

*“The most at risk are persons with mental disabilities because they don’t know what is happening to them. They also can’t express and defend themselves.”* (Participant in group discussion with women with disabilities and female care-givers in Mafraq)

- Loss of community structure and protection mechanisms as compared with their communities in Syria.

*“Here you can’t control the violence. In Syria, everyone knew each other and would look after each other. Here we are surrounded by people from different towns.”* (Participant in group discussion with women with disabilities and female care-givers in Zaatari)

- Lack of access to transportation, services and assistance, particularly for persons with new disabilities as a result of injuries, which increases their risk of financial disadvantage and exploitation.

*“For instance they tell you, I am going to take you to the clinic and they take money to push you or take you to the hospital. But then there is no medicine or doctors there for you ... They also have people who say they are donors, and that they will help us. They ask for their UNHCR card – they take a photocopy of the card – then they go to the distribution centers and use it there.”* (Participant in group discussion with men with disabilities and male care-givers in Zaatari)

## **Suggested strategies to improve access and inclusion in GBV programs**

Persons with disabilities and their care-givers also made the following suggestions to improve access and inclusion in GBV programs, many of which also highlight the skills and capacities which they have to contribute to such strategies:

- Group activities targeting persons with disabilities were highlighted by both men and women's groups as a possible way to share information and discuss concerns which affect their safety and security.
- Home visits were considered more appropriate for female care-givers to access information about GBV and services available.
- Mobile phones were raised as an important method of communicating about available services, but also for seeking assistance when a person with disabilities has experienced violence (i.e., through a hotline).
- Empowerment of persons with disabilities – Men with disabilities proposed that persons with disabilities could play a role in dissemination of information on GBV and IRC services.

*"What about us? We could be positive examples and disseminate information ... It is good if a disabled person goes to another disabled person ... They can relate with each other." (Participant in group discussion with men with disabilities and male care-givers in Zaatari)*

## **Pilot actions to strengthen disability inclusion in GBV programs in Jordan**

Over the next 12 months, the IRC and WRC will seek to strengthen access and inclusion for persons with disabilities in GBV prevention and response activities in Jordan by undertaking the following initiatives:

- (i) Strengthening the mainstreaming of disability issues and inclusion of persons with disabilities in inter-agency case management training;
- (ii) Developing tools to support GBV practitioners to interact and communicate with persons with disabilities, including guidance on informed consent processes for persons with intellectual and / or communication impairments;
- (iii) Preparing key messages on persons with disabilities for community mobilizers and volunteers, and training the community outreach teams on disability inclusion;
- (iv) Recruiting persons with disabilities as community volunteers, and documenting both the process and outcome of this practice;
- (v) Monitoring inclusion through the analysis of disaggregated data in women's and girl's activities; and finally,
- (vi) Sharing of findings and positive practices from the project in inter-agency working groups and meetings.

### **For more information about the project, please contact:**

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