Refugees, gender and disability: Examining intersections through refugee journeys

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Introduction

We have been charged with writing about the intersection of gender, disability and forced migration, a Sisyphean task as the intersections of these three major structures produce an infinite range of possible social locations and lived experiences. Goodley (2013, 632) notes that while disability may well be the starting point for theorising, it is never the end point. 'Disability' is inherently intersectional. A displaced person will always have a socially constructed gender, the implications of which will be different in each geographic and cultural location and never fixed anywhere. The displaced person may be internally displaced and still retain formal citizenship, or may have crossed an international border to a refugee camp or an urban location. He may be in the hands of a smuggler attempting a clandestine land or sea crossing. She may be incarcerated in a detention centre within or outside the border of a *Refugees Convention* signatory country. They may be displaced also from their family and social networks, and from the support and enablement that comes with these relationships. He may have a newly-acquired impairment or she may have developed effective adaptive strategies over many years with their impairment. The possible permutations of social, geographic, legal and economic contexts in which a displaced person's impairment may become disabling are too varied to possibly design effective theory or practice procedures, and this complexity is precisely why scholars and practitioners must turn our attention to this difficult task.

In this chapter we highlight factors necessary to grapple with as a *starting* point for mapping the ways in which gender, disability and forced migration interact. We set out some key facts and definitions, discuss tensions engaged in these intersections and, illustrate these by drawing on others' and our own empirical work. The task here is to make the identities, experiences and lives of refugees with impairments visible in a more holistic manner and in conclusion we discuss the necessity for process-focused, rather than programmatic, thinking and practice.

Prevalence and Lack of Statistics

There is a paucity of information about disability and impairment within refugee populations (Crock et al. 2017), impacting on the ability to monitor "the implementation of the UN Conventions" and "ensure the human rights of people with disability" (Eide & Loeb 2016, 52). The UNHCR first identified refugees with disabilities as a group to whom it owed obligations (arising from the *Convention on the Rights of Persons with Disabilities* [CRPD]) in its 2010 ExCom 'Conclusion on refugees with disabilities' and, in 2011 issued a field guidance note on *Working with Persons with Disabilities in Forced Displacement* (UNHCR 2011; UNHCR Executive Committee 2010). Despite this recognition and some improvements

in identifying disability within reception and registration processes, “refugees with disabilities remain under-identified in most circumstances” (Crock et al 2017, 20). Refugees with visible impairments, such as missing limbs or an inability to walk are more likely to be recognised than refugees with less visible communication, intellectual or psychological impairments yet these impairments can be just as disabling and may significantly increase a person’s vulnerability to additional harms (Crock et al. 2017; Marshall & Barrett 2018). Nine years after the ExCom Conclusion, the UNHCR’s annual statistical publication, *Global Trends,* does not report on disability, much less disaggregated by sex, impairment type, age or other relevant categories (cf UNHCR 2019).

The World Health Organisation (WHO) estimates that approximately 15 percent of the world’s population has a disability (Dowling 2016, 3). Extrapolating from UNHCR global displacement figures indicates more than 10 million displaced people will have a disability of some kind (UNHCR 2019). This figure however, likely underestimates the incidence. WHO reported that 80 percent of people with disabilities (PWD) live in the Global South (Grech 2016, 3). Conflict, dangerous refugee journeys and, conditions of displacement are all risk factors in causing disability. The few empirical studies that do exist point to a much higher incidence of disability among refugee populations. A 2014 study found 30 percent of Syrian refugees in Jordan and Lebanon had a disability, rising to 77 percent among refugees aged over 60 (HelpAge & HI 2014, 4). Disability among Afghan refugees in Pakistan is reported at 15 percent (in line with WHO estimates), but rises to 46 percent among refugees over 60, and “disability prevalence is substantially higher amongst adult women than adult men” (Smith-Khan & Crock 2015, 6).

Even with the current potted picture it is clear that there is a sizeable population of refugees and displaced people with disabilities; this is numerically, as well as ethically, a significant issue. That so little is empirically known about this population is perhaps a reflection of the power position of PWD more broadly, power relations that withstand the many disruptions of displacement.

Approaches to ‘Disability’

The biomedical model has traditionally dominated approaches to disability (Connell 2011; Smart & Smart 2006). This approach sees disability as a medical ‘problem’ and any limitations a person with a disability may face, as a direct consequence of that medical problem. Interventions are then decided upon by professionals and seek to fix or treat the problem within the person. Disability activists have fought hard against this approach, arguing that it reduces people to their impairments, fails to capture lived experiences of disability, over-looks people’s agency and, locates control over people’s lives and bodies with ‘experts’ rather than people with disabilities (Smart & Smart 2006). Disability rights activists pushed for a social model approach, arguing that a person may have an impairment (such as impaired mobility, sight, cognition etc), but how disabling this impairment becomes

is determined by the interaction of the impairment with the social, legal and physical environment in which the person lives. It is ableist social attitudes and environmental and procedural designs that determine how disabling an impairment will be. It is the social model that is used in the CRPD, which states:

> Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (UNGA 2006 Art 1)

This approach recognises the legal and ontological equality of people with disabilities and articulates the obligations of States to make positive provisions necessary for equal participation in society. The social model paves a way for people with disabilities to escape the role of passive recipient of expertise and charity and, instead to make claims as citizens and rights-bearing individuals upon States.

Critical Disability Studies (CDS) develop the social model further, to recognize that disability entails more than materiality and draws upon a range of disciplines to interrogate disability within identity politics, queer theory, post-colonial studies or security studies. Disability is, as Goodley (2013, 632) argues, the 'space from which to think through a host of political, theoretical and practical issues that are relevant to all.' Critical disability studies recognises disability as just one aspect of identity and social location; that a person's sexuality, gender, class, nationality and other traits and experiences all work to produce particular social locations and that theory from all these fields is needed to adequately understand disability. For example, CDS enables the impact of Global North nations' securitisation of borders on PWD (further distancing PWD from effective protection, causing impairments through violence routinely meted out at the border, dangerous journeys made necessary by the fortification of borders) to be brought within the analytical frame (Pisani & Grech 2015).

Intersectionalities and social embodiment

The wider lens that CDS brings enables more complex power dynamics to be analysed. Mansha Mirza (2011) observes that the push to de-medicalise approaches to disability is largely driven by movements in the Global North and reflect the desires of PWD in those settings. Such desires rest upon a presumption that certain needs are met as a matter of course, needs that one cannot presume are met in the Global South, much less among refugee populations. Reporting from the Global South, Mirza notes that refugees with disabilities often make very different claims and their voices are not readily heard in international disability rights discussions (2011, 1533). That global inequalities of power work *within* the disability rights movement, ought not be surprising. Crenshaw (1989) called attention to how difference operates within both feminist (to privilege the concerns of white middle class women over those of women of colour) and anti-racism movements (to centre on the concerns of men of colour at the expense of women's concerns). Pisani and

Grech (2015, 421) trace precisely this trend within forced migration and critical disability studies:

> forced migration studies, as well as humanitarian practice continue to be premised on and adopting an ableist approach focused on heteronormative productive bodies, while disability studies, with a corpus of work premised on an assumption of citizenship, has failed to critically engage with issues of sovereignty, borders and bodies that lie beyond the protection of the Nation State.

There is a nascent body of work beginning to recognise the complex nexus that refugees with disabilities exist within (Crock et al. 2017; Mirza 2011; Pisani & Grech 2015) but much remains to be done, and it is important that how gender works (upon men and women) is included in these analyses.

In outlining intersectionality, Crenshaw (1989, 140) cautions against an 'additive' approach, emphasising the mutually constitutive dynamism of intersecting identities and social relations; these intersections create new social and political locations that require theorizing from the ground up. Working within pre-existing models and simply adding them together risks ignoring or erasing elements of a person's identity or experience that don't 'fit' in models of disability, gender or displacement. For example, in gender programs the role of the family unit is often subsumed to discourses around individual rights however, in many parts of the world women are effectively able to access rights only through male relatives; how benevolent or otherwise significant male relatives are determines freedom from violence, access to land and other economic resources, access to education and so on (Fiske & Shackel 2015, 111). Enhancing women's independence (and reducing her reliance on male relatives) is a priority in many international aid and development programs. People with disabilities (in both Global South and North countries) similarly often rely on social relationships for meeting basic needs and rights, but in this discourse 'a strong family unit is the most effective support and safeguard for a person with a disability' (APH 2010 sec5.23). Forced migration very often ruptures social relationships as people become separated during refugee flight. Social relationships are a vital source of protection for refugees - for assistance accessing food, information, transport or a safety, and the rupture of these relationships poses significant risks for any refugee. Conversely, these relationships may also be sources of stress and constriction as ruptured familial responsibilities and gender norms emerge. An additive approach cannot capture the dynamism of these relationships or resolve tensions when one paradigm comes into conflict with another.

Including relationships within the analytical frame is, for Raewyn Connell, necessary if we are to understand "social embodiment". Connell (2011, 1371) argues that to "understand social embodiment we need to recognise the agency of bodies, [and] their productive power in social relationships" and, that different bodies (sex, gender, ability, age) generate different possibilities and limitations. To acknowledge the specificity of each person's situation is not to drown in the particular but to cultivate an awareness necessary in both

practical and theoretical contexts. The insights from intersectionality and social embodiment theories suggest critical social and biological factors include:

- legal status as non-citizens (refugees) or quasi-citizens (internally displaced people) (including law, policy and attitudes pertaining to forced migrants in that location)
- type of physical, intellectual, communication, psychological impairment
- physical environment
- gender status (in culture of origin, current and (potential) future location)
- social attitudes (social construction of disability in culture of origin, current location)
- time (as refugee, living with impairment)
- social networks

Tracing the power relations inherent in any social location requires recognition of the influence of dominant discourses. Particular discourses define prescribed ways of knowing a subject, moreover, they tend to ascribe causes and solutions. For example, the dominant way of 'knowing' the refugee experiencing impairment is through a discourse of need and vulnerability, thus overlooking agency and ability. That even well-intentioned organisations can fall prey to this way of knowing is perhaps, ironically, seen through initiatives driven by refugees with disabilities in sites where NGOs have been absent or latecomers. Mirza (2011, 1531-1533) reports several initiatives including Care Villa, a facility established and run by and for refugee landmine survivors in on the Thai-Burma border; *Umoja*, a collaboration between refugees with disabilities from Rwanda, Somalia, DRC and other countries that advocates for disability rights and access within Dzaleka camp in Malawi; and, the Gulu Disabled Person's Union in Uganda began in 1979, 'a time when institutional actors such as UNHCR barely recognised the presence of people with disabilities among refugee populations.' She further describes disability acting as a basis for solidarity action between displaced and host communities in Jordan, Tanzania and Nepal: "By connecting across disability, gender, ethnicity and nationality, such initiatives not only disrupt divisive tendencies and authoritative power relations but also defy institutional practices of treating categories of difference, such as gender and disability, in an insular, fixed and isolated manner" (Mirza 2011, 1533). Mirza concludes that "institutional humanitarian response to disability has been both slow in development and inconsistent in application between principle and practice" yet at the same time there have "emerged some promising examples of disability advocacy and organising within refugee settlements" (Mirza 2011, 1532-3). These examples disrupt established views of disability as a vulnerability and demonstrate how disability can in fact be a strength, assisting transgression of otherwise difficult divides of nationality, religion, gender and citizenship status.

Gender and disability in refugee law and policy

Refugee law, like other areas of national and international law, is a patriarchal institution designed with "masculine experience as the norm" (Edwards 2010, 23). This can be seen by the exclusion of sex or gender as a protected category in the *Refugees Convention*, however,

the patriarchal assumptions extend beyond this. Refugee law incorporates androcentric assumptions that feminists have been struggling against for decades (Bunch 1990; Charlesworth, Chinkin & Wright 1991). Perhaps chief among these is the importation of the divide between public and private spheres and an acceptance that law must carefully justify any intrusion upon the private domain. This has meant that women have more difficulty having their actions recognised as political (one ground of *Convention* protection) and much of the harm that women more commonly face (such as violence committed by non-state actors such as family members, economic harm including exclusion from work or property ownership, or sexual violence) is too easily seen as not constituting persecution (Edwards 2010, 30) or, is seen as a private matter not engaging *Convention* protection (Kneebone 2005, 8, 26).[1] Women "are largely represented in refugee law … as part of a family unit, as mothers and wives and sisters in need of male protection" and, although entitled to make individual claims, are most commonly included as dependents on male relatives' applications (Kneebone 2005, 10-11). Women, especially if accompanied by an adult male relative, are often not asked about any claims she might have independent of the family unit.[2]

Refugee policy areas, which largely govern offshore resettlement processes, also reflect ableist and patriarchal structures. Most countries have 'capacity to settle' tests in their selection of refugees for prospective resettlement. Such tests typically prefer refugees with "likely employment prospects, taking into account their work history, qualifications and English language ability"(Karlsen 2016 note 10) thus compounding the effects of inequalities in countries of origin and transit. Many studies have shown that both women and PWD have lower levels of education, foreign language learning and paid work opportunities in most countries around the world (Price & Goyal 2016, 306). Within disability rights organisations, representative positions are "limited mostly to educated men with physical impairments", meaning that the impacts of such policies on people with communication or cognitive impairments and on women with disabilities are seldom put forward (Berghs & Kabbara 2016, 273). Inequalities pre-displacement are then replicated rather than remedied in refugee transit and in resettlement processes.

[1] Alice Edwards (2010) cites a 2004 study of asylum claims in 41 European jurisdictions which found that sexual violence was recognised as persecution in only 41.5 percent of jurisdictions, 33 percent of jurisdictions did not accept persecution by non-state actors as falling within the scope of the Convention, and only 36.5 percent of jurisdictions recognised women as members of a particular social group.

[2] While Kneebone was writing in 2005, this practice continues. During fieldwork in Indonesia this year (2019) I assisted a woman write her statement of claims just days before her Embassy resettlement interview. No advocate, NGO workers or UNHCR officers had asked anyone other than her husband about their claims during the six years of the family's refugee status determination process. Although present at the Embassy interview, she was not asked any questions, despite having claims of her own. The absence of an appeal mechanism in resettlement processes only heightens the importance of recognising women as individuals with rights extending beyond the family unit.

Since at least the mid-1990s, refugee women have become a priority for the UNHCR. Much of this concern however, has mirrored developments in International Criminal Law in which women enter legal and policy concern primarily as victims of sexual and gender-based violence (SGBV) (Grewal 2015). While high level recognition of SGBV is laudable, it has had a number of unintended side-effects. This approach reinforces the "hierarchy of harm" which prioritises civil and political harms over economic, social and cultural harms, disadvantaging both PWD and "women claimants who are more likely to be adversely affected by poverty and social and cultural marginalization"(Edwards 2010, 26; Price & Goyal 2016, 306).[3]

The international focus on SGBV has also meant that the term 'gender' has come to mean 'women' which has been further narrowed to largely mean 'victim of sexual violence,' a view that obscures other dimensions of women's lives and, women's agency and capacity. This approach (focusing on vulnerability) echoes the deficiency approach to disability, and the combining of 'gender' and 'disability' paradigms has found common ground in which each logic reinforces the other, leaving little room for alternate views in policy formation or practice procedures.

The reduction of 'gender' to 'women' additionally ignores masculinity as a gender and masks the gender-based harms that men face. Men are more likely to be targeted in conflicts for forced military recruitment, killing or deliberate disablement (Edwards 2010, 41). Likewise, men and boys can also be targeted for sexual violence with the aim of 'emasculating' them (Kastner and Roy-Trudel 2019, 150-151). The same gendered beliefs also act as a barrier to men disclosing any sexual violence they have experienced. Once displaced, gendered expectations of men as providers and protectors for the family exposes refugee men to heightened risks from efforts to fulfil these roles in a range of ways such as by attempting dangerous border crossings or engaging in work with little or no protection against exploitation, injury or death (Crock et al. 2015; Pisani & Grech 2015).

Experiences through the journey

Both disability and gender are key dynamics in all stages of displacement journeys. As Crock et al (2017, 77) note, PWD *do* travel, and their impairments will have different enabling and disabling effects in different contexts. More needs to be known about the ways in which gender, disability, law and policy work in displacement situations globally. Legal and policy frameworks, particularly those set by governments hostile to refugees, can play causal roles in producing both physical and psychological impairments. A comprehensive global overview is beyond the scope of this chapter, so we focus here on examples in different transit settings and resettlement processes to illustrate issues for practice and policy.

[3] A recent study showed that only 20 percent of women with disabilities globally are in paid employment, 'compared with 53 percent of disabled men' (Price and Goyal 2016, 306).

A foundational challenge for policy and practice is the lack of data about refugees with disabilities; if people's existence and needs are not identified, they cannot be addressed. Data collected by UNHCR Malaysia showed a disability prevalence rate of less than 0.2 percent, a rate at odds with global estimates of disability and justified by UNHCR staff speculating that refugees with disabilities do not travel (Crock et al. 2015, 8). This view however, ignores the importance of social networks that can make travel not only possible but necessary, as maintaining family networks is crucial. In some situations, impairments may be a driver in forced migration. Handicap International found a motivating factor for Syrians with disabilities to become refugees was the inability to access medical needs in Syria (HelpAge International & Handicap International 2014). Under-reporting of disability likely stems from limited understanding and awareness of disability, particularly less visible disabilities.

Both Pearce and Lee (2018) and Crock et al. (2015) argue for more detailed assessment. For Pearce and Lee this is important for practitioners to better understand "intersecting vulnerabilities" (2018, 32). They give the example of gender- and disability- blind cash program for Syrian refugees in Lebanon in which female-headed households with caring responsibilities for a disabled family member were disadvantaged. A lack of visibility and other factors, meant that many such households did not receive cash payments despite having fewer income-generating opportunities and higher medical expenses (p. 32). Standard reception and data gathering methods failed to capture the existence of such households, despite well-established evidence in both disability and gender fields indicating the likelihood of their existence and that 'standard operating procedures' would result in their exclusion from programs.

For Crock et al (2015) detailed data collection reveals important structural issues impacting refugees in transit. Researchers found that of 209 refugees with disabilities interviewed in Malaysia and Indonesia, 60 percent had acquired their disability as an adult and about one-third had acquired their disability during or after refugee flight. Further investigation showed that of impairments acquired in Malaysia, accidents were the most common cause, and most of these accidents occurred at work (Crock et al. 2015, 39). Such statistics indicate that the conditions of refuge (including no legal right to work combined with no financial support) contribute to producing disability. Disease was the second most common source of impairment (p. 39) which could indicate refugees' lack of access to health services plays a causal role. In Malaysia refugees are able to access health services but must pay the significantly higher cost prescribed for internationals.

Syrian refugees in Turkey formally have rights to health services, however these rights are unattainable for most due to "notable practical obstacles" including language, transport and inadequate information regarding registration processes (Cantekin 2019, 202). Such obstacles are likely compounded for women refugees and refugees with disabilities who, in

general, face greater hurdles in obtaining information and traveling independently. Cantekin's female interviewees, particularly those unaccompanied by male relatives, highlighted their reluctance to leave their accommodation for fear of harassment and that this limited their ability to learn the local language. They reported not feeling confident to speak to officers and so missed out on goods, services and information otherwise available (2019, 211). Again, this is a structural issue and recognising it as such allows us to envisage solutions such as employing more female officers. This example also demonstrates the importance of social networks for women who access society through familial relationships, which may be ruptured in displacement. Given the importance of the family network for people with impairments, in a gendered society, the loss of males in the household can create added stress in cases of disability. In Cantekin's research one disabled woman decided she would no longer ask her sister's help to leave the tent due to gendered harassment adding anxiety to an already stressful situation. Cantekin (p. 214) states this confinement likely exacerbated the psychological problems of the tent-bound woman.

Psychological impairments are seldom recognised as disabilities in refugee transit situations, despite the prevalence in comparable populations in resettlement countries (Silove et al 2017). Conflict, torture and displacement are all associated with a range of mental health problems including Post-Traumatic Stress Disorder (PTSD), anxiety and depression. McNevin and Missbach (2018, 17) highlight the importance of time in refugee situations and as a strategy of migration management, noting that "chronic waiting" is a structural feature of contemporary displacement. This chronic waiting can be seen as both a key cause of mental impairments *and* a barrier to recovery (Procter et al 2018). The brother of a young Afghan refugee in Indonesia who developed schizophrenia during transit told us that he attributes his sister's condition entirely to the prolonged and stressful uncertainty. He explained that

> I know for certain because her symptoms all revolved around her life as a refugee and resettlement. She was coming up with different scenarios on how to get out of Indonesia or thinking she has to do certain hidden things to be resettled, like posting very specific things online, sending signals by wearing a particular colour of dress, donating all her things to specific people, so many things to get resettled. She thought there were immigration spies following her, watching her every move, controlling her phone and her mind. (Interviewed 15 August 2019).

The Australian government justifies funding the containment of refugees in Indonesia, Nauru and Papua New Guinea as discouraging dangerous asylum journeys to Australia. However, the journey to Indonesia can be a cause of disability; as was the case for ten percent of interviewees in the research by Crock et al. (2015, 38). Moreover, the issue is complicated as the long-term limbo inflicted on asylum seekers and refugees in the name of 'safety' is in fact causing mental impairments and suicides (McNevin & Missbach 2018, 18).

For Syrians living on the border in Turkey the more time passes the more debilitating the restrictions and social isolation of the refugee camp [including from other family members in other camps due strict sign-in/out procedures] become. The situation is compounded by the proximity to fighting as audible bomb attacks trigger episodes of PTSD. Most refugees reported they had not expected the war to last this long, hence taking refuge close to the border in anticipation of their return (Cantekin 2019). As time passes the proximity of the camp has gone from being an advantage to a disadvantage. Moreover, as time passes the uncertain legal status of Syrians in Turkey has become a major stressor. As well as being caught by Turkey's geographic exception which provides only limited refugee recognition[4] several Turkish provinces have suspended registrations for Syrian refugees, making them ineligible for health care and other rights and, leaving them vulnerable to deportation (HRW 2018). As Europe closes its borders to refugees (justified in part as preventing dangerous boat journeys) one of the few refugee routes left puts refugees at risk of impairment through landmines in Croatia from the former war there (Gözübenli 2018).

For the majority of refugees, the 'chronic waiting' is unlikely to result in effective protection unless a refugee's country of origin becomes safe return, an unlikely prospect in the foreseeable future for the major refugee producing countries. And while gender and disability status may heighten one's need for protection through resettlement, both gender and disability can make resettlement more difficult to obtain. Resettlement is available to fewer than one percent of refugees each year. The UNHCR must therefore select which refugees to refer for prospective resettlement. While the UNHCR may focus on vulnerability and protection needs, and have determined to submit refugees with disabilities for resettlement on an equal basis to non-disabled refugees, they are also bound by resettlement states' policies (Crock et al 2015, 60). As discussed above, 'capacity to settle tests' negatively impact both women and PWD. Each resettlement country additionally has health criteria that can disadvantage refugees with disabilities. Australia, USA and Canada all have exclusion provisions based on public health grounds. Australia further restricts resettlement eligibility for people with conditions that would incur "undue costs to the government in health care or community services" (UNHCR 2018, 8). This provision has been used to refuse entry to PWD, including children with an Australian permanent resident parent (APH 2010). This has sometimes resulted in tragic outcomes. Shahraz Kiane was granted refugee status in Australia, but multiple applications for his family to join him were refused due to his then eight-year-old daughter, who had cerebral palsy, failing the health test (APH 2010, Case study 5.2). The "applications were in part rejected after the department estimated it would cost taxpayers up to $750,000 to care" for his daughter (AAP 2005). Mr Kiane fatally self-immolated on the steps of Parliament House in 2001.

[4] As discussed by both Cantekin (2019) and Human Rights Watch, Syrians in Turkey are not able to access full asylum "Although Turkey ratified the 1951 Refugee Convention and its 1967 Protocol, the country maintains a geographical limitation that excludes anyone not originally from a European country from full refugee recognition. That means it does not fully grant asylum to people fleeing violence or persecution in Syria and any other non-European country"(HRW 2018).

Conclusion

Accounting for such encompassing, and mutable, structures in people's lives as gender, displacement and disability is difficult. These structures intersect with individuals' lives in time and place to produce unique social locations. Therefore theorising from the ground up is crucial, and process is central to any such attempt. As discussed by Connell (2011) social embodiment is a productive relationship capable of generating new possibilities and vulnerabilities, not just for the person experiencing social disablement but for their social network; for example, a caregiving relationship may provide a sense of purpose in a difficult waiting situation while simultaneously imposing limitations on travel or income generating opportunities. Accurate and detailed data is crucial for identification of PWD and for the analysis of structural issues such as the impact of unsafe work conditions, poor health conditions or medical access and how gender norms might limit access to formal rights.

In focusing on social locations we are advocating a 'generative' rather than 'additive' approach. Sketching potentialities, such as those plotted in the matrix below, reveal dynamic intersections and allow key concerns to come to the fore. For example, asking how one's legal status impacts on displacement, gender and disability may assist in revealing multi-layered risks and opportunities arising within a person's social location. At the same time it becomes apparent that each square interacts dynamically with different points in the matrix and, like other such matrixes focused on plotting lived experience, the "only strategy that really works is to keep the tension moving dialectically across all positions in the matrix" (Harvey 2006, 147). In both practice and theory *welcoming* this dialectic tension is crucial.

	Time	**Legal Status**	**Attitudes towards**	**Physical environment**	**Social network**
Displacement	How long has the person and population been displaced? For how long will they likely be displaced? Impacts of this?	Access to work? Health services? Asylum seeker, refugee, IDP? Deportation risk? Access to resettlement?	Political and social attitudes of hosts? Support, ambivalence, hostility? NGO presence? Charity or rights-based approach?	Camp, urban, semi-urban? Detention? Safety, shelter, water, population density?	In-tact or ruptured family? Ethnic or faith networks? Networks with host community?
Gender	Rupturing or changes in gender norms over time? Conservatisation of gender norms?	RSD process - does the woman have claims, has she been asked?) Resettlement process? Freedom of	Real access to rights? Gender roles and responsibilities (work, caring)?	Safety concerns (men and women)? Access to opportunities?	In-tact or ruptured family? Gender-based networks?

		movement in host society?	Host community gender norms? Dominant discourses around men and women in NGOs?		Is agency recognised?
Disability	New impairment or old? Structure of displacement causing disablement?	Access to income, health, legal services? Accommodations needed in RSD? Resettlement policies?	Host community attitudes to impairment? Local disability groups? NGO awareness? Agency recognised?	Accessible infrastructure (public and residential buildings, roads, transport, ablutions)? What support would be most enabling?	In-tact or ruptured family/care networks? Host society disability groups?

Table One: Mapping intersections of displacement, gender and disability.

An intersectional and social location approach helps one move between the particular and the structural, making visible that which is often hidden. Major changes are necessary to address policies designed around able-bodied men and tackle disabling structures such as chronic waiting. Even if structural changes are geopolitically unlikely in the short term, people working within key organisations can cultivate a critical attitude which enables multi-layered, complex experiences of vulnerability and capacity to become visible. Crock et al.'s (2017, 21) study noted that staff training is a relatively low-cost intervention that can deliver tangible benefits to refugees with disabilities through improved practice processes. The many structural intersections potentially impacting men and women refugees with disabilities requires that policy officers, practitioners and academics proactively work to ensure that policies and procedures reflect the complexity and dynamism of people's lived experiences.

References

AAP. (2005). Coroner clears officials over refugee's death. *The Age*. Retrieved from https://www.theage.com.au/national/coroner-clears-officials-over-refugees-death-20050202-gdzhcx.html.

APH. (2010). *Enabling Australia: Inquiry into the Migration Treatment of Disability*. https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Completed_Inquiries/mig/disability/report: Parliament of Australia, Canberra.

Berghs, M. & Kabbara, N. (2016). Disabled people in conflicts and wars. In S. Grech & K. Soldatic (Eds.), *Disability in the Global South* (pp. 269-283). Cham: Springer.

Bunch, C. (1990). Women's rights as human rights: Toward a re-vision of human rights. *Human Rights Quarterly,* 12(4), 486-498.

Cantekin, D. (2019). Syrian refugees living on the edge: policy and practice implications for mental health and psychosocial wellbeing. *International Migration, 57*(2), 200-220.

Charlesworth, H., Chinkin, C. & Wright, S. J. (1991). Feminist approaches to international law. *The American Journal of International Law,* 85(4), 613-645.

Connell, R. (2011). Southern bodies and disability: Re-thinking concepts. *Third World Quarterly*, 32(8), 1369-1381.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *The University of Chicago Legal Forum*, 1, 139-167.

Crock, M., Saul, B., McCallum, R. & Smith-Khan, L. (2015). *Refugees and Asylum Seekers with Disabilities: A Preliminary Report from Malaysia and Indonesia*. https://www.researchgate.net/publication/281853950_Refugees_and_Asylum_Seekers_with_Disabilities_A_Preliminary_Report_from_Malaysia_and_Indonesia.

Crock, M., Smith-Khan, L., McCallum, R. C. & Saul, B. (2017). *The Legal Protection of Refugees with Disabilities: Forgotten and Invisible?* Cheltenham, UK: Edward Elgar Publishing.

Dowling, S. (2016). Disability and unsafe migration: Data and policy, understanding the evidence. *IOM Global Migration Data Analysis Centre. Data Briefing Series No. 7*. https://publications.iom.int/system/files/pdf/gmdac_data_briefing_series_issue_7.pdf.

Edwards, A. (2010). Transitioning gender: Feminist engagement with international refugee law and policy 1950–2010. *Refugee Survey Quarterly*, 29(2), 21-45.

Eide, A. H. & Loeb, M. (2016). Counting disabled people: Historical perspectives and the challenges of disability statistics. In S. Grech & K. Soldatic (Eds.), *Disability in the Global South* (pp. 51-68). Cham: Springer.

Fiske, L. & Shackel, R. (2015). Gender, poverty and violence: transitional justice responses to converging processes of domination of women in eastern DRC, northern Uganda and Kenya. *Women's Studies International Forum,* 51, 110-117.

Goodley, D. (2013). Dis/entangling critical disability studies. *Disability & Society*, 28(5), 631-644.

Gözübenli, A. S. (2018). Landmines and Refugees: Out of the Frying Pan, into the Fire. *Annual of Institute for Sociological, Political and Juridical Research*, 42, 9-19.

Grech, S. (2016). Disability and development: Critical connections, gaps and contradictions. In S. Grech & K. Soldatic (Eds.), *Disability in the Global South* (pp. 3-19): Cham: Springer.

Grewal, K. (2015). International criminal law as a site for enhancing women's rights? Challenges, possibilities, strategies. *Feminist Legal Studies,* 23(2), 149-165.

Harvey, D. (2006). *Spaces of Global Capitalism*. New York: Verso.

HelpAge International, & Handicap International. (2014). *Hidden victims of the Syrian crisis: disabled, injured and older refugees*. Retrieved from HelpAge International and Handicap International, London and Lyon. www.helpage.org.

HRW. (2018). Turkey Stops Registering Syrian Asylum Seekers. July 16, 2018. Retrieved from https://www.hrw.org/news/2018/07/16/turkey-stops-registering-syrian-asylum-seekers.

Karlsen, E. (2016). *Refugee resettlement to Australia: what are the facts?* https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1617/RefugeeResettlement#_Toc461022106: Parliament of Australia, Canberra.

Kneebone, S. (2005) Women within the refugee construct: Exclusionary inclusion in policy and practice – the Australian experience. *International Journal of Refugee Law,* 17(1), 7-42.

Marshall, J., & Barrett, H. (2018). Human rights of refugee-survivors of sexual and gender-based violence with communication disability. *International journal of speech-language pathology*, *20*(1), 44-49.

McNevin, A., & Missbach, A. (2018). Luxury limbo: temporal techniques of border control and the humanitarianisation of waiting. *International Journal of Migration and Border Studies,* 4(1-2), 12-34.

Mirza, M. (2011). Disability and Humanitarianism in Refugee Camps: the case for a travelling supranational disability praxis. *Third World Quarterly, 32*(8), 1527-1536.

Pearce, E., & Lee, B. (2018). From vulnerability to resilience: improving humanitarian response. *Forced Migration Review,* 57, 31-33.

Pisani, M., & Grech, S. (2015). Disability and forced migration: Critical Intersectionalities. *Disability and the Global South*, 2(1), 421-441.

Price, J., & Goyal, N. (2016). The Fluid Connections and Uncertain Spaces of Women with Disabilities: Making Links Across and Beyond the Global South. In S. Grech & K. Soldatic (Eds.), *Disability in the Global South* (pp. 303-321). Cham: Springer.

Procter, N., Kenny, M.A., Eaton, H. & Grech, C. (2018). Lethal hopelessness: Understanding and responding to asylum seeker distress and mental deterioration. *International Journal of Mental Health Nursing*, 27(1), 448-454.

Silove, D., Ventevogel, P. & Rees, S. (2017) The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry*, 16(2), 130-139.

Smart, J. F., & Smart, D. (2006). Models of disability: Implications for the counseling profession. *Journal of Counseling & Development*, 84(1), 29-40.

Smith-Khan, L., & Crock, M. (2015). *Refugees with Disabilities in Pakistan: An Introductory Report*. Retrieved from https://www.researchgate.net/publication/281854024_Refugees_with_Disabilities_in_Pakistan_An_Introductory_Report DOI: 10.13140/RG.2.1.2009.3922:

UNGA. (2006). *Convention on the Rights of Persons with a Disability (CRPD)*. Retrieved from United Nations General Assembly, New York. https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf:

UNHCR. (2011). *Working with Persons with Disabilities in Forced Displacement*. Retrieved from UNHCR, Geneva https://www.refworld.org/docid/4e6072b22.html.

UNHCR. (2018). *UNHCR Resettlement Handbook – Country Chapters. Australia*. Retrieved from UNHCR, Geneva https://www.unhcr.org/en-

au/protection/resettlement/4a2ccf4c6/unhcr-resettlement-handbook-country-chapters.html.
UNHCR. (2019). *Global Trends 2018*. Retrieved from UNHCR, Geneva. https://www.unhcr.org/search?comid=56b079c44&&cid=49aea93aba&tags=globaltrends.
UNHCR Executive Committee. (2010). Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR. No. 110 (LXI) – 2010. . In: Executive Commitee 61st session. Contained in United Nations General Assembly document A/AC.96/1095.

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