



Global Campus
Arab World

2019-2020

Nouha Maaninou

Women with Disabilities' Inclusion in
Disability and Women Protection
Policies: Case Study of Jordan

Master in Human Rights and Democratisation:
Arab Programme in Democracy and Human Rights

The Institute of Political Science at Saint Joseph University does not intend to give any approval or disapproval to the opinions expressed in this thesis. These opinions belong solely to their author.

Acknowledgements

I would like to sincerely thank the Centre for Strategic Studies at the Jordanian University for hosting my research. More particularly, I want to offer my utmost gratitude to my supervisor Dr. Zaid Eyadat and the ArMa Programme coordinator in Jordan, Dr. Towfic Shomar, who have not only provided me with a tremendous amount of support throughout this entire process, but also welcomed me into their reputed University and more precisely into the CSS a leading research centre in the MENA region. A special thank you and appreciation goes to all the wonderful and inspirational group of people that I got the opportunity to interview in my qualitative study, including people working at Jordanian disabled people organisations and governmental agencies. To Dr. Walid al-Khatib and Dr. Kamal Ali Tawalbeh, thank you for helping me get contacts in Jordan and for supporting my thesis thematic, to Pr. Jihad Nammour, Pr. Rita Chemaly and all of the ArMA programme staff for their encouragement and help. Thank you to everyone who participated directly or indirectly in the realisation of this study including my family for their love and support. To all the women with disabilities that continue to suffer from much discrimination around the world, hoping that this study will contribute in any way to the brightening of their future and the fight for their rights.

ABSTRACT

This thesis focuses on the inclusion versus exclusion of **women with disabilities** in disability policies from one side and the GBV protection policies from the other, while shedding light on what's being done in Jordan. The country has recently created several new policies, structures and legislations in order to establish equality between its citizens, such as protecting women's rights or promoting the rights of persons with disability. In this thesis, the rights of women with disabilities are studied under two lenses, gender and disability, arguing that this category of vulnerable people are suffering from a **double discrimination** placing them in a dark spot when it comes to laws and policies that concern their rights as women and as persons with disabilities. The thesis makes three central points regarding the situation of women with disabilities. First, explaining their **fragile status in society** and the stigma they are continuously subjected to, and presenting how the advances in terms of **women's and people with disabilities' rights** have not effectively succeeded in tackling their specific needs and struggles, taking the example of the country of Jordan. The second section gives elements to **analyse the policy making and implementation** through the example of disability policies; While the third and last section is addressing the **relevance of Jordan's state policies and structures** in providing them the appropriate support through a **multi-stakeholders' qualitative study** mainly probing how governmental agencies and disabled people organisations work and collaborate to tackle the subject on the ground.

Key words: GBV, Disability, Policies, People with disabilities, Women, Protection, Women with disabilities, Domestic violence.

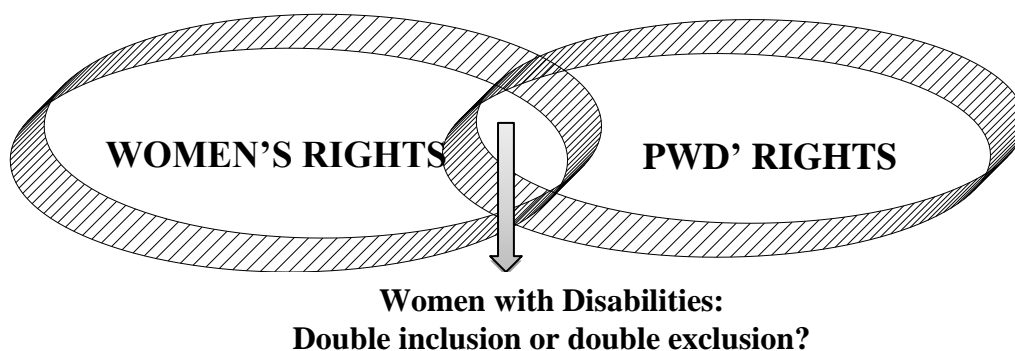


TABLE OF ABBREVIATIONS

AAS-D: Abuse Assessment Screen-Disability
CEDAW: Committee on the Elimination of Discrimination against Women
CGA: Country Gender Assessment
CSO: Civil Society Organisations
CSS: Centre for Strategic Studies
DPO: Disabled People Organisation
ESCWA: United Nations Economic and Social Commission for West Asia
EU: European Union
FRC: Family Reconciliation Center
GBV: Gender Based Violence
GDP: Gross Domestic Product
GR: General Recommendation
HCRPD: Higher Council for the Rights of Persons with Disabilities
ICF: International Classification of Functioning, Disability and Health
IFH: Institute for Family Health
IGA: Income Generating Activities
IPV: Intimate Partner Violence
JCLA: Jordan Center for Legal Aid
JNCW: Jordanian National Commission for Women
JWU: Jordanian Women's Union
MENA: Middle East and North Africa
MSD: Ministry of Social Development
NCFA: National Council for Family Affairs
NCHR: National Center for Human Rights
NCWDP: National Council for the Welfare of Disabled People
NGO: Non-Government Organisation
OECD: Organisation for Economic Co-operation and Development
PwD: Persons with Disabilities
QRM: Qualitative Research Methodology
SIGI: Sisterhood is Global Institute
SIGI: Social Institutions and Gender Index
UNCRPD: United Nations Convention on the Rights of Persons with Disabilities
UNDP: United Nations Development Programme
UNICEF: United Nations International Children's Emergency Fund
UoJ: University of Jordan
WEF: World Economic Forum
WG; Washington Group
WHO: World Health Organization
WwD: Women with Disabilities
WWDA: Women With Disabilities Australia
WB: World Bank
WRD: World Report on Disability

TABLE OF FIGURES

<i>Figure 1: Research steps</i>	14
<i>Figure 2 Timeline of PwD rights' evolution in Jordan</i>	29
<i>Figure 3 Sample description</i>	56
<i>Figure 4 Scope of work, institutional collaboration and case management</i>	65

TABLE OF CONTENTS

ABSTRACT.....	7
TABLE OF ABBREVIATIONS	8
TABLE OF FIGURES	9
TABLE OF CONTENTS.....	10
I. Introduction.....	13
A) Purpose of the Study	13
B) Research Questions	13
C) Methodology	14
II. Research interest: Women with Disabilities as double victims.....	17
2.1. Disability and marginalisation	18
2.2. Perception of women with disabilities	20
2.3. Isolation & stigma	21
2.4. Self-perception	22
2.5. Abuse & dependency	23
2.5.1 <i>Disability related abuses</i>	25
III. Research context:.....	27
3.1. Disabled rights in Jordan	27
3.1.1. <i>Timeline evolution</i>	27
3.1.2. <i>Disability in numbers</i>	29
3.1.3. <i>Social stigma</i>	30
3.2. Women’s Rights in Jordan.....	31
3.2.1. <i>National efforts and policies</i>	32
3.2.2. <i>Economic rights & equal opportunity</i>	34
3.2.3. <i>Political rights and civic voice</i>	35
3.2.4. <i>Protection from physical & sexual violence</i>	36
3.2.5. <i>Non-discrimination, access to help & justice</i>	39
3.3. Women with disabilities: The invisible victims.....	41
IV. Theoretical framework:.....	45
4.1. Policy making as a process	45
4.1.1. <i>Evolution and shaping of disability policies</i>	45
4.1.2. <i>The inclusiveness of disability policy making</i>	47
4.2. From policy making to implementation	48
4.2.1. <i>A dynamic participatory approach</i>	48
4.2.2. <i>Phase of implementation and policy refinement</i>	49
4.3. The gender component in policies	50
4.3.1. <i>Gender dynamics in policy-making processes</i>	50
4.3.2. <i>Gender and Disability</i>	51
V. Qualitative study	55
5.1. Methodology	55
5.2. Content analysis	56
<i>Section 1: Understanding their situation and issues</i>	56
<i>Section 2: Exploring aspects of policy-making and implementation</i>	61
<i>Section 3: Assessing prevention and protection mechanisms</i>	71
VI. Conclusion	79
BIBLIOGRAPHY	81
ANNEXES	86

I. Introduction

A) Purpose of the Study

The purpose of this study is to analyse and evaluate the quality of response to the needs and rights of women with disabilities especially in terms of protection from violence and abuse in Jordan. This study highlights recent national developments in disability and women protection legislation and mechanisms of implementation in order to evaluate their level of inclusion or exclusion of women with disabilities under the framework of the new paradigm of disability in terms of independence and equality as citizens.

B) Research Questions

Case studies, statistics and other data pointing to disability as a risk factor for abuse exist, however not much work has been done to demonstrate their correlation in the Arab world. Women with disabilities experience gender discrimination as well as disabling barriers, resulting in a double discrimination that can extend to all areas of life and this is highly influenced by the existing legislation and policies and their level of application (Ortoleva & Lewis, 2012). Accumulating qualitative analyses, academic articles and existing reports tackling the subject, the objective of this study is to provide a comprehensive overview of the situation of women with disabilities and unpack the issues and gaps existing by answering the following research questions:

- What's the actual situation of PwD, women and more specifically women with disabilities in Jordan in terms of access to rights as equal citizens?
- Are the existing laws and policies on PwD rights and Women's protection progressive enough and considerate of the situation (inclusive) of women with disabilities and their specific needs? What about within their implementation and monitoring?
- What's the level of involvement of PwD in policy making? What about the involvement of women with disabilities?
- How inclusive are women protection policies and mechanisms to women with disabilities in Jordan? Is there an alternative response by civil society actors? By which level of coordination are they operating with the authorities and governmental entities?

The study will proceed by first **exploring the level of vulnerability** of women with disabilities as a result of entrenched social and structural discrimination, in addition to the heightened risk of physical, psychological, sexual or financial violence, at home or within their community. It will then look into the **policy making process and its implementation** through the example of disability policies. In its last part, the study will assess through a Qualitative Research Methodology the **level of understanding of women with disabilities' issues and the responses existing on the ground** in terms of rights, policies, and services provided to their protection (see Figure 1).



Figure 1: Research steps

C) Methodology

Mixing both desk study and field research, the first part is focused on collecting primary data on the situation and vulnerabilities of PwD and women in general and women with disabilities more specifically with a subsection on the available data on their situation in Jordan. This phase was very time and energy consuming because of two main reasons, the first one is the difficulty to access some researches, as many were not freely disposed on the internet, while data in Jordan regarding women with disabilities was scarce (and sometimes old, going back to the 80s or 90s), the information was spread either in Arabic or in English but still remained insufficient. The second reason was that this study combines many subsections and different thematic that intertwined on many aspects so it wasn't possible to mention one without the other: Women, PwD, Women with disabilities, GBV, Domestic violence, disability policies, social policies...

The field research in Jordan was somehow easier to conduct, based on a semi-directive qualitative study. It initially was aimed to study the gap in quality response of service providers and level of participation in policy making and its implementation by civil society and other actors on the ground; however after conducting a first test interview with a GBV

and protection expert it seemed more logical to include governmental agencies and policy makers in this study. This has allowed collecting more reliable and updated data while also comparing their responses, mapping their level of coordination and finally bringing their attention to the subject and questioning the quality of the existing interventions.

The field study covered a wide range of subjects and research questions, as it allowed an objective and factual description of what's happening in Jordan, which mirrored what was initially stated in the desk research permitting a structured analysis based on constant comparison between the two sources of data, run through an objective interpretative approach.

II. Research interest: Women with Disabilities as double victims

In terms of scholarly research, if disability issues seem to be a well-covered subject widely studied by scholars since the end of WWII, with a multi-disciplinary approach (medical, human rights, policy, etc.), the work done from a “gender and disability” approach remains somehow limited. Most of the scholarly and popular literature on disability did not differentiate between men and women. Furthermore, much of this literature was based upon studies of men (Hanna & Rogovsky, 2007, p.19). Scholarly and other writing about women with disabilities only began to appear with any frequency in the 1980s, consequently the needs of disabled women remained largely unidentified and unexplored contributing to their continuous isolation from the larger system compared to men with disabilities, as there are **special consequences of the intersection of being female and disabled**. Saxton & Howe, (1987, p.2) referred to “**isolation**” as one of the serious aspects of the “oppression of disability”. While Crossmaker (1991) described more generally that women with disabilities are more likely to be **low-income, unemployed, and socially isolated**; Being especially vulnerable to the increased risk of poverty, social withdrawal, and repeated victimisation (Martin, et al., 2006, p.69).

Against most popular beliefs, studies conducted in several countries have documented that disability is not a protective factor; on the contrary, in most cases women with disabilities are vulnerable to the same types of abuse as all women, while disability serves as an additional vulnerability factor and source of other types of abuse (Brownridge, 2006, p. 817) (Gilson, DePoy & Cramer, 2001, p.419) (Nosek, et al. 2001, p. 27). Their high level of vulnerability to GBV has often been related to the already existing low levels of **emotional well-being, psychological health** and therefore **self-esteem**, in addition to the negative feelings of being in a situation of disability. In other words, **stigma** and **social isolation** that often accompany disability may reduce a woman’s emotional defences by lowering her self-esteem, while disability generally reduces her physical defences limiting the escape options from potential abusers, even more creating the need for assistance with essential activities of daily life. Women with disabilities are systematically more exposed to a wider range of potential perpetrators than their non-disabled peers. These include people on whom they may be

physically, economically, or socially dependent, including intimate partners, family members, health care providers, teachers, or personal care assistants (DFID, 2018).

According to a study run by Women With Disabilities Australia (WWDA, 2013), women with disabilities are twice as likely as women without disabilities to experience violence throughout their lives, over a longer period of time often resulting in more serious injuries. Over one-third of women with disabilities are experiencing some form of intimate partner violence (IPV) while rape and sexual assault cases are at least two times greater than for other women with more than 70% having been victims of violent sexual encounters at some time in their lives. Whereas the European Parliament in its resolution on the situation of women with disabilities (EU Resolution 2685, November 2018) stated that women with disabilities are two to five times more likely to be victims of violence than non-disabled women. More so, women with disabilities are more likely to become victims of gender-based violence, especially domestic violence and sexual exploitation, with 34 % of women with a health problem or a disability have experienced physical or sexual violence by a partner in their lifetime. The resolution also points out that this also concerns forced sterilisation and coerced abortion.

Gender based violence among women with disabilities remains however underrepresented in the specialised literature (Del Rio Ferres, Megias & Exposito, 2013, p.67). Although there has been a wealth of research on domestic violence and sexual assault against women, with clearly defined variables and strong scientific methodology, it almost never incorporates the element of disability. In terms of abuse, the literature in the disability arena has mostly focused on the cases of the disabled in general without gender differentiation. The few studies that addressed the situation of women with disabilities have been criticized for mixing children and adults in their samples, in addition to not including the full spectrum of mental, sensory, and physical disabilities (Nosek, et al. 2001, pp. 25-26). Further, programs concerned with protecting women from violence have only started to incorporate the need for accessibility for women with disabilities, while on the other hand the system of disability-related services was almost totally unprepared to deal with issues of abuse, and more specifically on abuse against women.

2.1. Disability and marginalisation

The World Report on Disability (WHO, 2011) estimates that 15% of the world population lives with disabilities. The disabled are the world's most underprivileged minority, and are

considered the poorest of the poor¹, as poverty and disability are inextricably linked and form a vicious cycle (Elwan, 1999). Although persons with disabilities are diverse and not all equally disadvantaged, with variations based upon such factors as degree and visibility of impairment, social class or ethnic group membership, they still face multiple and intersectional discrimination and a high level of multidimensional poverty (Rohwerber, 2015), while their exclusion from the workforce compounds their marginalisation (Hosseinpoor, et al. 2013).

If people with disabilities generally lack key qualifications and skills that would improve their employability, women with disabilities are even more excluded starting from their marginalisation in the educational system, as well as their limited access to vocational training programs often oriented towards an “occupational segregation” (Nosek, et al. 2001, p. 179) resulting in problems of low wages and other economic disadvantages. They must deal with a combination of barriers and disincentives to employment faced by all people with disabilities and barriers to employment faced by women in our society. The Disability Alliance (1991) has strongly argued that for the great majority of disabled people, poverty or near-poverty has been a prevailing companion, while disabled women and people from ethnic minorities in particular are much more likely to receive lower levels of benefit because of indirect discrimination (Drake, 1999).

In the SDGs’ 2030 Agenda for inclusive development, five factors are proposed as key to understanding who is being “left behind” and why: **discrimination, place of residence², socio-economic status, governance³, and vulnerability to shocks**. Social justice considers that there are some groups that are historically marginalised and disproportionately left behind, still fighting for equal rights and for their inclusion in access to needed resources. In general, those marginalised groups⁴ are vulnerable to higher risk of harm or wrongs depending on their age, health, gender and disability as well as their capacities for resilience (Meek Lange, Rogers & Dodds, 2013). It is believed that the number of those with physical and mental impairments in the world will only increase with time. The rates of disability are

¹ The World Bank estimates that 20% of the world’s poorest people have some kind of disability, and tend to be regarded in their own communities as the most disadvantaged.

² Referring to the existence of infrastructure gaps and isolation, such as living in a residential institution or geographical isolation with lack of access to services such as in some rural or peripheral areas.

³ Such as face disadvantage due to injustice and unaccountability or lack of access to the decision making process.

⁴ Across countries, women and girls, people in rural areas, indigenous peoples, ethnic and linguistic minorities, people with disabilities, migrants, gender and sexual minorities, youth and older persons —all are deprived in the basic dimensions of human development (UNDP, “Human Development Report 2016: Human Development for Everyone”).

already continuously increasing due to many factors, including malnutrition and disease, environmental hazards, traffic and industrial accidents, and civil conflict and war (African Studies Center, 2008).

The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. An interaction between individuals with a health condition and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, or limited social supports (WHO, 2018)). This means that the difficulties faced by PwD require interventions to remove environmental and social barriers in addition to adequate healthcare.

2.2. Perception of women with disabilities

Saxton and Howe (1987, p. 12) wrote that there are many parallels between the oppression of women and of disabled people. Both groups are seen by others as passive, dependent, and childlike; their skills are minimized and their contributions to society completely undervalued. In general, they are often viewed negatively, for example as passive and socially isolated or as sick and feeble. When it comes to discrimination, many people treat women with disabilities (and to a lesser degree, disabled men) as if they were incapable of independence (Barton, 2006). Even parents sometimes talk about their disabled daughters as if they were not present or responsible enough to participate in society or even at simple tasks at home. For women disabled from birth or during their early childhood, parents often expect that they will be dependent on them all of their lives, that they must be protected from the outside world and cruel society, and that they should never hope for much in life. For women disabled in adulthood, it is often a realisation of their worst nightmare, as they have grown up absorbing the social stereotype that women with disabilities are asexual and are only a burden to their families (Nosek, et al. 2001, p. 10) (Shakespeare, 1994).

When it comes to marriage, there is a big difference between a disabled husband and a disabled wife. A disabled husband needs a wife to nurture him, but a disabled wife is not seen by society as capable of nurturing a husband who is not disabled. Furthermore, a husband is not expected to be the care giver, often leading to divorce or separation (Hanna & Rogovsky, 2007, p. 56). For woman with a disability, sexuality is too often denied coupled with the assumption that she does not have a sexual life, or does not want one.

2.3. Isolation & stigma

Saxton and Howe (1987, p. 2) refer to "isolation" as one of the serious aspects of "the oppression of disability", for example marriage and other social ties are often associated with good health and systematically excluding any person with a disability. Thus disability may lead to isolation, but isolation may also contribute to disability. Social isolation is even more reinforced by the lack of **spatial mobility** due to one's impairment and is often equally challenging for those with a variety of other disabilities (Hanna & Rogovsky, 2007, p. 52). This concretises clearly in the case of employment possibilities, as many impairment-related factors impact possibilities to find a job, for reasons that some employers either do not want to have a disabled employee because of the tangible costs (e.g. building entry ramps) or might not simply understand the impairment and consequently magnify or erroneously view its impact upon performance (Barton, 2016). Elseways, **environmental barriers** such as lack of transportation or accessible recreational facilities also limits social activities. But somehow the most damaging are the attitudes and assumptions of society about women and women with disabilities that create many **barriers in the minds of the general public** about the potential of women whose bodies do not meet the social norm (Nosek, et al. 2001, p. 17).

The social isolation experienced by women with disabilities, combined with the stereotype that they have no interest in sexuality, are serious barriers to obtaining information about reproductive health. Many had no idea growing up how their disability could affect their ability to bear children, reporting that they acquired information mostly through questioning friends and family, books, partners, and unfortunately also through violent experiences (Nosek, et al. 2001, p. 17). While the CRPD specifically included the reproductive rights of persons with disabilities as addressed in its Article 23 and the rights to sexual and reproductive health in its Article 25.

Socio-cultural factors are also important, Saxton and Howe (1987, p. 2) observe that it is not possible to separate the day-to-day reality of living with a disability from the cultural and social obstacles disabled women must face, including outright and indirect discrimination in education and employment. Crocker et al. (1998, p. 507) explained that "stigma can provide the primary schema through which everything ... is understood by others", like a "special and insidious kind of social categorisation" (Ainlay, Coleman & Becker 1986, p.219) carrying with it "devalued status" (Hanna & Rogovsky, 2007, p. 54).

One of the worst consequences of the social stigma around women with disabilities is when **hysterectomy** is systematically recommended to women with severe physical disability. Physicians and families often just assume that these women cannot bear children, and proceed to removing their uterus with or without a formal agreement of the concerned victims, either to save them from years of monthly trouble menstruation (Nosek, et al. 2001, p. 34), or out of fear for the safety of their “fragile” health or bodies in case of pregnancy. There is in fact a flagrant lack of programs and materials to inform women about how disability can affect their reproductive health, and how they can work with health care providers to ensure that they are receiving the same quality of service as all women. In the same time, there is also a critical need for information about reproductive health care needs of women with disabilities to be available in educational curriculums of different health practitioners. According to the literature, women and persons with disabilities consume a larger share of health care services than the general population. Inaccessibility in health care settings and the lack of knowledge among professionals about their disability are undermining the quality of specialised health care people with disabilities are supposed to have, particularly in reproductive health care and for women more specifically.

2.4. Self-perception

Woman with disability predominantly suffer from **poor body image** systematically leading them to avoiding social encounters, intimate relationships, and employment opportunities, mainly out of fear from rejection. **Self-esteem** is comparatively low among women, and it appears to be especially low among women with disabilities. The rather negative or unflattering views people often express about women with disabilities, and the seemingly passive, accepting poor self-concept held by many of these women has special consequences on the intersection between being female and disabled (Hanna & Rogovsky, 2007, p. 50).

In Nosek and Rintala’s (1997) National Study of Women with Physical, three important factors affecting the sense of self of women with disabilities even more strongly than women without disabilities have been determined: relationships, work, and exposition to abuse.

- **Relationships:** as the prevailing social image of the disabled woman is transmitted to her by the most important people in her life including teachers, medical professionals, and parents.

- **Work:** Women with disabilities have significantly less opportunity to benefit from the positive effect on self-esteem that comes with economic independence, feeling constantly more like a burden to their partners.
- **Abuse:** has a strong effect on lowering self-esteem. All women who reported any incident of physical or sexual abuse in their lives had significantly lower self-esteem than women who had never experienced abuse.

Disability seems to undermine the very roots of their womanhood, making them frequently feel inferior to others and regard themselves with loathing (Kent, 1987, p. 63). Self-esteem of women with disabilities is even more strongly influenced by social and environmental factors than by the fact of having a disability (Nosek, et al. 2001, p. 8), while according to Curry, Hassouneh-Phillips and Johnston-Silverberg (2001), abused women with disabilities experience low self-esteem, feelings of blame, health problems, depression and anxiety, just like non-disabled abused women.

2.5. Abuse & dependency

According to disability specialists, women with disabilities experience specific vulnerabilities to abuse. Shakespeare (Disability, identity and difference, 1996) points out that, disabled women and men are more liable to be the victims of sexual abuse by non-disabled people precisely because of their isolation and powerlessness in institutional residential settings or in their own homes; considering that some types of abuse are specifically disability related, such as withholding essential assistance, equipment or medication including threats, physically rough treatment or inappropriate touching during care assistance, refusal of their personal choices and preferences, and stealing money or property. However women with disabilities are considered to have increased vulnerability to emotional, physical, and sexual abuse due to even more reduced possibilities of “escape from offenders” related to their severe economic dependence on abusers, or the existence of additional barriers such as overprotection, social isolation and stereotypes or common believe that they are dependent, passive, and easy prey (Belsky, 1980) (Nosek, Howland & Young, 1997)⁵.

In a more detailed approach, Andrews and Veronen (1993) thought of eight risk factors increasing vulnerability to victimisation among persons with disabilities:

- 1) Increased dependency on others for long-term care;

⁵ Nosek, Howland, and Young (1997) have shown a stereotypic vulnerability factor that includes the belief that women with disabilities are asexual, passive, unaware, and therefore easy prey.

- 2) Denial of human rights which results in perceptions of powerlessness;
- 3) Less risk of discovery of the abuse act (as perceived by the perpetrator);
- 4) Difficulty to some survivors to prove their abuse, as certain types of disabilities (e.g. cognitive impairments) may limit the ability to recognize abuse;
- 5) Less education about appropriate and inappropriate sexuality, with sexuality been denied to women with disabilities, in addition to lack of access to appropriate information;
- 6) Social isolation and increased risk of manipulation;
- 7) Physical helplessness and vulnerability in public places;
- 8) Values and attitudes within the field of disabilities toward mainstreaming and integration without consideration for each individual's capacity for self-protection.

Other socio-demographic and socioeconomic risk factors could be included to explain the increased vulnerability of women with disabilities to experiencing abuse, such as greater difficulties finding employment due to a lesser access to formal education or/and more family responsibilities, conducting to more financial and mobility dependence on caregivers. McPherson (1991) explained further that these additional factors makes it harder for women with disabilities to escape from abusive relationships, facing more difficulties to leave, they are often trapped due to this strong **dependence on the abusers**.

With fewer options for escaping or resolving the abuse, it is estimated that 62% of women with and without disabilities had experienced different types of abuse (emotional, physical, or sexual) in their lifetime, however women with disabilities experienced abuse for longer periods of time (Waldman & Perlman, 2013), facing the same risks of abuse that all women face but with additional risks related to their disability, like secondary injury, exacerbation of their disability or both (Nosek & Rintala, 1997) (Martin, et al., 2006, p. 69). They are also continuously facing serious barriers to accessing existing programs to help women victims of violence or to receive general and reproductive health care.

A national study on Abuse assessment screen-disability (AAS-D) run by McFarlane, et al. (2001) showed that the most common abusive perpetrators were husbands or live-in companions or in other words "**Intimate Partner Violence**" (IPV) and that they were significantly more likely than those without disabilities to stay in a bad marriage for fear of losing custody of their children for example (Nosek et al., 2001, p.17). Just like for people with disabilities in general, violence perpetrators may also feel that women with disabilities are less likely than other women to report assaults (e.g., women with communication

disabilities feeling uncomfortable conversing with others, including the police, lawyers, and judicial officials).

2.5.1 Disability related abuses

Physical abuse is defined as any form of violence against one's body, such as being hit, kicked, restrained, or deprived of food or water. While **disability-related physical abuse** can take the form of various types of confinement and physical restraint that can also take place in the helping relationship.

Emotional and economic violence is defined as being threatened, terrorized, corrupted, or severely rejected, isolated, ignored, or verbally attacked. **Disability-related emotional abuse** on the other hand is the intolerance to special needs, expressions of shame, anger, and hostility over abnormal appearance, an inability to perform tasks such as walking or talking in a normal manner, or the need for more time to perform such tasks. These types of abuse are not usually identified by the instruments most commonly used to assess the phenomenon.

Sexual assault/abuse is defined as being forced, threatened, or deceived into sexual activities ranging from looking or touching to intercourse or rape. Whereas **disability-related sexual abuse** is the form of fondling or forcing sexual activity in return for accepting help, plus there is a reduced ability to defend themselves.

With not enough data available to establish more accurate analyses of the specific features and consequences of these types of violence, health care providers are now being urged to screen identified victims for physical and sexual violence, and to ensure they are provided with appropriate interventions and/or referrals. Agencies that provide services to victims of violence, such as domestic violence shelters and rape crisis centres, are trusted to provide services that are appropriate and accessible to all women no matter the type of disability, and that their staff and volunteers are being trained on issues related to serving clients with disabilities (Martin, et al. 2006, p.835), knowing that violence can in itself create disability or additional disabilities for its survivors, such as long-standing physical and mental health consequences, including permanent injuries.

III. Research context:

3.1. Disabled rights in Jordan

3.1.1. Timeline evolution

Often viewed as a regional leader on disability issues, Jordan is considered an example of a country where political will has resulted in concrete progress on increasing the visibility of people with disabilities, starting from the **1952 Jordanian Constitution** that stipulates in its 6th article the equality between all citizens without distinction in rights and duties no matter their race, language or religion, in addition to the fact that for decades the Hashemites Monarchy of Jordan has played an important role in supporting disability policies and legislation (Turmusani, 1999)⁶. In the 1980s the government's agenda had focused on public awareness of disability, while allying with the voluntary sectors to provide disabled people with more appropriate services. However, the first major step of the country towards the protection of the rights of its disabled people was when issuing the **1993 Act for the Welfare of Disabled People** (or as later becoming the **Disabled Care law no.(12)**) that recognised their need to legal protection and social opportunities and created the first specialised **National Council for the Welfare of Disabled People (NCWDP)**. This commitment was recognised in 2005 when Jordan received the **Franklin Delano Roosevelt International Disability Award**⁷, soon after, a Royal committee was created by Royal decree in order to review and analyse the 1993 law to be in line with the provisions of comprehensive international agreements. In 2007 the Disabled Care law was replaced by the **Disabled People Rights law no.(31)** promulgated with its **National Strategy for Persons with Disabilities (2007-2015)**. One of the main pillars of this new law was the establishment of the **Higher Council for Disabled People Affairs** (Article 7 of the Act sets out the functions and powers of the Council) an institutional framework created to coordinate, review and follow the implementation of the law and its Strategy across government ministries.

⁶ The involvement of members of the Royal Family in public life, especially in disability issues, has speeded up the introduction of disability legislation and, through organisations like the Queen Alia Fund and the Al-Hussein Society for Physical Handicap (see Turmusani 1999).

⁷ An honour award bestowed by the UN to a country that has promoted and protected the rights of their disabled population.

In 2008, Jordan was one of the first twenty countries to ratify the **UN Convention on the Rights of Persons with Disabilities (CRPD)** after taking part at various events respectively for its drafting and reviewing. However the **optional protocol** of the CRPD that establishes individual complaint procedures under which individuals who claim to be victims of a violation by a State Party may submit complaints to the treaty body is still to be ratified.

The 1st report to the Committee was presented on October 2012 and following the recommendations of the CRPD Committee, the **Washington Group Disability questions**⁸ were introduced to **the 2015 national census** allowing more visibility of people with disabilities in the national statistics with more realistic numbers, in addition to a legislative review of the 2007 Disable People Rights Law by the Higher Council for People with Disabilities that resulted on drafting a new disability law that focused mainly on the PwD rights as equal citizens.

Passed by the Jordanian parliament in September 2017, the new **Law on the rights of people with disabilities** brought two major components including a broadened definition of disability respecting the rights-based model⁹ previously used and a clear anti-discriminatory and equality provision in terms of access to essential services such as health, education, justice and employment while reinforcing supported decision-making and removing guardianship. This was considered the most advanced law of its kind in the Arab region with its introduction of the concept of informed consent.

The law defined disability as the environmental and social boundaries that prevent people with disabilities to take part in society as opposed to the previous medical definition of disability¹⁰, while it criminalised forms of deprivation from their rights. Following, the Penal Code was amended to include an aggravating factor for crimes against people with disabilities, with the inclusion of the concept of “**informed consent**”, which gives citizens with disabilities the right to decide for themselves after receiving enough information about the consequences of each of their decisions. The Law stipulates that the government should

⁸ A set of six questions designed by the Washington Group (WG) to identify (in a census or survey format) persons (5 years of age or older) with disabilities through addressing limitations in undertaking basic activities; It is the recommended tool for disaggregating the SDGs.

⁹ Also known as the social model, where the state accepts that it has a responsibility to serve all its citizens and recognises that disablement is a product of a society and environment designed by non-disabled people for non-disabled people.

¹⁰ This definition comes in line with the medical care perspective that was prevailing in the international community before adopting the legal concept of the disabled people which was adopted by the International Agreement for Disabled People when it defined them as “*everyone suffering from long-term disabilities either physical, mental, rational, or sensual which may prevent them from dealing with different hindrances facing their whole and effective participation in the society equally like other*”.

incorporate the needs and rights of people with disabilities in their programmes and plans, while intensifying the oversight system, especially in disability care centres.

1952	The Jordanian Constitution (Article 6 on equality between all citizens)
1993	Act for the Welfare of Disabled People, Law no.(12)
2005	The Franklin Delano Roosevelt International Disability Award
2007	The Disabled People Rights law no.(31), the National Strategy for Persons with Disabilities (2007-2015) and the creation of the Higher Council for Disabled People Affairs
2008	Ratification of the UN Convention on the Rights of Persons with Disabilities
2015	1 st national census to introduce the Washington Group Disability questions
2017	The new Law on the rights of people with disabilities

Figure 2 Timeline of PwD rights' evolution in Jordan

3.1.2. Disability in numbers

When researching numbers on people with disabilities in Jordan, many conflictual statistics show up, starting from the 2004 census that reported a disability prevalence rate of 1.23%, while in 2007 it was estimated at 1.9%, with 41% of persons with disabilities being female. These numbers have been constantly criticised for being far lower than the global disability prevalence rate, which is estimated by the World Health Organization to be 15%. Although it incorporated the WG questions, the 2015 census data reported a disability prevalence rate of 2.7%, while in the same year a disability module supported by UNICEF reported a disability **prevalence rate of 13%**, which was later confirmed in 2016 by the Higher Council for the

Affairs of Persons with Disabilities¹¹, this percentage amounts to over 1,100,000 people (Dupire, 2018).

It was estimated that 7.7% of Jordanian households have at least one disabled person (SIGI, 2018). According to the 2015 population census, 11% of people in Jordan have **functional difficulties** and face **environmental and societal barriers** to their active participation in society. The most common disability is **physical** (17.3%), closely followed by **visual impairment** (16.2%)¹². With the start of the Syrian crisis, Jordan witnessed an increase in the number of people with disabilities as an estimated **25.9% of Syrian refugees** in Jordan have specific physical or intellectual needs¹³ out of which 20% have multiple impairments, while it is reported that 80% of the refugee population have a conflict-related injury or experience psychological distress.

In 2014, it was estimated that 35.3% of persons with disabilities in Jordan were illiterate, compared to 11% of the total population (ESCWA, 2014), with a great percentage of women with disabilities (40%) being illiterate. While the country is applying a national employment quota for PwD: one person for public and private entities that employ between 25 and 50 people, and 4% for public and private entities employing more than 50 people¹⁴, the employment rate of PwD remains however very low (16.1%), which questions the level of information and law enforcement when it comes to disability rights in the country. The Social Health Insurance for instance is supposed to be free for all PwD; however in 2017 it was estimated that a third of Jordanians with disabilities were not covered (ESCWA, 2017).

3.1.3. Social stigma

In the Jordanian society, just like in many other Arab countries there is still a lack of awareness about people with disabilities and a common misunderstanding of disability. While the term is still only used to describe visible physical impairment, the causes of disability are often believed to be supernatural, faith-based and biomedical (Thompson, 2018). This is leading to negative socio-cultural attitudes and a continuous stigma surrounding their capacities, abilities and potential (Khalid, 1989). For example, several families out of pity or out of guilt have denied or hidden the existence of a disabled family member, seeing their

¹¹ Changed name with the 2017 bill on the rights of PwD to Higher Council for the Rights of Persons with Disabilities (HCRPD)

¹² Ibid.

¹³ Ibid.

¹⁴ Jordan's Law No. 31 on the Rights of Disabled Persons (2007), Article 4.3 & Law No. 20 on the Rights of Persons with Disabilities Act (2017) , Article 25(e)

impairment as something shameful and as a torment to be endured by the family, but also from the fear that knowledge of impairment within the family might incur difficulties in securing marriages (Turmusani, 1999).

From a religious perspective, impairment may be explained as an act of God, designed to test the faith of individuals and their capacity to accept their fate with gratitude and patience¹⁵. However, negative rather than positive attitudes to impairment are the more dominant, especially in rural areas.

People with disabilities are being considered as a potential damage to the family status, and perceived to constitute an inevitable and significant drain on family resources¹⁶. In some cases, they are looked at as a human species without an identity even more they are often stereotyped and stigmatised as asexual (Jalal & Gadel, 2014), while women suffer the most of this negative image. There is a general feeling of shame which makes males refrain from marrying a handicapped woman, thinking that she cannot have a child nor bear the responsibility of raising a family due to her disability (Al-Majali, et al. 2008).

3.2. Women's Rights in Jordan

Life expectancy and literacy of women in Jordan have largely benefited from different national efforts in the last decades, like spending more than 10% of the GDP on health and education, as female life expectancy rose from 66 to 75 years; while women's enrolment in all levels of education have improved dramatically with literacy rates rising from 55% (1980) to 99% (2010). However this considerable progress in human development has not yet led to consistently higher women participation in economic, political and social life. According to Jordan's Country Gender Assessment (CGA), this "gender paradox¹⁷" is persisting in the entire MENA region but it is even more striking in Jordan, mainly due to the existing gaps between policy and institutional frameworks when it comes to addressing gender issues. The 2020 WEF report on Global Gender Gap Index¹⁸ ranks Jordan 138th among 153 countries and 10th in the MENA region in terms of women's economic opportunities, way below many other middle-income countries. Increase the participation of women in positions of leadership and decision-making, raise awareness among women of their rights, create and implement a

¹⁵ Ibid. (p. 38)

¹⁶ Ibid. (p. 38)

¹⁷ Impressive progress in human development indicators and the excessively low economic participation for women

¹⁸ Index designed the World Economic Forum to measure gender equality.

comprehensive law to protect them from GBV and discrimination are some of the main challenges Jordan has yet to overcome in order to reduce gender inequalities.

3.2.1. National efforts and policies

Even though it still didn't accede to the **Istanbul Convention** of the Council of Europe on preventing and combating violence against women and domestic violence, Jordan is already part of the **UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** since its ratification in 2007, albeit with some reservations regarding its articles 9 and 16 related to discrimination in family relation¹⁹ (including on the right of women to pass their nationality to their children). Praised for its many commitments and progress made in promoting gender equality and empowering women to play their part in achieving sustainable development, the Committee's concluding observations however are still continuously criticising the persisting strong stereotypical attitudes about the roles and responsibilities of women and men in the Jordanian society, furthermore it raised concerns on the rise of patriarchal attitudes in a country that remains conservative when it comes to tribal and social ties. In terms of legislation, **the penal code** for example does not address discrimination, limiting the possibility for judicial remedies, while the recent amendment on the **Personal Status Act** is now allowing to address discriminations against women when it come to her rights to inheritance, work, divorce and guardianship.

The **Jordanian National Commission for Women (JNCW)** a semi-governmental body was created and mandated (since 1992) to review legislation but also to work on developing and monitoring the implementation of policies and national strategies for gender-equality perspective towards improving women's participation in Jordanian economic, social and political life; Under its scope of work, the JNCW is also providing the Government with advice and proposals of strategic plans/mechanisms, such as:

- The 2013 **National Strategy on Women** for revamping laws, especially the civil status law, to uphold women's rights, updated for the period **2020–2030 to reflect Sustainable Development Goal 5 on gender equality.**
- The **National Strategy to combat violence against women (2014 – 2017)** with its implementation action plan.

¹⁹ Jordan does not consider itself bound by the following provisions: Article 9, paragraph 2; Article 16, paragraph (1) (c), relating to the rights arising upon the dissolution of marriage with regard to maintenance and compensation; Article 16, paragraph (1) (d) and (g).

- The **2016 National Framework for Family Protection against Violence** to improve coordination between implementing agencies, and the **Communication Strategy on Gender-based Violence**, in 2015. Followed by the implementation **Plan to Strengthen the Institutional Response to Domestic Violence Cases 2016–2018**.
- The **Strategy to promote women’s political participation (2012 - 2017)** through raising awareness on the importance of women’s involvement in decision-making and intensive training on negotiation and leadership skills for women wishing to engage in the political sphere.

The Strategies are often drafted under a participatory approach, in partnership with several ministries, national institutions such as the NCHR²⁰, other inter-ministerial bodies and the civil society organisations. However, the CEDAW Committee’s concluding observations on the sixth periodic report of Jordan, pointed out concerns about the JNCW’s “institutional weakness, limited status, insufficient decision-making authority, shortage of human, technical and financial resources and inadequate presence at the governorate and local levels”, as no budget has been allocated by the government for many policies implementation, mostly lacking an action plan as well as an monitoring and evaluation mechanism to conduct an impact assessment.

When it comes to the **legal framework in Jordan**, it is considered to be a combination of the European civil code and the Islamic Shariah law. **The Personal Status Law** for example is based on the interpretation of religious jurists determining the rights and liberties legally granted to women and men, such as the permissibility of polygamy for men or the requirement for women to obtain their guardian’s permission to marry, and the fact that they cannot pass their nationality to family members on the same grounds denying them equal nationality and citizenship rights with men. The government is leading some efforts for change in matter of equality like the instigation of a new strategy to improve enforcement of inheritance rights for women, in addition to trainings and information sessions at different levels of the judiciary system.

In terms of prevention and awareness raising, NGOs are pointing to the absence of references to gender equality, non-stereotypical gender roles and gender-based violence against women in the educational curricula of all schools levels. In terms of trainings on how to deal with cases of GBV, the state through its different partnerships was able to provide consistent

²⁰ The National Centre for Human Rights, the National Human Rights Institution (NHRI) in Jordan, accredited with “A Status”, with functions including monitoring and receiving complaints.

trainings to police forces, public prosecutors and judges, health and social workers, or other public officials. However, this remains largely insufficient as for example, cases of secondary victimisation of female victims during their interactions with the police are still being frequently reported (EuroMed Rights, 2018).

3.2.2. Economic rights & equal opportunity

High unemployment level among Jordanian women (45% for women against 15% for men in 2015) is an indicator of existing constraints regarding their participation in the labour force (UNDP, 2015), as only 14.6% of women were economically active in 2018 (Essaid, Sajdi & Abu Taled, 2019); their work opportunities are generally clustered in the civil service (44%) particularly within the education (38%), health (12%) and social work (WB, 2014). The **level of economic participation** of Jordanian women is also generally low (Department of Statistics, 2012)²¹ whereas female employers and self-employed women constitute no more than 4% of working women, with women in rural areas only owning 3% of the agricultural lands and most of them work in the informal sector like agricultural workers which increases their vulnerability (UN Women, 2011)²².

Traditional ideas about masculinity and femininity seem to determine women's access to education, economic resources and the general public sphere, overemphasizing their traditional role as mothers and wives, thereby undermining their social status. For example the existence of the “marital-status gap” in labour force suggests that marriage status is determining women’s access to work (as 29% of non-married women are working compared to only 15% for married women). Peebles, et al. (2007) shows that there is considerable discrimination against married women in the private sector in Jordan in terms of recruitment and promotions as it is generally believed that they will not be as committed to their job as married male employees.

While there is no provisions under the Labor or Penal Codes to protect women against sexual harassment in workspace, and in the absence of a comprehensive strategy to modify and eliminate all attitudes and stereotypes that discriminate against women, guardianship laws²³

²¹ The rate of economic participation of women did exceed 15%, compared with 61.3 % of men (according to the Department of Statistics for the year 2012).

²² New labour code included domestic and agricultural workers, guaranteeing monthly salaries, minimum wages, sick leave, and a maximum 10-hour working day (UN Women, 2011).

²³ According to the Jordanian Civil Status Law 9 (2001), women’s guardianship must be recorded in the family book, after marriage, the woman is transferred to her husband’s family book. This document is later needed for nearly all official arrangements, including voting, registration of children at schools or universities, obtaining civil service jobs, and accessing to social services.

remain one of the most restricting laws of women's mobility and occupational choices. An adult married woman in Jordan until recently required her husband's permission to have a passport no matter her age, while unmarried women remain under guardianship of their "**Wali**" (Guardian/provider) until the age of 30 restricting their freedom of movement and right to work. Consequently, women tend to predominate jobs that are related to their traditional roles in the household and are seriously under-represented in the managerial level²⁴. Hence the **National Employment Strategy (2011-2020)** included in its objectives the overcoming of the gender gap in employment, wages and other advantages²⁵, while reducing the obstacles facing women in the labour market both in the private or public sectors.

Poverty rate in Jordan was at 15.7% in 2018, meaning that more than 1 million Jordanian live below the poverty line. While the **Social Security Act (2014)** is trying to enhance social and economic protection for women, many government bodies are trying to provide services and financial aid to vulnerable women. On one hand, **National Aid Fund (NAF)** is allocating monthly financial assistance to widows, divorced, orphans, women with disabilities or women with no provider and their children through its different programmes (for example, women heads of households among the population with the highest levels of poverty are representing 60% of total heads of households beneficiaries). On the other hand, the **National Microfinance Bank**, the **Microfund for Women**, the **Jordanian Hashemite Fund for Human Development** and other microcredit and employment funds are providing loans with low interest to small and medium enterprises led by women, mainly in rural areas, in addition to other services such as capacity-building, training on creation of Income Generating Activities (IGA) or year-long insurance for agricultural activities.

3.2.3. Political rights and civic voice

In the political sphere the right to vote, campaign and serve in office was not granted for women in Jordan until 1974. However in the last few decades new big achievements have been reached to increase citizens' participation in the political process. The **House of Representatives Act²⁶ (2012)** implemented a quota system in the parliament granting 15 out of the 130 seats of the Lower House to women, in addition to the creation of the **Women's Affairs Committee** in the Parliament, the **Ministerial Committee for the Empowerment of Women** and the **Women's Committee of the Senate** to study laws and monitor all

²⁴ Ibid. (p. 42)

²⁵ The family allowance continues to be given to male and not female employees.

²⁶ Also known as the National Assembly Election Act.

aspects of policies, plans and programmes essential to women's rights; whereas the **Political Parties Act (2012)** stipulated that the proportion of women founding members of a party shall be not less than 10%.

In 2018, seven women were appointed in the cabinet of ministers, amounting to 25% of total ministers, while in the judiciary, the number of women judges rose from 48 in 2009 to 142 in 2013 and is continuously on the rise, including senior level officials' positions in the executive and judicial branches, at the national and local levels. Still, women are not represented on the Constitutional Court and are currently demanding an amendment of the Constitutional Court Act. Even though Jordanian women face no barriers in their rights to participate in local assemblies and other institutions, their participation in the public sphere is yet to be increased through state's efforts, like seeking to amend curricula and increase the number of women in decision-making and leadership positions.

3.2.4. Protection from physical & sexual violence

The **2008 bill for the protection of victims of violence (No. 6)** part of the project '**Family protection law reform and awareness-raising on gender based violence in Jordan**', was a remarkable step towards establishing protection to all victims of violence and Jordanian women more precisely, and to combat gender based violence (GBV) in domestic and public settings. The aim of the bill (No. 6) being primarily to preserve family ties, the elimination of the crime of domestic violence, and to reduce the consequences of criminal proceedings (Nasrawin, 2016). This has allowed Jordanian women to a freely access multiple services (including medical care and social counselling), receive direct compensation, detain their alleged abusers (except if they are living with the victims) and provide confidential proceedings during complaints/investigation. Furthermore it was complemented by the **2011 Penal Code** amendment criminalising all acts of violence committed against women by imposing harsher penalties for crimes of physical and sexual violence, such as rape, indecent assault, abduction and sexual harassment²⁷.

Jordan has also recently repealed the **article 308 of the Criminal Code**, which exempted rapists from punishment if they married their victims. However, the act of abortion is still criminalised in the country (Articles 321-325 of the Penal Code) in addition to being unacceptable religiously and socially, except when the life or health of the pregnant woman is at risk. Women victims of unwanted pregnancy such as in the case of rape often resort to

²⁷ Compared to the 2008 Family Protection law that did not does not define or criminalise domestic violence.

unsafe/ life threatening illegal practices of abortion, while women who give birth out of wedlock can be held in administrative detention for years under the pretext of protecting her life from danger (EuroMed Rights, 2018).

The 2008 bill for the protection of victims of violence, also known as **the Family Protection Act (2008)** does not however give clear provisions on prevention of violence, protection of victims and the prosecution and punishment of perpetrators. According to the Danish KVINFO Centre for study issues relating to gender, equality and diversity, this new law is flawed and includes no appropriate, effective administrative mechanisms and collaborative referral systems to provide support and protections for victims. The absence of a regulatory frameworks within which protection can be ensured often leads to “reconciliation focused approach” when dealing with cases of violence; while lack of shelters and support services, especially in rural areas, prevents victims from leaving their abusers, as poverty status is considered to be a strong indicator of the likelihood of violence in Jordan²⁸.

In general, there is a lack of statistical data on gender-based violence against women (number of investigations, prosecutions, convictions, sentences and reparations), including domestic violence mainly because of the nature of these crimes, and the state of isolation which controls the communities and prevents the disclosure of such crimes (Nasrawin, 2016).

- **Domestic violence**

Jordan has made significant progress regarding domestic violence also through its new **domestic violence bill of 2016** facilitating the reporting of domestic violence abuses. This bill provided the ability for example to leave a marriage due to abuse or to seek some other form of protection, however domestic violence is only accepted as a valid reason to file for divorce if the woman presents at least two witnesses in court, as their testimony alone is considered insufficient evidence (Musawah, 2017, p.12)²⁹.

A section in the Directorate of Maternal and Child Health of the Ministry of Health has also been created, concerned with the prevention of domestic violence and early detection of cases of violence against women and children. Trainings, instructional manuals and forms for reporting and referring cases have been prepared for health staff to detect, refer and deal with cases.

²⁸ Poorer women were more likely to report all types of violence with a higher frequency.

²⁹ The Musawah report, 2017: Women’s testimonies are considered equal to those of men in criminal and administrative courts. However, when it comes to personal status courts a woman’s testimony is only worth half of that of a man.

Within the recent legislative progress regarding domestic violence, the most noticeable change is the highlighted sentences on perpetrators of “**honour killings**”³⁰ compared to the previous two years maximum prison sentence³¹. The **Personal Status Act of 2010**, is also now guarantying woman moral and financial status such as children custody (the sole legal guardianship is possessed by men) and right to the family home. Knowing that according to the OECD SIGI index, the proportion of female population justifying domestic violence in Jordan is at 18%, and the prevalence of domestic violence against them in a lifetime is currently at 24%³², with an estimated 21% of women to have experienced emotional violence, 8% physical violence and 5% have experienced sexual violence.

Regarding the crime of **marital rape**, the Penal Code criminalises and punishes all injurious acts, including physical, sexual and psychological harm done by a husband to his wife, while the Shariah courts consider forced or violent intercourse to constitute injury and to represent grounds for the wife to demand termination of the marital relationship in addition to financial compensation for the pain or physical harm caused. However the **Family Reconciliation and Mediation Office** in Shariah courts are somehow working in opposite direction by favouring mediation to end family disputes by amicable means, implying marital rights and duties in religion, as women are also legally required to obey their husbands (Personal Status Law, 2010: Article 78).

Although there are many different institutions and national bodies concerned with providing protection from domestic violence (such as the Public security, JNCW, the NCHR, and the MSD), **the National Council for Family Affairs (NCFA)** is the leading institution when it comes to providing protection from domestic violence. It was founded in 2001 under the Law of the National Council for Family Affairs No (27) to serve as an umbrella supporting coordination of work between partners from governmental and non-governmental organisations working on national policies, legislations and procedures. It also contributed to the creation of the **National framework to protect the family from domestic violence** that determines the framework of protection providing services while protecting the family unity that is considered to be of the utmost a priority in Jordan, as stated in article 6 of the new amended Constitution of 2011: “*The family is the basis of society the core of which shall be*

³⁰ Reduced penalties when a crime has been committed in rage or out of the need to uphold the family’s honour following an ‘unjustifiable and dangerous act’ committed by the victim (honour crime) (Penal Code, 1960: Article 98). Around 20 women are murdered annually for reasons related to “family honour” in Jordan.

³¹ Honour crimes are disqualified from benefitting from the mitigating circumstances.

³² Social Institutions and Gender Index (SIGI) 2019, Organisation for Economic Co-operation and Development (OECD) development centre.

religion, morals and patriotism; the law shall preserve its legitimate entity and strengthen its ties and values”, and “The law shall protect motherhood, childhood and the old-aged; and shall avail care for the youngsters and those with disabilities and protect them against abuse and exploitation”.

3.2.5. Non-discrimination, access to help & justice

Just like in the rest of the MENA region, women are reluctant to pursue claims due to fear of stigmatisation and perceptions of social shame, they are also less likely to use the legal system due to the lack of financial resources and/or information regarding their rights and help they can get. Numerous complaint mechanisms are now accessible to women who are victims of discrimination or violence, including the **Women’s Rights Unit** of the NCHR, the **Women’s Complaint** of the JNCW. While the **Jordan Center for Legal Aid (JCLA)**, for example is providing free or reduced-cost legal counselling and legal representation for women (70% of their beneficiaries) although one of their “Justice gaps” is in providing effective legal services to women victim of violence (Prettitore, 2015). Meanwhile, civil society organisations are offering legal assistance to assaulted women and plead their cases in court.

The CEDAW Committee is, however, concerned about other persisting barriers to women’s access to justice, in particular: The lack of knowledge and sensitivity regarding women’s rights especially within law enforcement officials and legal practitioners; while other women such as migrant, refugee, illiterate and women with certain types of disability, face language barriers to claim their rights and report abuses.

In terms of available women shelters, currently only three national facilities with limited housing capacity are hosting abused women and their children in Jordan. Cases of violence are generally dealt with by **the Family Protection Department** (of the Directorate of the Public Security) that works as a police department, existing in most governorates of the Kingdom. It offers temporary shelter to victims (of GBV, sexual assaults, domestic violence and child abuse) and their families in addition to access to a multi-disciplinary team providing services such as psychological and social support, family rehabilitation, economic support and empowerment, legal counselling, education and training, leisure, sporting and cultural activities. While clinical services are provided by the Social Service Offices in collaboration with the Ministry of Health or within the two Institutes for Family Health (IFH) of the Noor al-Hussein Foundation.

The two **Family Reconciliation Centers (FRC)** of the MSD are working in a similar approach but with a housing period that can go up to a year, in addition to including perpetrators of violence as an innovative method to break the cycle of domestic violence. In 2013, the FRC received a United Nations award for its public service work in protecting women. However, it was reported to the Committee that women are under some form of ‘protective custody’ within these centres which often leads to many restrictions imposed on violence survivors, considered an additional distress, as to restraining their freedom of movement. While other women such as women who run away from home are not benefiting from the services of the national shelters (Jabiri 2016). The latest addition is the shelter of “*Dar Amneh*” opened by the MSD in July 2018, currently hosting cases of women who are under threat of death by their families (Mende 2019). Finally, the Jordanian Women’s Union (JWU) also runs a hotline providing emergency support 24 hours a day and a women’s shelter in Amman for both Jordanian women and the increasing number of female migrant victims.

Conversely the biggest challenge remains in terms of frequency of help-seeking, as only one out of five women (19%) that experienced a physical or sexual violence by their spouse have sought help to stop the violence, while about two-thirds have never sought help or told anyone about the violence (UNICEF, 2019). Medical professionals are now under obligation by law to report cases that may involve a possible felony or misdemeanour, however, underreporting is common.

7,000 cases of domestic violence were reported in 2019, nevertheless domestic and sexual violence remains largely underreported and undocumented in Jordan, with only 26% of ever-married women age 15–49 who have experienced spousal physical, sexual, or emotional violence reported it (Kayed, 2019). Women are less likely to rely on the justice system due to their lack of access to information, financial resources and fear of perceptions of social shame, considering their struggles in a family private issue. Mistrust in courts decisions is also a factor on the rise due to frequent low prosecution and conviction rates, merciful penalties imposed on perpetrators and frequent resort to family reconciliation mainly in cases of domestic violence, often leading to revictimisation and strengthening of the culture of impunity (Nazir & Tomppert, 2005).

3.3. Women with disabilities: The invisible victims

Women with disabilities in Jordan are more vulnerable to abuse and stigma than disabled men and women without disabilities:

Women with disabilities experience **gender discrimination as well as disabling barriers** (World report on disability, 2011). While men with disabilities may be ridiculed if they cannot work in Jordan, some families are over protective of their daughters and would not allow women with disabilities to go to work due to fears of abuse and exploitation (Thompson, 2018).

Although the position of women in Jordan has improved in comparison to other Islamic countries, women still occupy a different status to men (Turmusani, 1999). As previously mentioned, the Jordanian Constitution established gender equality, and reaffirmed it in The Rights of Persons with Disabilities Act, yet **citizenship and employment rights are still lacking for women** (Thompson, 2018). If the deeply rooted cultural and social norms discriminating against women, are resulting in their low levels of self-determination and participation in decision-making, women with disabilities in Jordan are suffering even more severely from this kind of discrimination and at all levels: employment, society, marriage and education. They rarely participate in decision making about their lives and do not have a strong presence in either women's movement or the disability movement³³. Data from 2015 found that women and girls with disabilities and female caregivers are the most at risk of GBV, with the leading form of GBV being sexual violence, followed by emotional violence and exploitation³⁴, whereas access to appropriate services (where they exist) is even further restricted to poor or rural women with disabilities that are especially vulnerable (Turmusani, 1999).

Already suffering from a double discrimination based on disability and gender, women with disabilities are also facing multiple layers of stigma in the patriarchal Arab society. Guardianship or protective custody are affecting their access to equal rights and consequently hindering their participation in the economic, social and political life in Jordan.

Those with mental disabilities are facing even more challenges starting from their families, either intentionally, ignoring them due to shame or, unintentionally, due to fear and embarrassment. These kind of negative behaviours are generally not coming just out of

³³ Ibid.

³⁴ Ibid.

concern for their well-being, but more out of believed need to protect family honour (Al-Majali, et al. 2008). Already particularly vulnerable to exclusion this kind of attitudinal challenges may act as a barrier in accessing education or eventually the workforce³⁵ (out of 57% of women with disability in Jordan, only 21% are working) leading to more vulnerability as they are experiencing harsher socio-economic disadvantages (ESCWA, 2014)³⁶.

While existing layers of stigma, social boundaries and attitudinal challenges due to low level of awareness of this category's rights and abilities appears to be even more intense on the socially disadvantaged such as the poor and women with disabilities in rural areas, there are however some signs of change as several awareness campaigns have been launched in Jordan to define and reduce violations of rights, including a campaign to prohibit and criminalise the sterilisation of girls with mental disabilities (Thompson, 2018) (UN Committee on the Rights of Persons with Disabilities, 2015). The public attitudes towards disabled people in general seem to have improved over time, at least towards some sections of the disabled population and in relation to men rather than women.

- **Laws and policies:**

In terms of existing legislation to protect their rights and needs in the Jordanian legislation and policies, there is very little mention of this invisible minority, often mentioned with other vulnerable categories of the population (children, women, elderly, and refugees).

In the 2017 law on the rights of PwD, women are mentioned as potential candidates for Council membership with no specification if they are with or without disability. In terms of article, the Article 4 states 'Equality between men and women with disabilities in terms of rights and duties' is one of the ten principals of implementation of the law; While Article 23 on the role and duties of the Ministry of Health states that they shall 'Provide reasonable accommodation and accessible formats to ensure access for women with disabilities to reproductive health programs and services that will enable them to fully benefit from them'. Similarly Article 29 presses on the importance to 'Provide programs on prevention and detection of violence, and deliver training on the mechanism and methods of reporting on

³⁵ Employment rate for women with disabilities is at 5.2% compared to the rate for women without disabilities that is at 13.5%. Data from 2014 suggest that employment rate of persons with disabilities in Jordan was 16.1% more men with disabilities (23.8%) are employed than women (4.8%)

³⁶ Educational attainment was found to favour males with disabilities at all levels of education, while 40% of females with disabilities were found to be illiterate, compared to 32% of males with disabilities. (ESCWA/League of Arab States 2014).

incidents of violence for persons with disabilities, including children, women, elderly, persons with intellectual disabilities, and persons with mental health disabilities and their families’.

While the Law Regarding Protection from Domestic Violence of 2008 does not mention the existence of a disability as a accentuating factor, the National framework to protect the family from domestic violence however understands the importance of including specific instructions for PwD such as the ‘informed consent’ of victims to benefit from services through the provision of accessible information, and the need to collaborate with concerned organisations (like DPOs) in cases management. The specific case of women with disabilities was however not mentioned once.

IV. Theoretical framework:

This section aims to enlighten the process (and involved actors) of policy making, taking the example of Disability policies. It will eventually show how to evaluate policies by trying to understand the distinction between a policy and its implementation, deriving from a top-down model where policy is made by government and its implementation insured by its bureaucracies and other external actors. Addressing two fundamental questions: **how is policy made, and what influence may disabled people command in that process?**

4.1. Policy making as a process

4.1.1. Evolution and shaping of disability policies

For a long time, the Disability policy had an **integration** approach that sometimes takes form of **segregation** (e.g. placement of persons with disabilities in specialised institutions, with lack of planning and personalised social support³⁷). Mistakes and misconception of what integration really is, remains a consistent struggle for policy makers when it comes to dealing with disability issues in society, as their understanding of disability governs and informs their approach to policy making. One of the best examples of this is the difficulties that many countries are still facing when it comes to accepting and implementing the concept of “Inclusive education³⁸” in schools for all children with disabilities with a unified and fair process, an on-going debate and misunderstanding of disability issues in education policies.

Throughout history disability policies were mainly related to the management of care institutions, transitioning with the **medical or rehabilitation approach/model** of disability (prevailing in most of the 20th century) to the **social welfare services**, where disability was considered exclusively a problem of the person, produced by disease, accident or a health condition that requires medical care. This definition omitted entirely the non-medical causes of disadvantage and promoted the idea that impairments equate with “abnormality” (Olivier,

³⁷ Holistic, person-centred process that enables the person to identify their needs and outcomes, to achieve a good life and ensure that the support they receive is designed and coordinated around their desired outcomes.

³⁸ Inclusive education is when all students attend school in age-appropriate, regular classes and are supported to learn, contribute and participate in all aspects of the life of the school. It is also about how schools, classrooms, programs and activities are developed and designed to include all students in a learning and participative environment.

1990), due to the dominant social values and ideologies, tending to associate disability with dependence and abnormality. Policies, practices and intervention at the time were justified and rationalised by “the personal tragedy” view of disability and impairment, as the tragedy is to be avoided, eradicated or “normalised” by all possible means (French & Swain, 2004).

In opposite, the new **social disability** approach has arisen as a model promoting human rights, the respect for human dignity, equality, personal freedom, and social inclusion. The social model considers that the causes of disabilities are predominantly of a social character (Palacios, 2005), describing ‘disability’ as a condition arising from the interaction with various barriers that may hinder people with disabilities’ full and effective participation in society on an equal basis with others³⁹. A true reshape in policy making for people with disabilities has begun, considering that the proper response to persons with disabilities situations is first and foremost to treat them as equal citizens, with the same rights as their other fellow citizens without disabilities, requiring an understanding that equalisation of opportunities involves measures that address **removing environmental barriers**, and that legislators are prepared to accept that the lives of disabled people might be affected by the social and physical environment as well as by cognitive or physiological impairments (Ortoleva & Lewis, 2012). The best way to explain it can be through (Brisenden, 1986, p. 176) argument that people are disabled by buildings not designed to admit them, leading to a range of further disablements regarding education, chances of gaining employment, social lives and so on, proving that the disablement lies in the construction of society, not in the physical condition of the individual.

Still, the current social practices surrounding disability tend to treat disability as personal trouble rather than a public issue, transforming someone with impairment into someone with **an identity of disability**. In this discourse disability is also a **social construct**, related to particular social practices where disablement arises not from physiological or cognitive impairments but rather from **a congregation of social and environmental disadvantages**.

That is why **Disability policies should also now comprehend the proper response to social attitudes and environmental barriers** in responding to the ambition of disabled people to achieve full citizenship and equality, underlying assumption that the goal to be reached by such policies is to enhance the lives of disabled people while identifying full equal citizenship as a pivotal concept.

³⁹ Definition of the Convention on the Rights of Persons with Disabilities, Article: 1.

Assessing whether policies secure, or indeed erect, barriers to their emancipation, and judging on the effectiveness of a Disability or social policy should come from an evaluation of their understanding of values and assumptions that underpin disability and consequently their efficacy in terms of promoting (or hindering) the full/equal citizenship of disabled people.

This can be reached for example by coordinating legislations and policies through all different ministries regardless of their (departmental) origins as long as they impact the lives of the disabled. Drake (1999) explains that the most appropriate test to use in assessing the value of disability policies is to simply ask: how far such policies extend (or perhaps restrict) disabled people's access to full citizenship? Assessing their impact in terms of environmental changes and social responses.

4.1.2. The inclusiveness of disability policy making

If decision-making processes must include meaningful participation and representation of marginalised groups, such as women, the poor, minorities, and persons with disabilities, for Drake (1999), our understanding of an everyday response to phenomena such as 'disability' or 'poverty' is actually profoundly shaped by values and beliefs brought to general acceptance by **powerful social groups** and actors, in a way that the prevailing norms and values reflect the interests of the majority and may subordinate those of the minority. Awaiting the involvement of a real participatory approach, in the case of disability policy it is still often shaped by the powerful majority, as of persons without disabilities, compared to the very limited participation of the concerned. The same can be said for development/social policies when it comes to including the most vulnerable, often only including an elite of 'pseudo representatives', which representativeness is frequently questioned. In disability rights policies this has been mirrored by the proliferation of groups created to serve individuals with specific types of disabilities and represent their political interests in the political process (Percy, 1989).

PwD have been excluded from the social mainstream, this exclusion resulted in limited mobility, dexterity and communication that are already imposed by disabling conditions. However the greater barriers of exclusion in modern society have been imposed by people without disabilities, constantly focusing on the group's inabilities rather than capacities, resulting in more exclusion when it comes to designing facilities, employment practices, educational programmes and delivering of public services to serve them.

4.2. From policy making to implementation

Policy is a creative process of decision making employed by informed actors in pursuit of rational ends, involving the enunciation of a strategy and the following steps towards a planned conclusions (Simon, 1994); However a level of uncertainty is to be taken under consideration regarding the nature and **degree of influence by bureaucracy** in the mechanics of policy making and implementation. Drake (1999) specifies in his book “*Understanding disability policy*” that there are different levels of uncertainty in policies, one of them is mainly related to the number and different directions of the policies irrigated at different times and by different departments and people (ex. governments advancing their own political agenda or interests), this is typically the case of Disability policies that in most cases are not significantly attached to any department of State nor does it have a real tradition in policy making.

According to Solvic (1972, p. 12) the examination of governmental policy making suggests that, whenever possible, decision makers avoid uncertainty and the necessity of weighting and combining information or integrating conflicting values. Lindblom (1964) explains further that administrators generally avoid the difficult task of taking all important factors into consideration. Instead, they employ what he calls "the method of successive limited comparisons", simplifying decisions by comparing only policies that differ in relatively small degree from policies already in effect. The decision makers avoid uncertainty, long-range planning and forecasting, preferring to take small steps and to monitor short-run feedback, quite often, it took a crisis to force them to make new decisions (Solvic , 1972, p. 13). In other words, Hecló (1972) arguments that a policy may be usefully considered as a course of action or inaction rather than specific decisions or actions.

4.2.1. A dynamic participatory approach

One of the main pillars of decision-making is having a participatory approach; however there are many ways of understanding and implementing it. L. Pellizzoni (2003) explained that “*the first level of participation means cooperating together without constraints ...while at a second level it identifies the capacity to impact on decision making process*”. While the process of actively involving all stakeholders is supposed to insure relevance, effectiveness and efficiency; the ownership on the other hand is the only guarantee to have impact and

sustainability. The capacity to activate changes through individual and collective action is often the main indicator of a successful participation in the decision-making.

In a more administrative policy making process, the traditional top- down approach of participation comes in forms of formal involvement of different stakeholders without the opportunity to impact on the decision making process; whereas the bottom-up approach comes from a deep understanding of the need to create interaction, especially in complex contexts dealing with a multilevel problems and plurality of actors. The ultimate goal of such approaches being to increase trust in institutions and to encourage transparency and accountability, since by sharing in decisions, partners are accountable to each other vis-à-vis the tasks they have committed themselves to (UN-Habitat, 2001). Additionally, if creating consensus among all stakeholders ensures its efficiency avoiding overlap and duplication of efforts, equity on the other hand implies inclusion of groups in the decision-making process, giving to each the opportunity to present their concerns and defend their interests. In other words, one of the most positive sides of having a participatory approach in decision-making is that it enables those affected to cooperate in crafting solutions that satisfies their needs once adequately implemented.

4.2.2. Phase of implementation and policy refinement

Similarly to policy making, its implementation can be either **a dynamic process or a purely administrative one**, it needs to ensure that the right people are involved, address weaknesses in the administrative processes and in the implementation capacities of the involved stakeholders, making sure that they are fully committed and the tasks ahead of them clearly defined. Percy (1989) explains that institutionalisation of policies requires the building of strong participation capacities among stakeholders, while cooperation between them should be strengthened through improved linkages within their respective scope of work.

In this lights, assessing participation of various stakeholders in the implementation process comes through examining their roles in each of the process activities, from direct and substantive (contributing information, ideas and financial resources and deploying implementation instruments and capacities) to supportive and technical (research, information analysis and technical advice), or strictly promotional (lobbying, advocating and campaigning).

One of the highlighted handicapping factors of the implementation process in “*the politics of implementation*” by Percy (1989) is that much of the **implementation efforts are centred on interpretation of laws and developing guidelines for administrative action**, while other components such as problems related to intergovernmental implementation or the centralisation versus decentralisation efforts bringing incoherence between the broadly stated national objectives and the rather small scale implantation by local authorities are often neglected in strategies and action plans.

The solutions proposed however go from having a continuous cycle of policy refinement to clarify procedures and processes of implementation by monitoring their application using a bottom-up approach to up-scaling diffusion of information, trainings and communication to administrative agents.

In the case of disability policies, implementation must go beyond rulemaking with a clear process to activating and operating public programmes. The need of a systemic review of administrative practices in providing services, benefits and protection goes hand in hand with the evaluation of policies to eventually identify and eliminate all discriminatory actions. Problems of communication and flow of information, divergence of skills, interest and commitments of administrative officers in addition to problems of tasks assignment, trainings and evaluation of performances are all frequently mentioned in studies but insufficiently taken under consideration when planning and budgeting policy implementation.

4.3. The gender component in policies

4.3.1. Gender dynamics in policy-making processes

According to Schofield and Goodwin (2005) the gender dynamics in policy-making are intertwined with two main factors, the stronger presence of women in the operating environment where gender issues have become institutionalised, and women’s accession to senior/leading positions especially within the political sphere. These two factors combined can participate to a stronger presence and influence of women in policy making.

However, policy making continues to be heavily male-dominated in some countries, as they are still over-represented in the top-level management, creating a regime of “masculine hegemony” (Schofield & Goodwin, 2005), the most powerful mechanisms by which a social hierarchy is maintained and reproduced because it is characteristically consensual. This has

been so far a historical legacy that tends to not attribute women's limited presence in policy making to current gender discrimination.

Policies tend to separate between gender-specific policies from their mainstream counterparts, and rather sought to solve the problem with one policy that would address both sexes instead of addressing the specific human service needs of women and girls; considering that gender and gender equity are not relevant to the policies in which they are not directly involved in. According to feminist understanding, gender is a system that produced disadvantages for women and girls following from their limited social, economic and political participation (Blumberg, 1991).

4.3.2. Gender and Disability

While the impact of some policies may be felt irrespective of gender, other like disability policies needs to be specific to a person's sex, as intersections of disability rights and gender in the human rights based approach of disability rights cannot be guaranteed in a context that does not affirm the equality of all women (De Silva de Alwis, 2008).

This intersection is verified as both the CEDAW and the CRPD enables a more comprehensive human rights-based approach that takes into account specific vulnerabilities such as gender and age. The CRPD for example, complements and intersects with the CEDAW on the fact that a gender perspective must be integrated into all aspects of disability rights, while the gender analysis is to be integrated into the development and implementation of all disability laws policies and programmes.

The CRPD contains many provisions that address women with disabilities, including in its preamble "(q): Recognising that women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation; (s) Emphasizing the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities", in addition to its article 6 that directly targets women with disabilities and the importance that State Parties must recognise the multiple discrimination they are subjected to, by taking specific measures to ensure their full and equal enjoyment of all human rights and fundamental freedoms. While article 16 on freedom from exploitation, violence and abuse and article 25 on health assert their specific needs in terms of protection, information, education and legislation/policies that guarantees their rights.

The CEDAW on the other hand added two general recommendations that concern women with disabilities issues, such as equal access to opportunities and services (CEDAW GR 18, 1991), and the right to health acknowledging that cultural or traditional practices carry a high risk of causing them additional discrimination (CEDAW GR 24, 1999). The CEDAW Committee is also frequently requesting the inclusion of women with disabilities in the State Parties reports and systematically comprising them in the national monitoring mechanisms.

V. Qualitative study

5.1. Methodology

The qualitative study part of this research was conducted in order to answer three key objectives:

- To explore the level of understanding of **women with disabilities issues** and necessary prevention & protection measures;
- To understand the quality of institutional cooperation and the level of involvement of different institutions/organisations in the **planning and policy making** process;
- To assess the level of satisfaction towards **existing legislation and practices**, recent amendments and existing mechanisms of prevention & protection;

The choice of the qualitative study methodology fit for an exploratory research, allowing to go more in depth in the answers. The initial plan was to conduct a focus group with different actors of civil society and governmental agencies to discuss policies, mechanisms of implementation and possible collaborations. However, unfortunately this was impossible to achieve due to the complications of organising such an event during the on-going health crisis situation. The focus group would have generated a snowball effect allowing the exchange of opinions, comparison between multiple points of view and eventually assess trends. Consequently, the best second alternative to get similar results in this case was the semi-directive interviews, a method that also allows to gather information, facts, representations, meanings and/or emotions from several actors representing different organisations involved in disability or/and women protection policy making or implementation in Jordan (see list of interviewed in annex n 1).

The interviews were conducted during the last two weeks of June, using the same questionnaire structure involving three strands, each for a different key objective; six interviews were run face to face and two were done by phone. The geographic distribution of the interviewed was mostly restricted in the capital Amman, although most organisations involved had a national coverage of services, policies, projects and action plans.

No	First name	Gender	Disability/ Type	Occupation
1	Asia	F	Y / Physical	DPO President
2	Jihan	F	Y / Physical	DPO Active Member
3	Rufaida	F	Y / Sensorial	DPO Active Member
4	Diana	F	N	Project Manager
5	Raja	F	N	Director of division child, PwD & elderly
6	Ghadeer	F	N	Secretary General Assistant for Technical Affairs
7	Hakam	M	N	Director of Family Affairs
8	Israa	F	N	Programme Manager

Y: Yes/ N: No; F: Female/ M: Male.

Figure 3 Sample description

The interview guide (see annex n 2) consisted on an introductory phase that allows the interviewed to speak freely on general concepts; a refocusing phase addressing the themes predefined by the researcher; a deepening phase addressing specific points in more detail (predefined sub-themes). The conclusion phase however remained open, usually allowing to go back or deeper on a previously mentioned information that will help enrich the study's scope and analysis.

Places of interviews were chosen for minimal distraction, usually place of work. The thematic of the interview was presented at the beginning but not the key objectives to not bias the quality/objectivity of the answers. The format however was explained with the estimation of time, interviewees were allowed to ask for clarifications, and were informed of possible recording in addition to the confidentiality of their answers.

5.2. Content analysis

Section 1: Understanding their situation and issues

In a first step to better explore the situation in Jordan; this introductive section was about comprehending the level of understanding of women with disabilities' issues and rights and needs:

When asked about the most vulnerable categories of the population in the country, most of the respondents mentioned the children, women and PwD, while the elderly and refugees were only mentioned once. The circumstances increasing their vulnerability were mostly the economic situation, being in a rural area or having a disability “*children and women especially if they are also with disabilities; their sufferance is double as the discrimination is also doubled*”, “*Women are subject to violence but when they are also in a situation of disability they are even more vulnerable and in danger*”.

a- Discrimination issues and gender equality in Jordan:

The question was understood slightly differently by the respondents some only pointed out the discrimination existing in the Jordanian society in general, others had a more rights-based approach and defined rights that they believe Jordanian women were most discriminated in. The right to education was the most common followed by the right to work and independent life, political participation, health (sexual and reproductive health), equality in inheritance or in accessing opportunities for a decent life in general. The interviewees explained that priority is always given to men, and that women are often **seen as dependent or to be reliant on their future husbands** “*the culture here just assumes that a woman will eventually just get married and depend on her husband, so no need to pursue further education*”. Regarding women with disabilities, it was mentioned that there are more **inequalities between them and women without disabilities**, even when it comes to marriage “*It is even worst for women with disabilities that are not granted the right to marriage while also women’s movements don’t often include them*” **or between them and men with disabilities** “*priority is always given to people without disabilities or males in general ... the impossibility of independent life for PwD and even more for women with disabilities*”.

b- Causes and risk factors:

Regarding the causes and risk factors, the reasons given went from the existing mentalities and the perception of women as being weak or the lack of knowledge about their rights to the existence of taboo subjects in the Arab Muslim society, while only one mentioned the lack of coordination between different stakeholders as a cause of continuous mismanagement of their cases “*duplication in the work of many institutions and a lack of coordination in their actions and programmes*”, “*there is always the problem of the level of coordination in application that we are often facing*”. The existence of **taboo subjects** in the other hand was in reference to sexual and reproductive health “*For example, regarding the forced sterilisation of women*

*with mental disabilities, or even just about birth control, the rights and opinion of the women is not often taken under consideration. **The reproductive health services for women and women with disabilities (more specifically) are still very scarce, with very little quality.** Also the health centres are not yet equipped to receive them, and the medical staffs are not trained to deal with their specific cases like when they are pregnant. It's is not only a problem for women with physical disability but also for the ones with sensorial disabilities; women with hearing impairment need to be provided information through appropriate communication using sign language for example. In the absence of proper medical information from professionals, their only source of information remains the society and close family and friends, which can provide them with false or misleading information”.*

The situation of women with disabilities in general and in Jordan specifically was described by using different words and expressions “*invisible or hidden*”, “*marginalised and the most fragile*”, “*vulnerability*”, “*used for forced work*”, “*forgotten in political participation*”, “*One of the most alarming situations that are totally ignored*”, “*most exposed to violence*”, “*the most fragile, complex and yet miss managed cases*”, “*often pushed to give up education*”. While two of the respondents explained how “*women with disabilities are considered to be double victims of discrimination for being women and PwD, which accentuates their sufferance and complicate their full access to rights*”, “*Women with disabilities suffer from discrimination as women and as PwD, in Jordan the situation is still better than in other countries in the region for example, but there is still many challenges to overcome*”.

c- Women with disabilities and types of violence:

When it came to types of violence that women suffer from, two of the respondents insisted that it is about all types of violence, although differed in the order of the most frequent type of violence suffered by women with disabilities in Jordan, it was mentioned that the problem in general was related in the lack of data “*we unfortunately **don't have clear statistics on which are the most common types but we believe it should be close to the number of women without disabilities in general but they are receiving violence in a harsher way***”; Another important point that could be highlighted is the **new definition of violence** provided by the 2017 bill on the rights of PwD “*for the first time the denial of rights is in itself is considered to be a type of violence punishable by law. In other words, we are above the traditional definition of violence ... **withholding their rights to education, work or independent life is a type of violence punishable by law***”.

In terms of explanations given to justify the sufferance of women with disabilities in countries like Jordan, some explained that it was due to the **negative perceptions** existing in the society, mainly coming from some kind of **fear from social stigma**, while others explained it by the **lack of accessibility** in their environment, “*women with disabilities remain their entire lives **dependant on assistance in every matter of life** condemned by an environment that is rarely adequately accessible*”, “*The **freedom of circulation** is also limited ... as usual involving a mix of two reasons the inaccessible environment and the family fears and overprotection*”. These two factors combined resulted in many injustices often leading this category of vulnerable women to abandon education “*They are for example often **pushed to give up education** in a total lack of family support of the idea of possible professional integration*”, “*In my case, since I was a child, I was lucky to grow up in a family that believed in me and wanted me to pursue my education, even though the extended family and the entourage in general did not support the idea*”, “*Women with disabilities in Jordan are suffering when it comes to **right to education**, families often refuse to send them to schools out of fear from sexual abuse or bullying physical or verbal. Sometimes it’s just because of difficulty to reach school, Jordan has a very mountainous geographical area, and so the environment in general from sidewalks to transportation is not accessible for PwD*”.

- **The right to education as a starting point:**

If the **right to access education** has been mentioned repeatedly in the interviews, it is because it’s considered to be the starting point of a vicious circle of poverty and dependence for PwD in general and women with disabilities “*Many families give priority to man with disabilities to have an education rather than women, this results in depriving them from their right to education and most have consequently **very limited social participation** too*”, “*Women with disabilities are generally more disadvantaged than women without disabilities, they are exploited and their rights are stolen, like in getting work opportunities, equal wages or even vocational training for example. Trainings are insufficient and too often focus on manual work that is not really needed in the market. The perception of the employer towards them is also very negative, discriminating and judgmental, while the lack of access to educational means is condemning them to a **continuous cycle of poverty***”, “*Working women are stronger to resist and survive and the opposite is always in a situation of need and dependence*”, “*the problem is that there is two types of women with disabilities, the educated and activists that you can see in different DPOs, those one are very well informed on their rights and how to request help, the other type, are women that didn’t get a proper education,*

and have hard time accessing information or getting the help they need, they are cut from society and it's even more the case if they live in rural areas with no access to services that can provide them with help and knowledge”.

The rights to access work was mentioned three times and political participation twice “*even if women with disabilities get their degrees and finish their education, there is still a big **limitation in available opportunities**, even if their families accept to let them go to work, and get over their continuous fears, as the employment sector here is still not inclusive enough”, “**political participation** of women with disabilities is also extremely limited, although we do not have any statistics, but just because the voting centres are not accessible this clearly limits PwD participation and it is even more the case for women with disabilities”, “very few families are caring and interested in their education and future, sometimes proceeding to the **forced sterilisation** (although now forbidden by law), they do not want and **refuse to recognise their feminity**, all this leads to their marginalisation from basic human rights in life. Working women are stronger to resist and survive and the opposite is always in a **situation of need and dependence**”.*

Alarming situation:

In this first subsection, the problems and difficulties of women, PwD and women with disability more specifically were depicted as quite alarming in terms of human rights deprivation, but also in terms of vulnerability to all types of violence. While PwD suffer from unemployment, low-income and social isolation, leaving them at high vulnerability to risk of poverty, social withdrawal and easy targets to abuse; the gender component seems to be as much present and disabling as their impairment, condemning them in the Jordanian society to even more stigma and intersectional discrimination starting from their marginalisation in the educational system to exposing them to multidimensional poverty, lack of key qualifications and skills to exclusion from the workforce.

Women with disabilities in Jordan seem to be at very high risk of experiencing multiple types of violence in their lives, with limited options to access help or means to independent life condemning them to a life of dependency. Meanwhile the data on the number of cases and types of abuse remains non-representative of the reality.

Section 2: Exploring aspects of policy-making and implementation

In a different approach, the second section is about understanding the quality of institutional cooperation and the level of involvement of different institutions/organisations in either managing cases of abuse or in the planning and policy making process; for this part it will be important to differentiate between the organisations interviewed, their scope of work and their level of cooperation.

In order to better understand the level of cooperation between the different stakeholders, either in managing cases of abuse or in policy making and implementation process, the next table was filled-in following the different responses of the interviewee describing the scope of work of their respective organisations and the situation from their perception and understanding:

Name & type of organisation	Scope of work	When dealing with cases (WwD)	Involvement in policy making	Involvement in policy implementation/ follow-up
<p>I am a Human - Ana Ensan Society for Rights of People with Disabilities</p> <p>Jordanian DPO</p>	<ul style="list-style-type: none"> - Advocacy, Awareness raising, empowerment of PwD; - Review of national legislations, policies and reporting; - Trainings on the human-rights approach; - Receive complaints from PwD and their families, advice and follow-up. 	<ul style="list-style-type: none"> - Receives complaints from individuals or authorities to run an investigation. Sometimes runs spontaneous investigations through internal team of experts; - Believes police station and women’s organisations are not equipped/ accessible to receive their complaints often referring them to DPOs; - Sends reports to the NCHR; - Believes there is a general fear from reporting. 	<ul style="list-style-type: none"> - Participated in drafting the disability law of 2007 and 2017 with the HCRPD, by being present at most of the organised workshops including DPOs, PwD or parents of children with disabilities; - Drafted a list of propositions of modification and some were taken under consideration; - Sometimes invited to round table discussions/events held by the NCJW, takes notes and recommendations, but without serious follow-up. 	<ul style="list-style-type: none"> -Only DPO working with a human rights approach; - Functioning only with volunteers, most of finances and trainings are provided within specific projects financed by international organisations.
<p>Al-Musawah Association for People with Disabilities</p> <p>Jordanian DPO</p>	<ul style="list-style-type: none"> - Provides services and support to PwD. 	<ul style="list-style-type: none"> - Although they know about many cases, have no clear protocol to deal with them; - Only try to raise awareness and encourage reporting; - Believes there is a general fear from reporting; - Reports some cases to the NCHR during meetings. 	<ul style="list-style-type: none"> - Mainly works with the HCRPD and the Jordanian Women's Union (JWU) through participation in workshops to give their opinion; - Counselling or reporting cases from the grounds for shadow or annual reports. 	<ul style="list-style-type: none"> - Not involved at this level, trainings are very scarce and the funding is generally from international organisations within specific projects. Proceeding through own initiatives (ex. Produced reports and observations on level of inclusion in elections); - Activities limited to sensitisation and information.

<p>Tamkeen Association for People with Disabilities Jordanian DPO</p>	<ul style="list-style-type: none"> - Mainly awareness raising activities for PwD and their families. 	<ul style="list-style-type: none"> - Receives some cases but cannot provide appropriate help and support. - Can only provide some information and referee to possible support. 	<ul style="list-style-type: none"> - Only collaborates with the HCRPD, like participating in workshops; - Participated in the workshops for the drafting of the new bill 2017 on the rights of PwD. 	<ul style="list-style-type: none"> - Not involved for the moment, supposed to be due to its recent creation; - Activities limited to sensitisation and information.
<p>Noor al-Hussein Foundation Institute for Family Health (IFH) Multidisciplinary women's health and counselling centre</p>	<ul style="list-style-type: none"> - Provides temporary shelter, in addition to comprehensive family healthcare services (psychological, social and legal counselling) and training for professionals and caretakers; - Works on the rehabilitation for survivors of gender-based violence and torture (including both Jordanians and refugees). 	<ul style="list-style-type: none"> - Don't have a clear protocol for women with disabilities or PwD in general it's a case by case. 		<ul style="list-style-type: none"> - Mainly collaborates with the Ministry of Social Development (MSD) in managing the shelters and providing the services; - Leads national gender-based violence initiatives and conducts human rights awareness programs.
<p>Jordanian National Commission for Women (JNCW) Semi-governmental organisation</p>	<ul style="list-style-type: none"> - Advocates and promotes for women's diverse issues; - Mainstreaming of a gender-equality perspective in all policy areas. 	<ul style="list-style-type: none"> - Provides a hotline, reports to the concerned institutions the cases of injustice in the working environment, while giving advices and guiding documents to facilitate and support dealing with cases in different concerned institutions. 	<ul style="list-style-type: none"> - Recently participated in drafting the new national strategy for the Jordanian women 2020 – 2025 and currently working on its national implementation plan. 	
<p>National Center for Human Rights (NCHR) Semi-governmental</p>	<ul style="list-style-type: none"> - Protects human rights, promote its culture, monitor its status, provide legal consultations and assistance in all human rights 	<ul style="list-style-type: none"> - Receives complaints as an NHRI, have a hotline that operates 24h in all languages and ways of communication 	<ul style="list-style-type: none"> - Worked on an action plan to shut down all housing institutions for PwD, in addition to the action plan to implement the 2017 disability 	<ul style="list-style-type: none"> - Conducts follow up on legislations and cases of abuses; - Trainings on protection and reinforcement of capacities in

<p>organisation</p>	<p>related activities, including monitoring and receiving complaints;</p> <ul style="list-style-type: none"> - Prepares studies, research, and reports. 	<p>(accessible) in addition to a Facebook page and regular field visits to inspect institutions and rural areas.</p>	<p>law;</p> <ul style="list-style-type: none"> - Works on policies to implement law for the government; - Frequent collaboration with the Ministry of Social Development. 	<p>human rights;</p> <ul style="list-style-type: none"> - Monitor all ministries and governmental agencies and private sector in terms of cases of abuse, programme planning or modification.
<p>National Council for Family affairs (NCFA)</p> <p>Semi-governmental organisation</p>	<ul style="list-style-type: none"> - Facilitates, coordinates, and monitors the development and implementation of national policies, strategies and programs; - Revision and reform of relevant policies, legislations, and procedures to proactively support and promote issues of the Jordanian family. 	<ul style="list-style-type: none"> - Responses to cases of violence and discrimination including cases involving PwD as the victims. 	<ul style="list-style-type: none"> - Works on different aspects of policy making going from guiding family policies in general, like the National Strategy for the Jordanian Family, to the more specific policies like participating in the National Strategy for the Protection from Violence (2004 – 2009) and its action plan; - A coordinating entity, working within national specialised team, like the national team for family protection that includes 34 governmental or non-governmental institution and all service providers, in charge of creating policies. 	<ul style="list-style-type: none"> - Works as an institution that monitors policies, such as the National framework for Family Protection against Family Violence of 2016; - Worked on the ten years review and update of the bill against family violence of 2008; - Review and evaluate quality of indicators and programmes, through ensuring that appropriate services are being provided: qualified staff, collection and management of data, handling of the cases in addition to the infrastructure of the service providers (ex. Accessibility); - Conducts M&E and reporting to decision makers.
<p>Higher Council for the Rights of Persons with Disabilities (HCRPD)</p>	<ul style="list-style-type: none"> - Promotes and enforces disability rights throughout the country; - Drawing, reviewing and 	<ul style="list-style-type: none"> - Only receives cases of discrimination while the NCHR and NCFA or the units of family protection receives cases of 	<ul style="list-style-type: none"> - In charge of drafting disability policies, following the CRPD provisions; - As a governmental organisation, 	<ul style="list-style-type: none"> - Part of its mandate is to provide technical expertise/ support through building capacities of PwD and their organisations, advising and

<p>Governmental Agency</p>	<p>following up on the implementation of the policy related to PwD in coordination with the concerned entities.</p>	<p>physical or sexual violence;</p> <ul style="list-style-type: none"> - Receive complaints by all possible means including: emails, online platform, phone, social media; - Thinks there is a problem in the documentation of cases reported (doesn't refer to existence or type of disability); - Believes that victims and their families are not favourable to reporting cases; - Follows up on cases of discrimination in access to work, under its internal committee for equal opportunities. 	<p>under the direct supervision of the Prime Minister, in charge of drafting the general policy on disability, published recently by the council of ministries, with a ten years projection;</p> <ul style="list-style-type: none"> - Works with DPOs within a participative approach as partner in building policies, by including them in discussions and workshops, and sharing drafts of policy papers for further review. 	<p>including them in studies;</p> <ul style="list-style-type: none"> - Provides trainings on rights, and rights-based approach and political participation; - Provides technical support to public & private institutions on how to apply the regulations and respect the law, while monitoring the situation of PwD and the level of application of prerogatives imposed by law, with annual reporting. - Receives trainings on women's rights from specialised organisations like the JNCW or international organisation; - About to launch a programme providing financial help to DPOs through new budgeting approach; - Working with the Ministry of Education on a ten years implementation plan for National Strategy on Inclusive Education; - Working directly with the MSD on the Housing alternatives plan to close all housing institutions for PwD in the next ten years as part of the National Strategy for Social Protection.
-----------------------------------	---	--	---	---

Figure 4 Scope of work, institutional collaboration and case management

a- Disability a tradition in policy making:

- **Women with disabilities as a target population**

While civil society actors such as DPOs have been working on different projects funded by international organisations, mostly directly targeting women with disabilities towards building their capacities on different themes; governmental or semi-governmental organisations on the other hand seem to prefer to remain on a larger scale, targeting wider population such as women or PwD with activities such as building capacities and empowerment, creating indicators to measure the rights of PwD and the level of accessibility, or running gender audits.

- **Disabled people organisations and policy making**

DPOs consider themselves as “*invisible to the Ministries*”, their participation to policy making is limited to being invited to specific events and providing cases from the ground, in addition to opinions and recommendations on draft documents. However, today DPOs are mainly suffering from the lack of coordination between them as most have a charitable approach rather than a human rights one, in the absence of a strong network to represent them and lead a solid national advocacy, DPO: “*There is a national network of DPOs I believe but it’s not strong and inclusive of different types of disabilities*”. In Jordan, they are mainly financed through international organisations as their main donors and project partners. This kind of temporary financing limited by the size and duration of the projects is restraining their capacities to develop in terms of activities and recruitments, continuously suffering from the problem of availability of funds to survive and dependent on the willingness of members to conduct activities in a voluntary way, DPO: “*our members are doing their best, when they can, as we are all volunteers*”.

In terms of collaboration with governmental agencies, mostly providing them with legal counselling, DPOs are undeniably part of the participatory approach lead by the HCRPD, involving the general rule of ‘nothing about us without us’. They are generally also well represented in most governmental agencies within their specialised commissions, reporting

on a regular basis either voluntarily or within the scope of a specific programme, getting feedbacks and eventually taken under consideration. The gender representation does not seem to be a priority, however women with disabilities are largely present within the DPOs and sometimes take leading roles in representing the community within different committees, but could do more if they all had the same opportunity to get an education and take part in the social life.

Other civil society actors and private institutions do benefit from similar support depending on programmes and work thematic, mainly collaborating with the Ministry of Social Development, like in the case of the temporary shelters. The two IFH in Amman and Ajloun for example are benefiting from the necessary support to provide their services. Still the funding comes mainly from international organisations or UN agencies, while case management is run through a strong collaboration with the police and more specifically the Family Protection Department that works to protect abused women and children.

- **A clear path to policy making**

In the absence of a specific Ministry or governmental department to manage problems related to PwD and irrigate laws to their protection. The HCRPD and the NCHR are considered to be the main actors in the disability policy, working closely with all ministries (ex. Culture, Social Development, Health, Work, Public Infrastructure and Transportation) in policy making and implementation, due to the transversality of the disability issues and needs in all activities and services provided to citizens. The exchange of knowledge, trainings in addition to collaborating on reported cases is frequent but seems to be paralysed by the lack of cases reported from women with disabilities. As mentioned in the 2017 bill on the rights of PwD, collaboration with different actors is key in all activities, including with prisons, borders authorities and national security; while additional efforts are necessary to include other actors such as medias, community level organisations and municipalities (to reinforce physical accessibility of public services and spaces) in addition to the religious spheres.

The HCRPD since its creation by virtue of the Law on the Rights of Persons with Disabilities No(31) of 2007, and as reinstated by the 2017 law, remained the sole policy-maker of disability policies, reviewing, planning, coordination, following-up and supporting all activities that serve PwD in Jordan. This has for sure contributed to a continuity in actions and building of a vision that insures a content development of laws and jurisdiction to promote and protect the rights of PwD, HCRPD: *“It took us four years of work and went through many discussions involving the children, youth and women with disabilities, in addition to experts and partners from private and public institutions, we also presented the draft to external experts and other countries leading in the subject. We wanted it be **as inclusive as possible** and sometimes we are told that it is very ambitious, but that’s ok we want to have a **vision for the future**; it is also highly supported by his Majesty the King and the Prince Raad Zeid Al- Hussein as the President of the Council. We also did a **study on jurisdiction existing in the country** and we are trying to see how to modify it”*; *“at the Council during the review of the 2007 bill on disability, we discussed making **disability an aggravating circumstance**, and it was as the same time that the Ministry of Justice reviewing the penal code so they took our proposition and applied it”*.

b- Women with disabilities, between ‘inclusion’ and ‘exclusion’:

- **Inclusion in disability policies**

Regarding laws that are most protective of women with disabilities and their rights, it seems that the disability law of 2017 is the most inclusive to them, considered the best in the region in terms of fighting discrimination and reinforcing the rights of people with disabilities. Although it states in its article 4 (f) the ‘Equality between men and women with disabilities in terms of rights and duties’ as a principle to be taken into consideration in implementing this law, the HCRPD explained further that the absence of women with disabilities in laws and programmes is actually done on purpose based on the principal of non-discrimination, HCRPD: *“We wanted it be **as inclusive as possible** ... all our programs do not differentiate on gender basis, because the philosophy of our organisation and laws is fundamentally against discrimination, either on the basis of disability or the gender, that is why we don’t*

specify age and gender in our laws"; DPO: *"The PwD law of 2017 is way better than the previous one (2007) as it is better addressing the gender component but without dedicating a specific law for women with disabilities, often their mention comes in a very general context"*.

- **Inclusion in protection policies**

When it comes to anti-violence or women protection policies and how inclusive they are, the responses were predominantly negative, DPO: *"They do not specify anything about the case of women with disabilities, only addressed in disability policies"*, *"Not inclusive in a specific way, they stay very general without a dedicated section for women with disabilities"*. However, From the governmental organisations/ policy makers perspective, the reason behind their absence (just like in the Disability policies) is justified by the need to stay general in order to be inclusive to all, NCFA: *"For us **policies have to remain general with no differentiation between potential beneficiaries**"*, *"The anti-violence policies **target women in general and doesn't distinguish between women either by age, social status, religion, ethnicity or disability**"*. Some of them however were conscious that this represents a problem in promoting the specific needs and rights of women with disabilities, NCFA: *"This is in some cases unfortunate ... women with mental disabilities for example have special needs and need extra attention either in the laws/policies or their application"*; *"**the application is something different**, it should treat every case as unique and provide it with appropriate support. Regarding authorities, the national unified guidelines to deal with cases of violence shall be considered with a case-management approach"*.

c- Law enforcement and implementation:

- **Informed authorities**

Policies and laws plays an important role in reducing risks of discrimination and abuse against women and PwD when guidelines, rules, rights and duties are clearly defined, implemented and enforced. The problem in this case with disability and women protection policies is that not only they are not specific enough but their level of implementation is

highly questioned, as both targeted populations are misinformed on their rights and reporting mechanisms, while enforcement authorities are still lacking adequate trainings, tools and coordination, policies and legal instruments need to be provided a clear framework to cope with competing demands, NCFA: *“Many laws exist but what we need is to activate them, there are **many challenges when it comes to their implementation**, for example the 2017 bill for family protection has known so far many problems and gaps in its application and activation on the ground”*; DPO: *“We can say that **police stations are generally not equipped to receive and deal with complaints from women with disabilities**, often they end up sending them back home. Women organisations on the other hand are not equipped or not accessible to them. There is a big fear from returning back home for most victims, which stops them from reporting the violence in the first place”*; NCFA: *“We review the handling of family protection cases with the direction of general security, from the detection of cases to insuring their access to appropriate services because there is a **general ignorance about existing services and how to access them**”*.

- **Informed victims**

If environmental barriers and lack of support from families and availability of adequate learning programmes is affecting women with disabilities’ access to education, the lack of efforts to inform them and their families with appropriate and accessible means is definitely adding to their ignorance about their basic rights, ways to denounce abuse and support they can potentially receive, HCRPD: *“women are still not sufficiently informed on the existing mechanisms to report and even the definition of violence is misunderstood, believing it is only in case of physical or sexual abuse, while it also includes harassment and withholding their basic rights in life. In the absence of proper information about reporting mechanisms, while these existing mechanisms are not accessible to women with disabilities, just the hotline for example is not available in sign language (video call); even basic information on types of violence is not accessible to them. Absence of inclusion of women with disabilities in the anti-violence policies, although laws are evolving very fast, but **information and sensitisation is still a long way to go, starting from normalising the report of case often***

discouraged by families”; DPO: *“There are laws but without real follow-up ... like for the forced sterilisation operations, the law exists to protect them however for example there is no centre to inform, or advice the concerned and their families”*.

Stepping forward:

Although the existing differences in the understanding of the concept of inclusion of women with disabilities, the laws and policies irrigated either by the HCRPD or other governmental agencies seem to have a vision and some good understanding of the needs and fall-backs of each policy and mechanism. On the other hand DPOs remain one of the most important actors of change, if their participation and operating resources are strengthened and supported over time. When it comes to abuse cases management, unlike the policies drafted, the application remains insufficient and unsuitable for certain victims such as women with disabilities. Additional efforts to work on informing and training authorities, service providers, concerned individuals and their families is essential to ensure that there is access to information and that the situation is properly managed on a case-by-case basis.

Section 3: Assessing prevention and protection mechanisms

The third and final section is about assessing the quality response of policies to securing or erecting barriers of emancipation, going from prevention policies to protection mechanisms and their accessibility.

a- Prevention and social response:

- **Social construct and practices**

Culture/ traditions and social constructs are being considered a main source of negative attitudes towards women, PwD and women with disability more specifically. In Jordan, patriarchal attitudes, tribal and social ties are still holding on traditions that perpetuate social

barriers to the full and adequate participation of women and PwD in society as equal citizens. The negative views and, sometimes, horrible treatments inflicted on women and girls with disabilities (like the forced sterilisation/ Hysterectomy) are continuously violating their rights and threatening their life, DPO: *“To change the culture is not easy, **families are attached to their traditions**, especially in some rural parts of the country”*, JNCW: *“The culture of protection is still far to be reached in our daily realities, for example the harassment, the concept remains largely misunderstood outside the law still unknown and not applied on the ground”*, HCRPD: *“The hardest thing is to change cultures and believes, it is easier than changing a law”*.

- **Prevention and awareness raising**

One of the many possible solutions to remedy to cultural misunderstandings is to target school curriculums and Medias, change image of passivity and vulnerability of PwD while diminishing stereotypical perception of roles and responsibilities between men and women, DPO: *“the Medias are not participation enough in this process regardless of their important role in informing and changing stereotypes in society. As long as they are not strongly involved in these policies the impact will stay limited”*; HCRPD: *“we should work with the youngest the future generations that will gradually accept change and new social and cultural concepts accepting people no matter their differences, in the contrary of adults, you can hardly weaken some of their views but you cannot just delete it. Quality education is key to success in changing traditions... that is way we work a lot on awareness raising and medias, but we also focus on education”*.

Some respondents on the other hand referred to a close collaboration with the religious sphere in order change some false cultural beliefs that claim to have a source of legitimacy in religion or just to attenuate them through a ‘Fatwa’ that brings more elements of interpretation and compliments the Shariah jurisdiction that controls the personal status law in the country; NCFA: *“In terms of prevention, **the religious factor** through the Shariah jurisdiction ... is playing a very important role in the laws’ creation and application, that is why we work very closely with the ‘Fatwa’ department as main partners in policy making, to*

have policies that are respectful of the religious and cultural dimensions”, JNCW: “The religious and cultural legacies often carry a negative/ wrong interpretation that can contradict religion itself. **The religious actors are systematically included in all decision making activities** even in our board of trustees that is normally composed by representatives of all the ministries”. HCRPD: “Regarding the law on forced sterilisation of women with mental disabilities, the Council participated in the debate about it since 2010, **discussing with doctors and religious representatives**, to inform and sensitise on the dangers and consequences of such practices considered as a crime now. Families proceed to this kind of practices to avoid their daughter with mental disabilities to deal with monthly menstruation and also in case of rape so she doesn’t get pregnant. **There is actually a ‘fatwa’ to make such a practice ‘haram’, and criminalise it through the penal code**”.

b- Domestic violence between punishment and reconciliation:

- **Fear from consequences**

If convincing women and even more convincing women with disabilities to report cases of abuse is a difficult process that involves many efforts from informing them on their rights, to mediation with family, gaining their trust, counselling and legal advice. Still, women abandoning the legal process out of fear from consequences or simply out of dependency from their abusers are other problems that neither the laws nor the protection mechanisms are addressing, HCRPD: “Maybe the laws are not perfect, but the social culture and awareness to protect the women have to be reinforced. Women are not very aware of the options available or are **simply crippled by fear and dependence on the husband**”; “Regarding the domestic violence issue, I believe they should address it more often in the education curriculum, change mentalities and create a culture that attentive and resistant to that phenomenon. I think the financial empowerment option should also be seriously discussed as to provide vocational and psychosocial rehabilitation in all sectors”; DPO: “When it comes to cases of violence, they do not like to be referred to units of family protection out of fear for or from their families. We had one case that reported her father to the police, they gave him two options, either pay a 10 000 JOD fine or go to prison in both cases he will be able to

eventually return to home and perpetuate his action maybe even get revenge”; “We do not have a clear protocol on this, our only role is limited to convincing them to report cases. During our frequent meeting with the NCHR we alert on some cases and the fact that they do not report out of fear, and that they are more willing to talk about it in private rather than do an official documented report at the police station”.

- **Access to protection**

Protection units and shelters for women (over 18 years old) to escape abuse are limited to three with very limited capacity, two of them are managed by the Ministry of Social Development, one in Irbid and the other in Amman, the third shelter is under the Jordanian Women's Union (JWU), their level of accessibility is though often questioned, DPO: *“We believe the centres don’t take-in cases of women with disabilities, I know one case that needed protection to hide from an abusive family and had to work as a janitor in one of the centres for four months until they eventually asked her to leave. In most cases they just direct them to us, considered a case of PwD and not just a women victim of violence like her peers”*; NCFA: *“Currently the temporary shelter places are very limited in numbers and generally not able to receive women with disabilities. Women with disabilities should normally be able to access those shelters, but instead they are often put in private housing institutions for PwD that does not provide the appropriate services in case of gender violence. These private institutions are also condemned to closing soon so this leaves this category of vulnerable victims totally left out, we need to seriously think about proper alternatives starting now”*. These places remain temporary solutions, providing housing for a maximum period of six months and very rarely, in extreme cases, can keep them up to one year as a maximum period, DPO: *“In terms of shelters I know the one managed by the JWU, that is not adapted to protect women with disabilities, in terms of trainings I don’t have information on their level of knowledge”*; HCRPD: *“All shelters are supposed to receive women with disabilities and we had cases that were temporary accommodated there, but we believe the services were not adequate, the professionals are still to be trained on how to*

deal with this special categories, including accessibility criteria, a lot of work is still to be done on this aspect”.

- **A culture of reconciliation**

If cultural norms and practices tend to intercept the law and pushes towards solutions of family reconciliation, in Jordan just like in many other societies, victims of domestic violence are sometimes discouraged from pursuing their legal rights while legislative advances are still misunderstood, not able to translate into real-life, and struggles to overcome the radical challenge to the traditional patriarchal family and boundaries between public and private matters in family affaires, DPO: *“Am not very informed on existing legislation about domestic violence, some are encouraging the women to go back to her husband’s/family home under the pretext of reconciliation which actually helps perpetuating the violence”*. The Protection against Family Violence Act of January 2006, established the Family reconciliation committees to enable parties to find amicable solutions before the case is taken to court. According to article 7 of the same Act, ‘preference shall be given to referrals to family reconciliation committees prior to taking any of the protective measure stipulated in this Act, providing that the family’s best interest is taken into consideration’. The Report of the UN Special Rapporteur, on violence against women, its causes and consequences (Manjoo, 2012) explained that although the act is very advanced, in the way it allows the issuing of protection orders, financial compensation for the victims and detaining perpetrators while restraining them from approaching the shelters where victims, there are still obstacles remaining for example regarding to the definition of violence and its explicit focus on reconciliation as a norm to resolving cases and not through accountability measures such as prosecution and punishment of perpetrators. NCFVA: *“Regarding the Family reconciliation committees, there should be a unified code of ethics and clear guidelines for orientation on how to deal with different cases and also a better coordination between the committees”*. *“The legislations exist but their application is not efficient. The bill on family protection against violence does mention women with disabilities, imposing on service*

providers to report on suspected cases of violence, even more when people are considered as incompetent/without legal capacities such as PwD or minors”.

c- Invisibility in data:

The different actors working on women’ and PwD protection are supposed to have their own internal data that they eventually share to create a national database on number of cases, their characteristics and type of case management provided. However this seems to be a challenge for the Jordanians institutions either due to the lack of collaboration at this level and the absence of an entity to centralise all the data or for the high sensitivity and importance of privacy of the personal information that it contains. Each organisation has developed so far its own forms, documentation process and internal statistics. DPO: *“We develop our own data and generally function on a voluntary basis depending on the needs and help we get”*; HCRPD: *“The problem in the data is that disability is not often mentioned/specified when documenting cases, some progress is done by some institutions and they are providing us with these numbers but still have to be done to avoid repetition of the same cases in different data sources, for examples the one provided by Social Assistants of the Ministry of Social Development and the one received by the NCFA or the Ministry of health”*; NCFA: *“When dealing with cases every institution has its own system, and we are now working on developing an automation tracking system for family violence cases. This is being developed as a national framework linking all the institutions, service providers and administrations, aiming in the same time to digitalise data in order to speed up their processing and management, creating eventually a national data system linking all institutions on the level of the Kingdom. The difficulty remains the number of users and the importance of data privacy in these cases”*; JNCW: *“We do have a record defined by a national supervision system, so we proceed with sharing data and reports that are recoded in the national reports”*.

The absence of clarity in data and number of cases is indirectly affecting the quality of response, in many cases disability is not understood or mentioned in the case reporting documents which make the existence of such abuses invisible to decision makers. HCRDP: *“In the cases documented we find information on gender and type of violence perpetuated,*

*but very rarely do we find information any reference to the existence of a disability or its type”; “For cases of hysterectomy on women with mental disabilities... in our data it only appears that this practice is happening in just 2% of the cases, but we believe the actual numbers are bigger but are often hidden under medical pretext, for example: cancer or genital problem, that’s why we need a better supervision of the cases”; “We have a problem in Jordan, is that **not all the cases are properly reported or even known about**, sometimes cases are linked to family honour, especially in the case of women with mental disability, **the family prefers not to involve the authorities**. There is also a general **problem in documenting the cases**, the numbers available on violence against women with disabilities, no matter the type of violence involved, are not precise, and that was one of the things that our 2018 report alarmed about, discussing the **urgency of creating a national system for documenting cases and managing data that involves all organisations/institutions that have an internal data base**”.*

Realities and complementary approaches:

The participatory approach of decision-making and policy shaping is supposed to bring realities from the ground to the discussion table, if this has been so far respected, other persistent challenges are still widely discriminating against women with disabilities, such as the social barriers deeply rooted in the local culture, the insufficient efforts to raise awareness of the general public or the inaccessibility of basic protection services and information. Their absence in registered cases, national data and their lack of reporting on cases of abuse is reducing even more their chances to be visible and to set forth their fragile situation.

VI. Conclusion

The fight against violence against women is not an easy task and including components specific to women with disabilities is increasing the difficulty especially in terms of human and financial resources, but also in terms of policy making, coordination, implementation and monitoring in general. In countries like Jordan, where policy reforms are continuously carried out with respect to international standards, the question is often about the quality of policy implementation and law enforcement.

If violence based on gender is accepted and justified by the community as a form of male dominance over women, making it a difficult task to eliminate this phenomenon, violence based on both disability and gender is an even more complicated phenomenon in a mainly patriarchal society, attached to its socio-cultural beliefs such as Jordan. In cases of violence against WwD it is of crucial importance to deal with both social barriers and environmental ones in order to insure their inclusion in the existing prevention and protection mechanisms.

The issue of absence of reporting with this community is further more aggravating their situation by making them more invisible to decision and policy makers, while their lack of access to basic services and their families overprotection attitudes is condemning them to a life of isolation and vulnerability.

It is of paramount importance to work closely with all stakeholders, including civil society actors (such as DPOs) to continuously highlight the situation of WwD within different Jordanian institutions, governmental bodies and society in general. While research and advocacy action are in order to increase awareness about this invisible minority. All while stressing on the responsibility of the state in the fight against all types of discrimination or violence against vulnerable categories such as women or PwD, by taking all administrative, executive, judicial and legislative measures to ensure their protection and rehabilitation within society.

BIBLIOGRAPHY

Books & Articles:

- Ainlay, S., Coleman, L., & Becker, G. (1986). *The Dilemma of difference: A multidisciplinary view of stigma*. New York: Plenum.
- Andrews, A., & Veronen, L. (1993). Sexual assault and people with disabilities. *Journal of Social Work & Human Sexuality*, 137-159.
- Barton, L. (2006). *Overcoming Disabling Barriers: 18 Years of Disability and Society*. London: Routledge.
- Belsky, J. (1980). *Child maltreatment: An ecological integration* (Vol. 35). American Psychologist.
- Blumberg, R. (1991). *Gender, family, and the economy*. Newbury Park, Calif.: Sage.
- Brisenden, S. (1986). *Independent Living and the Medical Model of Disability* (Vol. 1). (H. a. Society, Ed.)
- Brownridge, D. (2006). Partner Violence Against Women With Disabilities: Prevalence, Risk, and Explanations. *Violence Against Women*, 12(9), 805-822.
- Crocker, J., Major, B., & Steele, C. (1998). *Social stigma*. (D. F. Gilbert, Ed.) New York: McGraw Hill: The handbook of social psychology.
- Crossmaker. (1991). *Behind locked doors: Institutional sexual abuse* (Vol. 9). Sexuality and Disability.
- Curry, M. A., Hassouneh-Phillips, D., & Johnston-Silverberg, A. (2001). Abuse of Women With Disabilities. *Violence Against Women*, 7(1), 60-79.
- Del Rio Ferrer, R., Megias, J., & Exposito, F. (2013). *Gender-based violence against women with visual and physical disabilities* (Vol. 21 (1)). Oviedo, Spain: Universidad de Oviedo, Psicothema.
- Drake, F. (1999). *Understanding Disability Policies*. UK: Macmillan International Higher Education.
- Elwan, A. (1999). *Poverty and Disability: A Survey of the Literature*. Washington, USA.: World Bank, Social Protection Unit, Human Development Network.
- French, S., & Swain, J. (2004). *Whose tragedy? Towards a personal non-tragedy view of disability* (2nd ed.). (D. B.-E. Environments, Ed.) London, UK: Sage.
- Gilson, S., DePoy, E., & Cramer, E. (2001). Linking the assessment of self-reported functional capacity with abuse experiences of women with disabilities. *Violence Against Women*, 7(4), 418-431.
- Hanna, W., & Rogovsky, B. (2007). *Women with Disabilities: Two Handicaps Plus* (Vol. 6). Disability, Handicap & Society.
- Heclo, H. (1972). Review Article: Policy Analysis. *British Journal of Political Science*, 2(1), 83-108.
- Hosseinpoor, A., Stewart Williams, J., Gautam, J. P., Verdes, E., & Kostanjsek, N. (2013). *Socioeconomic Inequality in Disability Among Adults* (Vol. 103). American Journal of Public Health.

- Jabiri, A. (2016). *Gendered politics and Law in Jordan: Guardianship over women*. (S. o. Studies, Ed.) London, UK: Women-Palgrave Macmillan .
- Jalal, S., & Gadel, S. (2014). *Physical Disability, Gender, and Marriage in Jordanian Society*. USA: Chapman University.
- Kent, D. (1987). Making the Best of It: How to Cope with Being Handicapped. *Journal of Visual Impairment & Blindness*, 81(4), 174-176.
- Lindblom, C. (1964). Contexts for Change and Strategy: A Reply. *Public Administration Review*, 24(3).
- Martin, S., Ray, N., Sotres-Alvarez, D., Kupper, L., Moracco, K., Dickens, P., et al. (2006). *Physical and Sexual Assault of Women With Disabilities* (Vol. 12 (9)). Violence Against Women.
- McFarlane, J., Hughes, R., Nosek, M., Groff, J., Swedlend, N., & Dolan Mullen, P. (2001). Abuse Assessment Screen–Disability (AAS-D): Measuring Frequency, Type, and Perpetrator of Abuse toward Women with Physical Disabilities. *Journal of Women's Health & Gender-Base Medicine*, 10(9), 861-866.
- McPherson, C. (1991). *Violence as it affects disabled women: a view from Canada' in Boylan*. (W. a. Disability, Ed.) London, UK: Zed books.
- Meek Lange, M., Rogers, W., & Dodds, S. (2013). *Vulnerability in Research Ethics: a Way Forward*. Australia: Philosophy Department, Macquarie University.
- Nasrawin, L. (2016). Protection against Domestic Violence in Jordanian Law and International Conventions. (S. I. University, Ed.) *Journal of Middle Eastern and Islamic Studies (in Asia)*, 10(1), 56-89.
- Nazir, S., & Tomppert, L. (2005). Women's Rights in the Middle East and North Africa: Citizenship and Justice. In R. Abu Hassan, *Jordan* (pp. 105-121). USA: Freedom House.
- Nosek, M., Clubb Foley, C., Hughes, B., & Howland, C. (2001). *Vulnerabilities for Abuse Among Women with Disabilities* (Vol. 19). Sexuality and Disability.
- Nosek, M., Howland, C., & Young, M. (1997). Abuse of Women With Disabilities: Policy Implications. (B. C. Medicine, Ed.) *Journal of Disability Policy Studies*, 8(1 & 2), 157-175.
- Olivier, M. (1990). *The Politics of Disablement: Critical Texts in Social Work and the Welfare State*. London, UK: MacMillan Education.
- Ortoleva, & Lewis. (2012). *Forgotten sistters - A report on violence against women with disbabilities: An overview of Nature, scope, causes and consequences*. North-eactern Public Law and Theory Faculty, Research paper secies No. 104.
- Palacios, A. (2005). The Social model in the International Convention in the Rights of Persons with Disabilities. *The Age of Human Rights Journal*, 4, 91-110.
- Pellizzoni, L. (2003). Uncertainty and Participatory Democracy. *Environmental Values*, 12(2), 195-224.
- Percy, S. (1989). *Disability, Civil Rights, and Public Policy: The politics of implementation*. (U. o. Press, Éd.) Tuscaloosa, Alabama, USA.
- Rohwerber, B. (2015). *Disability inclusion: Topic guide*. Birmingham, UK: University of Birmingham.

- Saxton, M., & Howe, F. (1987). *With wings: An Anthropology of literature by and about women with disabilities*. Feminist Press at the City University of New York.
- Schofield, T., & Goodwin, S. (2005). Gender Politics and Public Policy Making: Prospects for Advancing Gender Equality. *Policy and Society*, 24(4), 25-44.
- Shakespeare, T. (1994). *Cultural Representation of Disabled People: Dustbins for Disavowal?* (Vol. 9). Disability & Society.
- Shakespeare, T. (1996). Disability, identity and difference. In C. Barnes, *Exploring the Divide* (pp. 94-113). Leeds: The Disability Press.
- Simon, H. (1994). *Administrative Behaviour: How organizations can be understood in terms of decision processes*. (R. University, Ed.) Denmark.
- Solvic, P. (1972). From Shakespeare to Simon: Speculations and some evidence about man's ability to process information. *Oregon Research Institute - Research Bulletin*.
- Turmusani, M. (1999). Disability Policy and Provision in Jordan: A critical perspective. Dans E. Stone, *Disability and Development: Learning from action and research on disability in the majority world* (pp. 193-209). Leeds: The Disability Press.
- Waldman, H., & Perlman, S. (2013, May). Violence against Women with Disabilities: It May Have Started in Childhood. 43(5).

Reports:

- Al-Majali, S., Faddoul, K., Yasin, L., & Mhedat, L. (2008). *The Rights of Disabled people in the Hashemite Kingdom of Jordan as per the National Legislative System and International Standards*. National Center for Human Rights (NCHR), Amman.
- De Silva de Alwis, R. (2008). *Disability Rights, Gender, and Development: A Resource Tool for Action*. Wellesley Centers for Women; United Nations Population Fund (UNPF).
- DFID. (2018, July). Disability and Violence against Women and Girls . *UK Aid - UK Department of International Development*.
- Dunkle, K., Van der Heijden, I., Stern, E., & Chirwa, E. (2018). *Disability and Violence against Women and Girls Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme*. UK Aid - UK Department for International Development (DFID).
- ESCWA. (2014). *Disability in the Arab Region: An Overview*. Beirut: ESCWA (United Nations)/ League of Arab States.
- ESCWA. (2017). *Strengthening Social Protection for Persons with Disabilities in Arab Countries*. Beirut: ESCWA (United Nations).
- Essaid, A., Sajdi, J., & Abu Taled, H. (2019). *Gender Discrimination in Jordan*. The Information and Research Center - King Hussein Foundation (IRCKHF). Amman: UN Women.
- EuroMed Rights. (2018, March). Jordan, Situation Report on Violence against Women. *Fact sheet Jordan*.
- Khalid, A. (1989). *The Capacities and Needs of Disabled Persons in the ESCWA Region*. ESCWA. Amman: United Nations.

- Manjoo, R. (2012, May 23). UN Human Rights Council, Report of the Special Rapporteur on violence against women, its causes and consequences A/HRC/20/16. *Human Rights Council, Twentieth session, Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development*.
- Musawah. (2017). *Musawah Overview Table on Muslim Family Laws and Practices: Jordan; 66th CEDAW Session*. Musawah, the global movement for equality and justice in the Muslim Family, Geneva.
- Nosek, M., & Rintala, D. (1997). *National study of women with physical disabilities*. Houston, TX: Center for Research on Women with Disabilities.
- Peebles, D., Darwazeh, N., Ghosheh, H., & Sabbagh, A. (2007). *Factors affecting women's participation in the private sector in Jordan*. National Center for Human Resources Development (NCHRD). The Canadian International Development Agency (CIDA).
- Thompson, S. (2018). *The current situation of persons with disabilities in Jordan*. Institute of Development Studies. Brighton: K4D Helpdesk Report.
- UNDP. (2015). *Socio-economic Inequality in Jordan*. Amman: UNDP & UNICEF Jordan.
- UN-Habitat. (2001). *Participatory Decision-Making*. Istanbul.
- UNICEF. (2019). *Geographic Multidimensional Vulnerability Analysis*. Amman: UNICEF Jordan.
- WHO. (2011). *World Report on Disability*. World Health Organisation and World Bank.
- WHO. (2018). *Disability and health*. World Health Organization.
- WWDA. (2013, October 25). National Symposium on Violence against women and girls with disabilities. *Women with Disabilities Australia*.
- WWDA. (2013). *Stop the Violence: National Symposium on Violence against women and girls with disabilities*. University of New South Wales (UNSW). Sydney - Australia: Women with Disabilities Australia (WWDA).

Internet sources:

- African Studies Center. (2008). *Disability in Africa*. Retrieved May 11, 2020, from African Studies Center: <https://www.un.org/africarenewal/magazine/december-2018-march-2019/double-challenge-disabled>
- Dupire, C. (2018, April). *Jordan's law on rights of people with disability recognised at global summit*. Retrieved May 12, 2020, from The Jordan Times: <https://www.jordantimes.com/news/local/jordans-law-rights-people-disability-recognised-global-summit>
- Kayed, M. (2019, August 4). *7,000 cases of domestic violence reported in 2019*. Retrieved June 6, 2020, from The Jordan Times: <https://www.jordantimes.com/news/local/7000-cases-domestic-violence-reported-2019#:~:text=AMMAN%20E%20%80%94%20Around%20%2C000%20cases%20of,the%20beginning%20of%20the%20year.>
- KVINFO. (n.d.). *2017-22: Family Protection Law Reform and Awareness-raising on GBV in Jordan*. Retrieved June 6, 2020, from KVINFO:

<https://kvinfo.dk/mena/projects/2017-22-family-protection-law-reform-and-awareness-raising-on-gender-based-violence-in-jordan/?lang=en>

- Mende, C. (2019, December). *Quantara website*. Retrieved May 20, 2020, from Women's rights in Jordan: The women of Dar Amneh: <https://en.qantara.de/content/womens-rights-in-jordan-the-women-of-dar-amneh>
- Prettitore, P. (2015, December). *How Jordan is expanding its assistance to victims of gender-based violence*. Retrieved May 18, 2020, from World Bank Blogs: <https://blogs.worldbank.org/voices/how-jordan-expanding-its-assistance-victims-gender-violence>
- Sisterhood Is Global Institute SIGI. (2018, January). *7.7% of Jordanian households have at least one disabled person*. Retrieved May 12, 2020, from Roya News TV: <https://en.royanews.tv/news/13199/7-7--of-Jordanian-households-have-at-least-one-disabled-person>
- WB. (2014, April). *Woman in Jordan - Limited Economic Participation and Continued Inequality*. Retrieved May 18, 2020, from World Bank website: <https://www.worldbank.org/en/news/feature/2014/04/17/women-in-jordan---limited-economic-participation-and-continued-inequality>

Resolutions and Instructions

- CEDAW GR 18. (1991). General recommendations adopted by the Committee on the elimination of discrimination against women. *General recommendation No. 18: Disabled women; Tenth session*. United Nation, CEDAW Committee.
- CEDAW GR 24. (1999). General recommendations adopted by the Committee on the Elimination of Discrimination Against Women. *General recommendation No. 24: Article 12 of the Convention (women and health); Twentieth session*. United Nations, CEDAW Committee.
- EU Resolution 2685. (November 2018). Resolution of 29 November 2018 on the situation of women with disabilities (2018/2685(RSP)). European Parliament.
- UN Committee on the Rights of Persons with Disabilities. (2015). *Cosideration of reports submitted by State parties under Article 35 of the CRPD*. Geneva: United Nations.

ANNEXES

Annex 1: The Qualitative Research Methodology (QRM)

Key Objectives:

- Measure level of understanding of **women with disabilities issues** and necessary prevention & protection measures;
 - Comprehend the quality of Institutional cooperation and understand the level of involvement of different institutions/organisations in the **planning and policy making** process;
 - Assess the level of satisfaction towards **existing legislation**, recent amendments and existing mechanisms of prevention & protection;
-

Survey:

Section 1:

- Present yourself and your work:
1. Who do you think are the **most vulnerable categories** of the population of Jordan?
 2. If you can mention two issues of **discrimination and gender equality** in Jordan:
 - Why? And what do you think are the **causes and risk factors**?
 3. What do you know about the **situation of women with disabilities** in general? And in Jordan? How do you assess their access to rights as **equal citizens**?
 4. Have you been involved before in work / discussions regarding the situation of women with disabilities?
 - If yes: In which context and what have you done regarding their issues?
 - If no: What about persons with disabilities in general?

5. Regarding **cases of abuse on women with disabilities**: Did you ever encounter a case (or many) in your work or in your personal life? What can you tell us about it and what do you think should be done?

-What other types of violence do you think they can be subjected to?

Section 2: When it comes to policies regarding Disability/Gender and GBV:

6. What are the main functions of your organisation? How often are you involved in the **policy making process** in Jordan? (From data gathering, to drafting and planning)

7. What about the level of involvement in **implementation and follow-up**? Did you benefit from funding? Trainings? Or other **type of support**?

8. What national framework of **policies, strategies or action plans** are you working with right now (or within the last three years)?

9. What other **stakeholders/actors** do you work with and how?
 - Ministries:
 - Governmental agencies:
 - International NGOs, Jordanian CSOs/ DPOs:
 - Private institutions:
 - Research centres, HR organisations:
 - Authorities/police and judiciary:
 - Health centres and hospitals:
 - Other:

Section 3: When it comes to regulations and abolishment of practices regarding Disability/Gender and GBV:

10. If you can choose a **law or a recent law amendment** to highlight which one will you chose and why? (Civil status law or Penal code)
11. When it comes to **anti-violence policies**, how inclusive do you think they are?
12. Prevention: Regarding GBV, how would you evaluate the success of **legislation against tradition (culture of violence)** in Jordan?
13. Protection: When it comes to **domestic violence** for example, do you think the legislation is protective enough? What do you think of the work/role of **Family reconciliation committees**?
14. Protection: When dealing with a case of **woman victim of violence** in your organisation what type of **services/help** do you offer? What if it was a **woman with disabilities**? (Does your organisation keep record? Are you part of a national monitoring system?)
15. Would you say that you have a clear **system of reporting/referencing** and dealing with cases?

Annex 2: List of Interviewee

Name of the organisation	Type	Field	Person	Date
I am a Human - An Ensan Society for Rights of People with Disabilities	Jordanian DPO	PwD, WwD	Asia Yaghi, President	Thursday 18 th of June
Al-Musawah Association for People with Disabilities	Jordanian DPO	PwD	Jihan Swaiti, Member	Wednesday 17 th of June
Noor al-Hussein Foundation Institute for Family Health (IFH)	Foundation/ health centre	PwD and women	Israa Jjdat, Programme Manager	Sunday 21 st of June (Phone call)
Al-Tamkeen Association for People with Disabilities	Jordanian DPO	PwD	Rufaida al-Hroob, Member	Friday 26 th of June (Phone call)
Jordanian National Commission for Women (JNCW)	Semi-governmental organization	Gender & GBV	Diana Haddadin, Project member	Thursday 18 th of June
National Center for Human Rights (NCHR)	Semi-governmental organization	HR, PwD, Women	Raja al-Bawabiji, Director of division child, PwD & Elderly	Thursday 18 th of June
Higher Council for the Rights of Persons with Disabilities (HCRPD)	Gov. Agency	PwD	Ghadeer Al-Hares, Secretary General, Assistant for Technical Affairs	Thursday 25 th of June
National Council for Family affairs (NCFA)	Semi-governmental organization	GBV, Family affaires	Hakam Matalqah, Director of family affaires	Thursday 25 th of June