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Improving Access to **Gender-Based Violence Services** for **Women and Girls with Disabilities**



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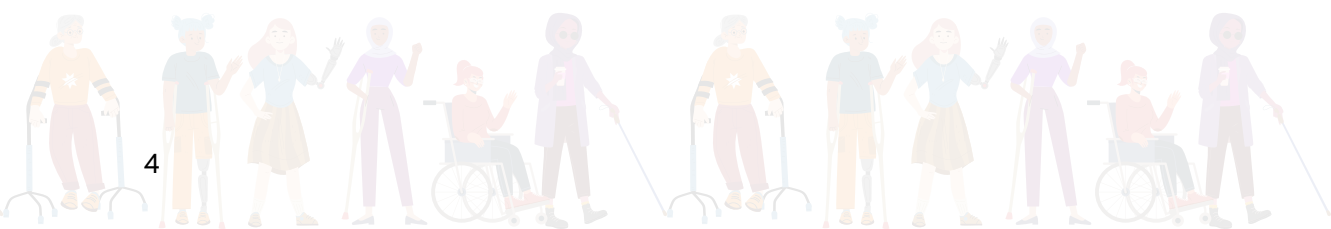
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Abbreviations

GBV	Gender-based Violence
PWD	Persons with Disabilities
SRH	Sexual and Reproductive Health
SGBV	Sexual and Gender-based Violence
UNFPA	United Nations Population Fund
IRCKHF	Information and Research Center
WHO	The World Health Organization
COVID-19	Coronavirus disease 2019
VAW	Violence against women
DHS	Demographic and Health Surveys
AECID	Spanish Agency for International Development Cooperation
EU	European Union
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children’s Emergency Fund



Improving Access to Gender-Based Violence Services for Women and Girls with Disabilities

1. Executive Summary

According to the latest official statistics from 2015, persons with disabilities constitute 11.2% of the population in Jordan aged five years and above.

79% of them do not receive any form of education, including a large proportion of women and girls. Studies confirm that the majority of women and girls with disabilities are exposed to various forms of gender-based violence, while they lack a protection system against violence. Meanwhile, reports of gender-based violence among survivors with disabilities have declined in recent years, indicating that barriers to accessing support remain, leaving them vulnerable and less likely to report incidents of violence, according to the United Nations Population Fund's 2022 report.

This study highlights the issue of gender-based violence among women and girls with disabilities. These individuals face increased risks of violence due to the intersection of gender and disability, which results in increased social stigma, isolation and discrimination. Women and girls with disabilities are more vulnerable to various forms of abuse, including physical, sexual, and emotional violence, with domestic violence being the most prevalent.

This study aims to examine and address the barriers faced by women and girls with disabilities in accessing gender-based violence protection services in Jordan, with a view to promoting inclusiveness and equitable access to gender-based violence protection services for women and girls with disabilities.

This study is based on a research methodology that combines literature review, qualitative data collection, and quantitative surveys. This included conducting survey questionnaires with a sample of 350 survivors of violence with disabilities, 15 qualitative interviews with key information sources, three in-depth interviews with survivors of violence with disabilities, and two focus group discussions.

1.1 Limited access to protection services

The survey results revealed that most participants, 85%, had experienced verbal violence, more than half of the sample had experienced psychological and emotional violence, and about a quarter had experienced social violence.

It was striking that about a quarter of respondents had experienced the most severe forms of violence, namely physical and sexual violence, which have profound physical and psychological effects and can lead to serious injuries, chronic illnesses, and psychological problems such as depression, anxiety, and post-traumatic stress disorder. It also negatively affects women's lives in general and limits their ability to participate effectively in society.

According to the research findings, strangers are the primary source of violence at 32%, followed by the family, which is a major source of violence at nearly a quarter, with 23% of perpetrators of violence being members of the nuclear family (husband, father, mother, brother, uncle, etc.). Domestic violence is one of the most serious types of violence, since it often occurs in someone's own home, a place that is meant to be safest, especially for women. This type of violence is perpetuated by family members in positions of trust, such as fathers, husbands, brothers, sons, and other relatives. The third most violence was perpetuated by employers and colleagues at 14%, followed by service providers at 9%.

The survey results reflected the widespread awareness of protection service providers among participants at 90%. This was distributed across service sectors in similar proportions, with 35% aware of social and psychological support services, followed by security and legal services at 29%, and finally health services at 26%.

The sources of participants' knowledge of protection service providers varied, with civil society organisations coming first at 33% (associations working with persons with disabilities at 19% and associations specialising in women's issues at 14%), followed by media sources at 29% (social media platforms at 24.5% and news websites, television and radio at 4.5%), then family, friends and colleagues at 26%. Finally, and with a small percentage, came government institutions: schools and universities (3.5%), police stations and family protection services (3.5%), the Ministry of Social Development (3.3%), and hospitals and health centres (1.7%).

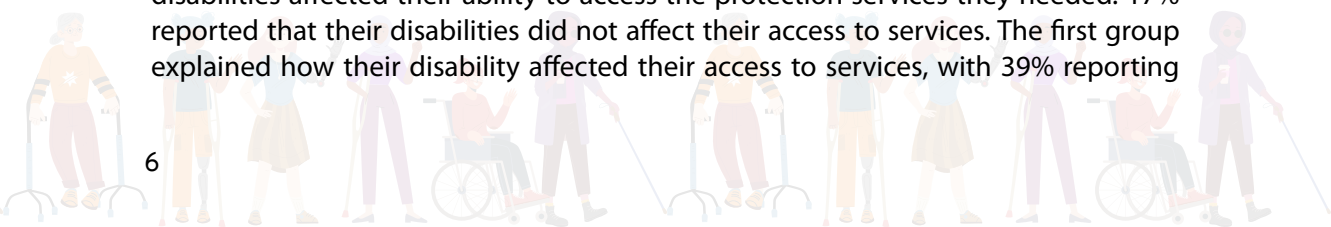
The participants' knowledge of the services available to persons with disabilities in their areas was good, at 81%, as follows: first, economic services such as education and vocational training at 31%, followed by health services at 27%, and finally, social support services and awareness of gender-based violence at 23%.

The participants expressed the inadequacy of services needed by persons with disabilities, primarily economic services such as education and vocational training at 41%, followed by social support services and awareness of gender-based violence at 34%, and finally health services at 23%. Only 2% expressed that the services available were adequate and that they did not need additional services.

Access to protection services against violence

The data reveals that nearly half of the respondents, 48%, were unable to access any services despite their need, while 28.3% were able to access services but the majority faced difficulties. 17.4% of respondents reported that they did not need these services and 6.3% did not experience violence.

83% of respondents who faced difficulties in accessing services confirmed that their disabilities affected their ability to access the protection services they needed. 17% reported that their disabilities did not affect their access to services. The first group explained how their disability affected their access to services, with 39% reporting



that they found it difficult to go to service centres, 23% that their disabilities were not taken into account when providing services, 12% that they were unable to access information about services due to their disability, and 9% that they were unable to communicate with service providers.

The data reveals that more than half of respondents with disabilities, 52.6%, find it difficult to physically access gender-based violence service centres, highlighting a critical accessibility issue. In addition, 31.6% feel that their disability is not taken into account when services are provided. 15.8% report not receiving information about available services, and 22.8% say that their disability did not affect their access to services. These findings underscore the need for more comprehensive, accessible and disability-sensitive services in the area of gender-based violence.

Among the main reasons that prevented 36% of participants from seeking protection services were social factors, such as fear of the perpetrator, financial support on them, divorce and its social and economic consequences, loss of children, the impact it might have on their future, concerns about reputations and social stigma, and family rejection or lack of support when requesting services. Second, at 32%, were factors related to service providers, such as the cost of services, lack of availability for persons with disabilities, lack of trust in the effectiveness of service providers, belief that they are biased against women, and lack of services in their areas. The lack of transportation and appropriate means of communication for participants was also a reason for not seeking services for 20%. The final reason was lack of knowledge about the existence of services or how to access them, at 14%.

The participants faced multiple challenges while receiving services, with similar percentages, starting with long waiting times, service providers' lack of understanding of their needs as women with disabilities, lack of facilities for people with physical disabilities (such as ramps or lifts), lack of alternative means of communication (such as Braille or assistive communication devices), lack of sign language interpreters, poor treatment by service providers, and the cost of the service.

About one-third of participants complained that service providers did not deal with their problems appropriately and that they did not receive any follow-up after requesting assistance. Participants who received services expressed their unmet needs: 40% needed ongoing psychological support, 38% needed financial support, vocational training, and employment opportunities to become independent, 15% needed legal follow-up, and 2% needed shelter or safe housing.

More than two-thirds of participants who received protection services expressed satisfaction with them, describing them as "very good" or "good" in terms of accessibility, efficiency of providers, cost of services, confidentiality and privacy considerations, and satisfaction with the overall services received.

1.2 Barriers faced by women and girls with disabilities in accessing protection services

In-depth interviews with survivors of violence with disabilities and focus group discussions with caregivers of girls with disabilities reveal the main challenges they face in accessing protection services from gender-based violence, assess the current system's ability to respond to their needs, and identifies systemic shortcomings and notable gaps in service delivery.

Social stigma and exclusion

Participants describe widespread social stigma and misconceptions towards women and girls with disabilities. These include being described in derogatory terms, rejection by their families and communities, social isolation, and exclusion from social and educational spaces. Stigma often leads to emotional harm, undermines their independence, and increases their vulnerability to abuse. In some cases, this rejection escalates into physical violence, even within the family.

Hostile educational environments and exclusion from schools

Families report bullying, neglect and exclusion in educational institutions. Teachers are often untrained or unwilling to deal with girls with disabilities, leading to their withdrawal from school, dropout and, in many cases, complete exclusion from the education system.

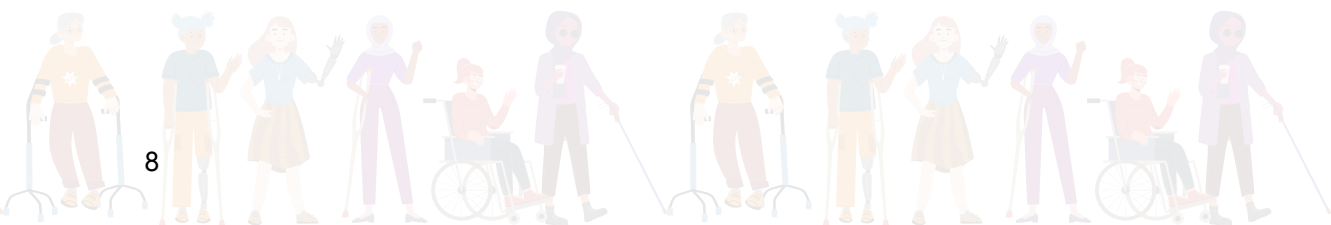
Reports from the Higher Council for the Rights of Persons with Disabilities reveal violations and various forms of violence faced by girls with disabilities in special rehabilitation centres, where those who are not accepted into schools might be sent for education.

Barriers to accessing health services

Access to health services is hampered by long waiting times, inadequate facilities, a lack of staff training and, in many cases, the refusal to accept identification cards for persons with disabilities. Families report cases of misdiagnosis and unaffordable private healthcare costs.

Limited access to transport and public services

Public transport is unavailable, unsafe or unaffordable for many women and girls with disabilities. Concerns about safety and exploitation by taxi drivers and physical barriers significantly limit freedom of movement and access to services. These logistical challenges exacerbate the social exclusion of women and girls with disabilities.



Exposure to violence and institutional abuse

Case studies document serious and diverse forms of abuse:

Domestic violence, rape, forced sterilisation, emotional and physical abuse in care facilities, sexual exploitation by caregivers and service providers, weak reporting mechanisms, and fear of reprisals or further rejection, which discourages many from seeking help.

1.3 Gaps in the protection system against violence

Responsibility for protection services lies with government and non-governmental institutions, including the Ministries of Social Development and Health, the Family Protection Department, the Higher Council for the Rights of Persons with Disabilities, the Jordanian National Commission for Women, and national and international organisations and associations working in the field of women's rights and the rights of persons with disabilities.

These services include legal and psychological support, awareness-raising workshops, reporting mechanisms and inclusive education initiatives. However, efforts are insufficient, fragmented, and constrained due to limited resources, heavy dependence on donors, and the lack of national coordination. Although legal frameworks exist, most notably the Persons with Disabilities Act No. 20 of 2017, practical implementation is limited. Shelters exist but often lack accessibility or appropriate programmes. Reporting remains low, particularly for women with intellectual or psychosocial disabilities.

Gaps in infrastructure, training and data

Service providers face significant structural and operational challenges. These include a lack of access to facilities, poor staff training, limited coordination between institutions and a lack of specialised support for certain types of disability.

Furthermore, there is a severe lack of reliable data and statistics on gender-based violence against women with disabilities, which hinders evidence-based planning and interventions.

Legal and bureaucratic barriers

Legal systems and the court environment do not adequately meet the needs of women with disabilities. These include the lack of legal aid mechanisms, the absence of translation services for deaf and mute persons, and guardianship laws that restrict legal autonomy. Although recent legislative amendments represent a positive step, their implementation remains weak.

Cultural and social norms as structural barriers

Prevailing social attitudes, rooted in stigma and discrimination, are powerful deterrents to reporting and seeking assistance. Families often prevent women and girls with disabilities from participating in awareness-raising programmes or accessing services for fear of social judgement. These entrenched norms hinder the access to services and fulfillment of rights.

1.4 Recommendations to improve access to protection services for women and girls with disabilities

This study concludes with detailed recommendations focusing on developing the protection system, ensuring the inclusiveness of services, improving reporting mechanisms, expanding awareness-raising programmes and building the capacity of service providers. Key priorities include:

1. Legislative Reform

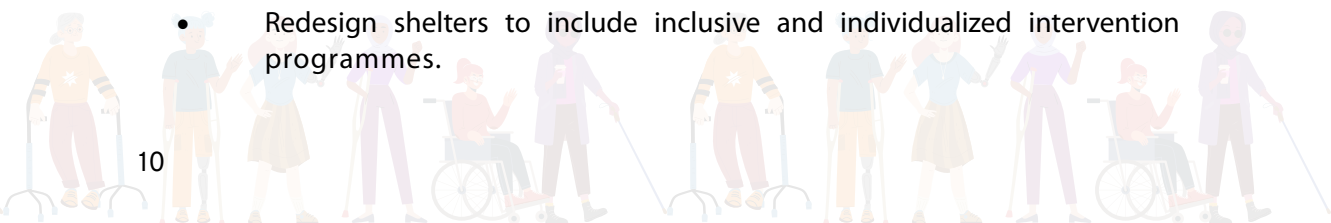
- Enforce existing laws protecting against GBV and disability-related violence through a rights-based approach.
- Amend domestic violence and penalty laws to align with international agreements (e.g., CRPD, ICCPR, CEDAW).
- Criminalize harmful practices such as forced hysterectomy of women with intellectual disabilities.
- Implement legislation on disability-friendly environments and building codes to ensure accessibility.

2. Data and Institutional Coordination

- Establish a national database on GBV against persons with disabilities to inform policy and service provision.
- Strengthen coordination among governmental, non-governmental, and international actors to ensure integrated and comprehensive services.

3. Service Availability and Quality

- Expand government and international funding for specialized, case-based services, including legal support.
- Enforce labor law quotas to improve employment opportunities and economic independence for persons with disabilities.
- Enhance psychological empowerment and reintegration support for survivors in shelters.
- Redesign shelters to include inclusive and individualized intervention programmes.



4. Reporting Mechanisms

- Simplify reporting procedures and remove bureaucratic barriers for persons with disabilities.
- Develop technology-based tools (apps, hotlines) and training materials for self-protection and communication.
- Get families involved in reporting and awareness efforts to improve early detection and prevention of abuse.

5. Accessibility and Infrastructure

- Provide accessible transportation and communication tools (e.g., Braille, sign language) at service centres.
- Build capacity among service providers and equip local associations to reach persons with disabilities.
- Enforce infrastructure laws to improve access to health and protection services.

6. Capacity Building for Service Providers

- Ensure availability of trained personnel across health, social, legal, and economic sectors.
- Allocate financial resources for protection programmes and establish partnerships with international organizations.
- Review university curricula to better prepare future professionals in social, psychological, and special education fields.

7. Educational Reform

- Develop disability-friendly curricula to counter societal bullying and stereotypes.
- Enforce inclusive education policies, especially because school-aged children with disabilities are excluded from the education system.
- Increase awareness about the rights and potential of persons with disabilities among educators and the public.

8. Awareness and Advocacy

- Design targeted GBV awareness programmes for women and girls with disabilities.
- Involve families in education to address stigma and improve service access.
- Promote a rights-based perspective over a charitable or aid-dependent view of disability.
- Educate persons with disabilities about their legal and human rights.
- Engage media outlets, religious institutions, and local leaders to support advocacy and facilitate access to services.

These recommendations call for a systemic transformation to create a more inclusive, just, and effective protection environment for women and girls with disabilities in Jordan, addressing not only service provision but also the cultural, legal, and structural barriers that hinder access.

The study emphasises the urgent need to adopt a comprehensive, rights-based and inclusive approach to protection services against gender-based violence in Jordan, an approach that recognises the rights of women and girls with disabilities and ensures their full participation in all aspects of social, legal, and health systems.

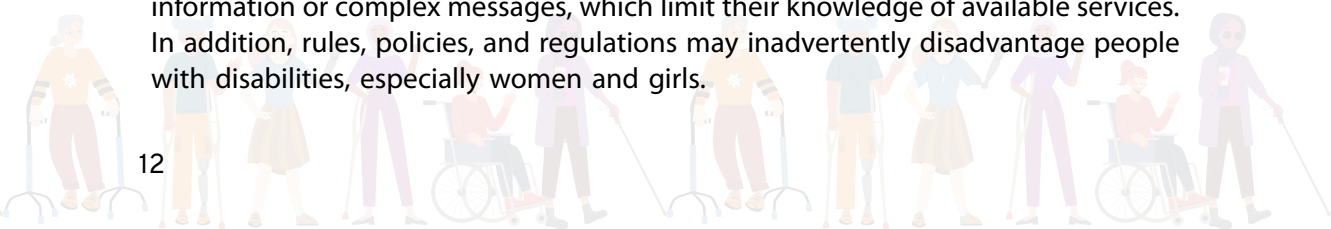
2. Introduction

This study was prepared by the Information and Research Center – King Hussein Foundation (IRCKHF) as part of the project “Improving Access to Comprehensive Services for Protection from Gender-Based Violence in Jordan”, funded by the European Union (4 M EUR during 42 months) and implemented by the Spanish Agency for International Development Cooperation (AECID), in collaboration with the United Nations Population Fund (UNFPA) and Jordanian organizations.

The project aims to enhance access to essential gender-sensitive prevention and protection services for refugees and host communities, particularly for women and girls. The project adopts a ‘One-Stop shop model’ to provide integrated legal, psychosocial and health services, increasing the capacity of frontline service providers. The project emphasises a holistic and sustainable approach, combining prevention, response and capacity-building measures.

The need for this research stems from persistent gaps in the accessibility and inclusivity of gender-based violence (GBV) services for persons with disabilities in Jordan, which remains an under-explored area. While there is a growing global focus on GBV prevention and response, most studies or research on this topic focus on persons with disabilities (PWD) as simply an intersectional point in the broader context of GBV. In contrast, this study will focus specifically on PWDs and GBV, with the aim of exploring the exclusive and complex barriers they face in accessing these essential services.

In Jordan, while ongoing efforts aim to address gender-based violence through legal, health and psychological services, significant barriers remain for people with disabilities, particularly women and girls. These barriers are not limited to health conditions, but extend to behavioural, physical, communication and systemic factors. Negative stereotypes, social stigma and discrimination by staff, families and community members often isolate people with disabilities. Lack of physical access to service centres, such as buildings, schools, clinics and transport, limits their ability to seek help. Communication barriers, including inaccessibility of written and spoken information or complex messages, which limit their knowledge of available services. In addition, rules, policies, and regulations may inadvertently disadvantage people with disabilities, especially women and girls.



The importance of this research lies in its ability to provide evidence-based information to help design interventions that lead to more inclusive and effective services for women and girls with disabilities in the field of gender-based violence. By addressing the challenges they face, the research aims to ensure that they have access to essential services without discrimination or exclusion.

3. Research Objectives

The objective of this research project is to study and address the barriers faced by women and girls with disabilities in accessing gender-based violence protection services in Jordan. By identifying these barriers and assessing current mechanisms used to provide services, the study aims to promote inclusivity and equitable access to gender-based violence (GBV) protection services for women and girls with disabilities.

This study provides valuable insights into the unique needs of women and girls with disabilities in the context of gender-based violence with a particular focus on the challenges they face in seeking and receiving support. By engaging key stakeholders, including survivors of violence, service providers, policymakers, and advocates for the rights of persons with disabilities, the project will promote a better understanding of the gaps in current services and provide useful information for the development of comprehensive, sustainable, and effective interventions. The findings of this research will provide important knowledge to policymakers, gender-based violence service providers, and advocates for the rights of persons with disabilities, facilitating a collaborative approach to improve access to gender-based violence services for women and girls with disabilities. In addition, the study's findings will help ensure that future interventions are evidence-based and reflect a human rights-based approach to addressing the issues of survivors of gender-based violence with disabilities.

Ultimately, this research aims to contribute to a more comprehensive and equitable response to gender-based violence in Jordan, ensuring that women and girls with disabilities are not marginalised in the fight against violence and are empowered to access the services and support they need.

4. Definitions

Gender-based violence, domestic violence, and violence against women are closely related concepts that are often used interchangeably. However, each term carries distinct meanings and holds its own significance.¹ Below are the definitions of GBV and its various types.

Gender-based violence (GBV) is a form of violence perpetrated against a person based on their gender. It includes any act that causes harm or suffering to women or girls, whether physical, sexual, or psychological. This violence also encompasses threats of such acts, coercion, or arbitrary deprivation of liberty.²

Violence against women (VAW) refers to any form of gender-based violence that results in or has the potential to cause physical, sexual, or psychological harm to women, or that has the potential to cause psychological distress. This includes instances of threats, coercion, or unjustified restrictions on freedom, whether experienced in public or private spaces.³

Sexual violence refers to any sexual act or attempt to commit a sexual act against the will of the other party. This includes rape, sexual harassment, and any inappropriate sexual comments. Sexual abuse of children is also a form of sexual violence, which involves forcing or enticing a child to participate in sexual activities, regardless of the child's awareness or understanding. Such activities may include any physical contact for the purpose of sexual harassment, as well as actions like encouraging a child to view pornography, participate in its production, or engage in inappropriate sexual behavior.⁴

Physical violence refers to the deliberate use of physical force or the threat of its use against oneself or any family member, leading to physical harm. This includes actions such as punching, biting, burning, and any other acts that cause harm to an individual.⁵

Psychological violence encompasses generating fear through intimidation, issuing threats of physical harm to oneself, one's partner, or children, harming pets or property, engaging in manipulative tactics, or enforcing isolation from friends, family, school, and/or work.⁶

Emotional violence encompasses activities such as consistently criticizing to diminish a person's self-esteem, diminishing their skills through demeaning remarks, engaging in verbal abuse like name-calling, harming a partner's relationship with their children, or restricting a partner from interacting with friends and family.⁷

1. USA FOR UNFPA, [What is gender-based violence \(GBV\)?](#)

2. The Jordanian National Commission for Woman, [National Strategy for Women in Jordan 2020-2025](#)

3. SOS Children's Villages, [Voices Unheard: Violence against Women](#)

4. NCFA, [Social and Economic Characteristics of Domestic Violence Cases \(2013\)](#)

5. Ibid

6. SOS Children's Villages, [Voices Unheard: Violence against Women](#)

7. Ibid



Domestic violence refers to any activity or behavior that causes physical, emotional, or psychological harm to any family member, where the perpetrator is a member of the same household.⁸

Individuals with disabilities are persons with a long-term impairment in physical, sensory, intellectual, psychological, or neurological functions that, when interacting with physical barriers and behavioral obstacles, prevents them from performing a major life activity, exercising a right, or enjoying a fundamental freedom independently.⁹

Sexual and gender-based violence (SGBV) refers to violence inflicted on an individual due to their sex or gender. It involves compelling someone to act against their will through violence, coercion, threats, deception, cultural norms, or economic pressure. While women and girls make up the majority of victims and survivors of SGBV, boys and men can also experience this form of violence.¹⁰

5. General Review

This desk review highlights the heightened vulnerabilities of women and girls with disabilities to gender-based violence (GBV). These individuals face increased risks of violence, including physical, sexual, and emotional abuse, with family violence being especially prevalent. Cultural norms often view persons with disabilities as dependent or burdensome, which exacerbates their vulnerability and exposes them to mistreatment.

The review also emphasizes the systemic barriers that women and girls with disabilities face when trying to access support services. These barriers, which include physical obstacles, social stigma, and financial dependency on perpetrators, prevent many from seeking help or reporting violence. The lack of accessible and inclusive services further compounds these challenges, leaving survivors without the necessary resources and support to escape abuse.

This review aims to shed light on the urgent need for more comprehensive and accessible support systems for individuals with disabilities who are survivors of GBV, highlighting the importance of targeted interventions that address the unique challenges they face.

8. NCFA, [Social and Economic Characteristics of Domestic Violence Cases \(2013\)](#)

9. The Higher Council for the Rights of Persons with Disabilities, [The Media Guide on Addressing Disability Issues](#)

10. UNHCR, [Sexual and gender-based violence](#)

5.1 Prevalence of Gender Based Violence

Gender-based violence (GBV) remains a widespread issue affecting women and girls worldwide, despite progress in addressing it. The World Health Organization (WHO) estimates that, as of 2021, approximately 30% of women worldwide have experienced either physical and/or sexual violence from an intimate partner or non-partner at some point in their lives.¹¹

Although there has been a steady decrease in this harmful practice over the last decade, it remains prevalent, with around one in five girls worldwide married during childhood. However, various crises – such as conflicts, climate-related shocks, and the lingering effects of the COVID-19 pandemic – now pose a risk of undoing progress made in eliminating this violation of human rights. The United Nations Sustainable Development Goals emphasize the need for urgent global efforts to end child marriage by 2030.¹²

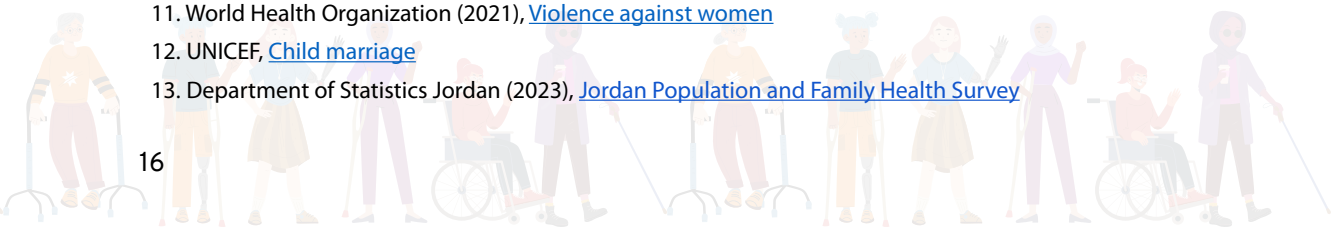
National figures on the prevalence of GBV in Jordan are not available. However, insights can be drawn from various studies and publications conducted in the country over the years. The Jordan Population and Family Health Survey (DHS) 2023 examined the prevalence of gender-based violence (GBV) among ever-married women aged 15-49 through nationwide household interviews. Findings indicate that 13% of ever-married women aged 15–49 have experienced physical violence since age 15, while 3% have experienced physical violence during pregnancy. Spousal violence is a significant concern, with 18% of women reporting experiences of physical, sexual, or emotional violence by their spouse, specifically, 17% have experienced emotional violence, 10% physical violence, and 3% sexual violence.¹³

These findings highlight the entrenched nature of GBV within intimate and familial relationships in Jordan. The high prevalence of controlling behaviors suggests deeply rooted gender norms that reinforce power imbalances and limit women's autonomy. Such patterns of abuse not only impact women's physical and mental well-being but also restrict their social and economic participation. Addressing these issues requires targeted interventions that challenge harmful societal norms and strengthen protective mechanisms for survivors.

11. World Health Organization (2021), [Violence against women](#)

12. UNICEF, [Child marriage](#)

13. Department of Statistics Jordan (2023), [Jordan Population and Family Health Survey](#)



Although men also experience gender-based violence, women and girls remain the highest reporting demographic, accounting for 94% of all reported cases in 2022. This disparity is influenced by various socioeconomic, community, and accessibility factors.¹⁴ In Jordan, women and girls continue to face significant levels of domestic violence, as shown by 2020 figures from the United Nations Population Fund (UNFPA). Approximately 26% of married women aged 15-49 have experienced some form of spousal violence—whether physical, sexual, or emotional. Emotional violence affects 21% of married women, while 18% have faced physical violence, and 5% have experienced sexual violence. Additionally, societal attitudes towards domestic violence reflect concerning norms: 46% of married women and over two-thirds of men aged 15-49 consider wife-beating justified under certain circumstances.¹⁵

5.2 Child Marriage

Despite a decline in child marriage rates in Jordan over the past decade, the practice remains prevalent, particularly among adolescent girls and refugee populations. As of January 2024, the Chief Justice Department's information system has recorded marriage cases from Sharia courts, categorizing them by age, gender, nationality, and the marital status of both the groom (single, married, divorced, widower) and the bride (single, divorced, widowed). In the past decade, around 100,000 girls under the age of 18 have been registered as married in Jordan.¹⁶

Regardless of nationality, this percentage decreased by almost five points between 2017 and 2022, from around 17% to about 12%. A similar decline occurred among Syrian refugees, dropping from 43% to around 38% during the same period. However, marriage among adolescent girls remains notably high.¹⁷

Social norms play an integral role in child marriages. Since girls cannot be completely protected from sexual assault, their reputation and honor and that of the whole family is at risk. For this reason, it becomes desirable for some families to marry a girl early rather than expose an entire family to the risk of harming family honor.¹⁸

14. UNFPA (2022), [Annual Report 2022](#)

15. UNFPA, [REVIEW OF HEALTH, JUSTICE AND POLICE, AND SOCIAL ESSENTIAL SERVICES FOR WOMEN AND GIRLS SURVIVORS OF VIOLENCE IN THE ARAB STATES](#)

16. The Higher Population Council (HPC) (2024), [Marriage of adolescent girls in Jordanian society is in decline. Marriage of adolescent girls in Syrian refugee families still significantly high](#)

17. Higher Population Council (HPC) (2024), [Marriage of adolescent girls in Jordanian society is in decline. Marriage of adolescent girls in Syrian refugee families still significantly high](#)

18. UNICEF (2019), [A qualitative study for developing an actionable multisectoral plan for preventing child marriage](#)

5.3 Domestic Violence

Domestic violence continues to be a significant issue in Jordan, as evidenced by a substantial rise in reported cases over the past few years. At the national level, the Department of Family and Juvenile Protection released its first annual report in 2020, revealing a notable increase in reported domestic violence cases. The number of cases rose from 41,221 in 2018 to 54,743 in 2020, with 58.7% of these cases involving physical violence and 34% involving sexual violence.¹⁹

5.4 Violence Against Refugee Women and Girls

Refugees in Jordan face heightened risks of sexual and gender-based violence (SGBV), with women and girls being disproportionately affected. As of January 2020, Jordan is home to more than 745,000 refugees, including over 655,000 from Syria.²⁰ Due to displacement, refugees face an increased risk of sexual and gender-based violence (SGBV), with women and girls being disproportionately affected. As their stay in the host country lengthens, refugees' socio-economic conditions tend to worsen.²¹

SGBV prevalence among refugee populations in Jordan is limited, particularly for the majority living outside of camps. However, a qualitative study indicated that in camps, girls and young women aged 12–18 is perceived to be the most frequent targets of domestic and sexual violence. Additionally, many young people have reported an increase in SGBV since arriving in Jordan.²²

These findings highlight the intersection of displacement, economic hardship, and heightened risks of violence among refugee populations. The lack of comprehensive data on SGBV outside of camps underscores the need for further research and targeted interventions to ensure the protection and well-being of all refugees, regardless of their living conditions.

5.5 GBV among people with disabilities

Approximately 1.3 billion people worldwide are estimated to experience significant disabilities, with around 18% of them being female. This number has increased over the past decade and is expected to continue rising due to demographic and health-related shifts, underscoring the urgent need for action.²³

Persons with disabilities face a 1.5 times higher risk of experiencing violence compared to those without disabilities. This risk is even greater for individuals with intellectual or psychosocial disabilities.²⁴

19. Jordan Times (2021), [Jordan sees rise in domestic violence cases — report](#)

20. International Labour Organization (ILO), [The second highest share of refugees per capita in the world](#)

21. UNHCR (2019), [Prevention and Response to Sexual and Gender Based Violence \(SGBV\)](#)

22. UNICEF (2013), [Shattered Lives: Challenges and Priorities for Syrian Children and Women in Jordan](#)

23. World Health Organization (2022), [Global report on health equity for persons with disabilities](#)

24. Ibid



While women with disabilities encounter many of the same forms of violence as other women, the intersection of gender and disability introduces distinct types of violence with unique causes and consequences.²⁵ Studies reveal that women with disabilities experience significantly higher rates of maltreatment and abuse compared to those without disabilities.²⁶ Despite the prevalence and severity of this issue, cases often go unnoticed due to the isolation many individuals experience or because they involve socially accepted attitudes, behaviors, and norms.²⁷

Although both men and women with disabilities face marginalization and discrimination, women with disabilities experience heightened stigma and are more vulnerable to abuse. They encounter discrimination in various areas, including society, marriage, education, and employment.²⁸ In families with multiple members who have disabilities, priority is often given to males, further deepening the marginalization of women with disabilities.²⁹

5.6 The context In Jordan

In Jordan, women with disabilities face “double discrimination”, where cultural traditions and gender norms exacerbate their marginalized status as both women and individuals with disabilities. These layered challenges often reinforce their subordination within both familial and societal settings, limiting their access to resources, support, and autonomy, and making it difficult for them to exercise their rights or seek assistance when needed.³⁰ Findings from a quantitative study conducted by IRCKHF confirm these challenges, revealing that 71.7% of women and girls with disabilities lack a protection system against violence. Additionally, 42.5% of respondents reported that they do not seek help when exposed to violence, while 61% stated that they are unaware of the legal aid services available to them.³¹

Despite efforts to improve outreach, the reporting of gender-based violence (GBV) incidents among survivors with disabilities has declined in recent years, indicating persistent barriers to access and support. The percentage of GBV incidents reported by survivors with disabilities decreased from 2.2% in 2021 to 1.6% in 2022. Despite

25. Northeastern University School of Law (2014), [FORGOTTEN SISTERS – A REPORT ON VIOLENCE AGAINST WOMEN WITH DISABILITIES: AN OVERVIEW OF ITS NATURE, SCOPE, CAUSES AND CONSEQUENCES](#)

26. Iglesias, M. 1998. Violence and women with disabilities. Vedoras, Spain: AIES; The Swedish Research Institute for Disability Policy, HANDUAB. (2007), [Men's violence against women with disabilities](#)

27. [Are we moving forward? Regional Study on rights of women with disabilities in the Middle East | Haqqi](#)

28. Institute of Development Studies (2028), [The Current Situation of Persons with Disabilities in Jordan - GOV.UK](#)

29. Ibid

30. [Are we moving forward? Regional Study on rights of women with disabilities in the Middle East | Haqqi](#)

31. Information and Research Center (2021), [Gender-Based Violence and Discrimination Against Women and Girls With Disabilities Access to Justice in Jordan](#)

targeted efforts and programmatic strategies aimed at improving outreach to this group, reporting rates declined. This reduction is largely attributed to the lack of inclusive services in certain areas of Jordan, as well as the absence of affordable and accessible transportation options for persons with disabilities.³² This decline in reporting is largely attributed to the continued lack of inclusive services in some regions of Jordan and the absence of affordable and accessible transportation options for persons with disabilities. These structural barriers prevent survivors from accessing support services, leaving them vulnerable and less likely to report incidents of violence.

Women and girls with disabilities in Jordan face different forms of violence, with family violence being the most common due to beliefs that they are a burden and unable to make decisions. Societal violence is also widespread, as negative attitudes and a lack of awareness lead to exclusion and discrimination. Many also experience self-harm and low self-worth, influenced by how they are treated by their families and society. Overall, violence against this group happens at a moderate level, showing the need for better awareness, protection, and support to ensure their safety and rights.³³

In Jordan, data from the 2015 General Population and Housing Census shows that 11.2% of the population aged five and older experiences some form of disability, totaling around 1.25 million individuals.³⁴ Despite legal protections affirming their rights, persons with disabilities (PWD) continue to face societal discrimination and stigma. Negative attitudes toward PWD contribute to their exclusion from public spaces, education, and employment opportunities.³⁵ Various studies present differing statistics on school enrollment rates among children with disabilities.³⁶ However, qualitative research indicates that children with disabilities encounter numerous physical and social barriers in accessing and continuing their education.³⁷ Additionally, specialized educational services, such as instruction in sign language or braille, are limited outside the capital city of Amman, further limiting the education of children with disabilities.³⁸

Community practices in Jordan continue to perpetuate violence and abuse against PWD both within families and in the broader community. Survivors with disabilities may require family members to accompany them to access service providers; however, since family members are frequently perpetrators of violence, it can be difficult for survivors to find supportive relatives willing to help them reach assistance centers.

32. UNFPA (2022), [Annual Report 2022](#)

33. Journal of International Women's Studies (2024), [Forms of Violence Against Jordanian Women and Girls with Disabilities: Correlations with Psychological Well-Being](#)

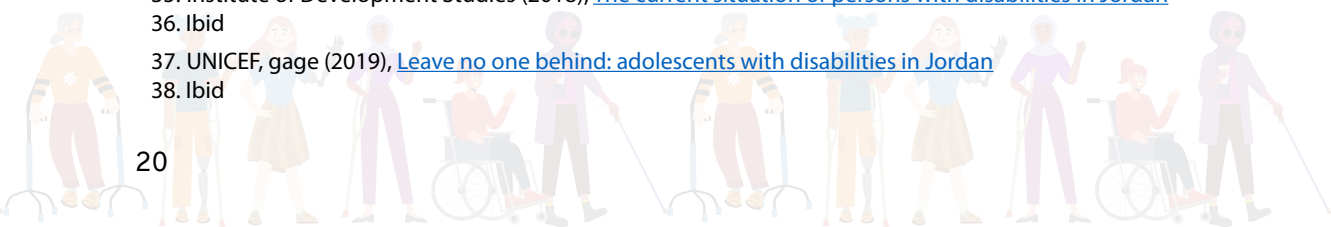
34. Department of Statistics (2015), [The Reality of Disability](#)

35. Institute of Development Studies (2018), [The current situation of persons with disabilities in Jordan](#)

36. Ibid

37. UNICEF, gage (2019), [Leave no one behind: adolescents with disabilities in Jordan](#)

38. Ibid



³⁹ Additionally, due to structural barriers, PWD often encounter physical and social obstacles in accessing essential GBV services, limiting their ability to seek protection, medical aid, or legal recourse.⁴⁰

The prolonged displacement resulting from the Syrian crisis has severely impacted women and girls in Jordan, significantly increasing their vulnerability to GBV. Both refugee and host communities face heightened GBV risks, leading to increased demand for specialized services. This situation has underscored the urgent need for a coordinated response to GBV, as service provision has become more complex to address the diverse and evolving needs of vulnerable women and girls.⁴¹ The findings from group discussions highlight multiple forms of violence affecting persons with disabilities and their families⁴². Domestic violence was a significant concern, occurring between spouses as well as between parents and children in households with a family member with disabilities. Accounts of sexual violence, including rape and sexual assault, were reported, particularly targeting women and girls with physical and intellectual disabilities in the Zaatari refugee camp.⁴³

Additionally, physical violence against men and boys with intellectual disabilities was noted in the camp, alongside incidents of sexual harassment directed at wives of men with disabilities in urban public spaces. Participants also highlighted cases of exploitation faced by persons with disabilities and their families when accessing services and assistance. While fears of sexual violence against children with disabilities were raised in urban settings, participants did not provide direct accounts, unlike in Zaatari, where specific examples were shared. Sexual violence against men and boys with disabilities, though mentioned less frequently, was explicitly discussed in three group discussions.⁴⁴

39. UNFPA (2022), [Annual Report 2022](#)

40. Ibid

41. GBV Sub Working Group (2023-2025), [2023-2025 Operational Strategy for the Prevention, Risk Mitigation of and Response to Gender-Based Violence \(GBV\) GBV Working Group – Jordan](#)

42. Women's Refugee Commission, IRC (2013), [Building capacity for disability inclusion in gender-based violence programming in humanitarian settings](#)

43. Ibid

44. Ibid

5.7 Accessibility of Services

Evidence indicates that persons with disabilities, particularly women, frequently face substantial barriers in accessing essential services, including sexual and reproductive health (SRH) services.⁴⁵ People with disabilities, especially women, encounter multiple obstacles in accessing these services due to policies that often fail to address their unique needs, limited data on disability and gender, and both physical and attitudinal barriers. Health services, for instance, are frequently designed for nondisabled individuals, making facilities and service attitudes inaccessible. This leads to structural, social, and financial barriers that further marginalize women with disabilities.⁴⁶

For women and girls with disabilities, reporting violence is often hindered by barriers such as insufficient policies and standards, negative societal attitudes, physical accessibility issues, limited information, communication challenges, lack of available services, inadequate funding, and the exclusion of women with disabilities from decision-making processes that impact their lives.⁴⁷

Violence against persons with disabilities is compounded by their potential physical and financial dependence on those who abuse them. This dependency can prevent survivors from reporting abuse, as they may rely on perpetrators for basic needs and support. Furthermore, when survivors do attempt to come forward, they often face unresponsive and inaccessible medical, legal, and social service systems, which can discourage reporting and leave many without the assistance they need.⁴⁸

Additionally, SRH services are frequently inaccessible to persons with disabilities due to various factors, such as physical barriers, the absence of disability-specific clinical services, and pervasive stigma and discrimination.⁴⁹ Persons with disabilities face significant barriers in accessing sexual and reproductive health (SRH) services due to widespread lack of awareness, prejudice, and exclusion from decision-making. Many policy-makers and providers underestimate the number of persons with disabilities, often assuming they are not sexually active and thus not in need of SRH services. This misconception, coupled with prevalent stigma, deprives them of fundamental rights, including access to health, education, and livelihood opportunities. Physical barriers to facilities and negative attitudes further limit their access, as adjustments to increase accessibility are often viewed as too costly. Moreover, persons with disabilities are rarely involved in planning health programs, which reduces the effectiveness of services intended to support them.⁵⁰

45. Department of Population, Family and Reproductive Health, School of Public Health, University of Ghana, Accra, Ghana (2020), [Barriers facing persons with disability in accessing sexual and reproductive health services in sub-Saharan Africa: A systematic review](#)

46. World Bank Group (2022), [The Importance of Designing Gender and Disability Inclusive Laws: A Survey of Legislation in 190 Economies](#)

47. Plan International (2023), [Fact Sheet: Violence against Women and Girls with Disabilities](#)

48. UNFPA, WHO (2009), [Promoting sexual and reproductive health for persons with disabilities](#)

49. Ibid

50. Ibid



5.8 Conclusion

In conclusion, the desk review highlights the severe and often overlooked issue of gender-based violence (GBV) among persons with disabilities (PWD), with a particular focus on women and girls. These individuals face a heightened risk of violence due to the intersection of gender and disability, compounded by societal stigma, isolation, and discrimination. Women and girls with disabilities are more vulnerable to various forms of abuse, including physical, sexual, and emotional violence, with family violence being the most prevalent. These forms of violence are deeply rooted in cultural norms that view PWD as dependent or burdensome, leading to their subordination and exploitation within both family and community settings.

Moreover, the review shows the structural barriers that prevent survivors with disabilities from accessing support services. The lack of inclusive and accessible services, physical and social barriers, and financial dependency on perpetrators further silence survivors and discourage reporting. The compounded stigma and discrimination against PWD, along with insufficient awareness and inadequate policies, contribute to their continued vulnerability to violence.

6. Research Methodology

The research tools used in this study were designed to ensure a comprehensive and in-depth understanding of the barriers faced by women and girls with disabilities in accessing gender-based violence services.

This methodology combines literature review, qualitative data collection, and quantitative surveys to provide a comprehensive analysis of the challenges and opportunities for improving inclusiveness and equitable access to gender-based violence services. The main objective is to identify the specific needs of girls and women with disabilities who are survivors of gender-based violence, as well as to understand the types they experience.

The research tools used in this study were designed to ensure a comprehensive and in-depth understanding of the barriers faced by women and girls with disabilities in accessing GBV services. This approach combines literature review, qualitative data collection and quantitative surveys to provide a comprehensive analysis of the challenges and opportunities for improving inclusiveness and equitable access to GBV services. The main objective is to identify the specific needs of girls and women with disabilities who are survivors of gender-based violence and to understand the types of gender-based violence they experience.

First, Qualitative Data Collection

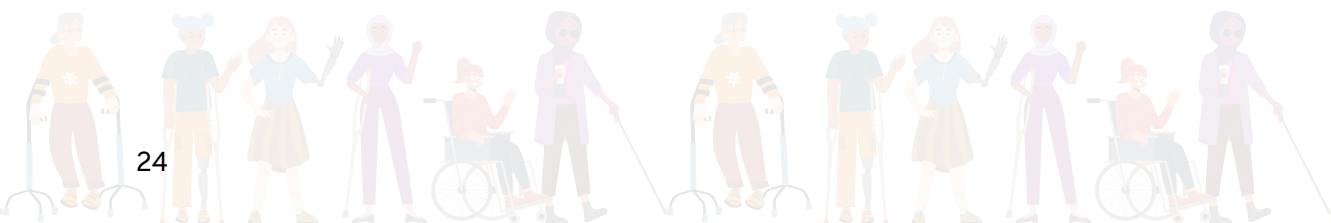
The qualitative data collection methodology aims to gather comprehensive and diverse insights from key stakeholders to explore the life experiences of women and girls with disabilities and the perspectives of service providers, policymakers, and advocates. This component includes the following:

A. Key Informant Interviews (KIIs)

A total of 15 key informant interviews (KIIs) were conducted with service providers and policymakers in local, national, and international government, as well as civil society institutions working in the areas of protection from gender-based violence and the rights of persons with disabilities. The aim was to explore the perspectives of those who provide services and implement policies regarding the access of women and girls with disabilities to services for gender-based violence.

Participants in the Qualitative Interviews:

- Higher Council for the Rights of Persons with Disabilities, Secretary General Dr. Muhannad Al-Azza
- Jordanian National Commission for Women
- Ministry of Social Development, Director of the Juvenile and Protection Directorate, Imad Al-Suhaiba
- Ministry of Health, Head of the Domestic Violence Section, Dr. Wissam Abu Ali
- Family and Juvenile Protection Department, Head of the Regional Training Centre, Lt. Col. Muhammad Al-Awaida
- Institute for Family Health - King Hussein Foundation, Director of Protection and Psychosocial Support Programmes Dr. Areej Samirin
- Al-Adl Centre for Legal Aid, Director of Advocacy and Lobbying Suhad Al-Sukari
- Jordanian Women's Union, Director of Women's Shelter Hanan Banat
- Be Positive Association, Project Coordinator Asma Al-Zaben
- Tafila Women's Association, President Dr. Hanan Khreisat, Member of the Administrative Board Maha Al-Obaidien, Case Coordinator Supervisor Kafa Al-Khalfat
- Irbid Renaissance Association, Project Coordinator for No Discrimination Nihaya Al-Radayda



- Humanitarian and Integration Organisation, Deputy Regional Director Ashraf Al-Bakour
- World Orthodox Christian Charitable Association, Field Coordinator Saba Al-Masri, Coordinator and Technical Advisor Nizar Sraili

B. In-Depth Interviews with Survivors (IDIs)

Three in-depth interviews (IDIs) were conducted with survivors of gender-based violence that were reached and interviewed through social workers or service providers from civil society organisations. The interviews aimed to document their experiences in accessing gender-based violence assistance services, identify barriers, and document their specific needs.

C. Focus Group Discussions (FGDs)

Based on the results of the individual qualitative interviews and in-depth interviews, two focus group discussions (FGDs) were designed and conducted. The first was with caregivers of women with mental and psychological disabilities in Zarqa Governorate, and the second with caregivers of girls with disabilities (under the age of 18) in the capital governorate. The discussions, which involved 24 caregivers, focused on assessing the needs of the target group in terms of protection from gender-based violence, examining the challenges they face in accessing protection services and evaluating the effectiveness comprehensiveness of the services available and the roles of various actors working in the field.

By involving a wide range of stakeholders, this approach ensures a comprehensive understanding of the barriers to accessing gender-based violence services and possible solutions to enhance inclusiveness and accessibility for women and girls with disabilities.

Second, Quantitative Data Collection: Surveys

Up to 350 surveys were conducted to collect quantitative data on the experiences of women and girls with disabilities in accessing GBV services. The surveys aimed to explore the barriers they face, assess their levels of satisfaction with current services, and identify their specific needs and preferences regarding the provision of GBV services. The survey was conducted in the three governorates of Jordan: North, Central, and South. The surveys were implemented in collaboration with local partners within the project 'Improving Access to Comprehensive Services to Combat Gender-Based Violence in Jordan' to reach the target group of women and girls with disabilities and/or their caregivers.

Survey Outline

- **Demographics** (age, family status in terms of seeking help for GBV services)
- **The family’s role and social attitudes towards seeking help from GBV services**
- **Awareness of services** (awareness of existing service providers in their area)
- **Challenges in accessing GBV services** (challenges encountered when trying to access GBV services, accessibility of centres for women and girls with disabilities, availability of resources such as sign language interpreters)
- **Satisfaction with GBV services** (levels of satisfaction with services received)
- **Recommendations for improvement** (additional services or improvements needed to better support women and girls with disabilities)

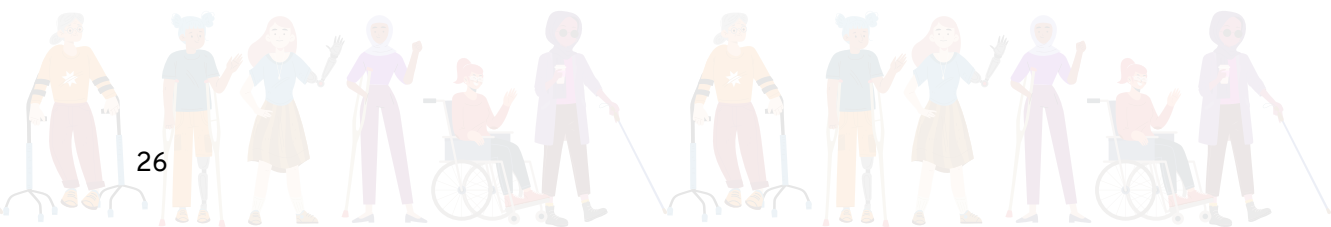
7. The Reality of Access to Protection Services Against Violence, in Numbers (results of a survey among women with disabilities on access to protection services)

The study targeted women with disabilities that are survivors of gender-based violence, with the aim of obtaining a detailed description of their experiences in accessing gender-based violence services. 350 questionnaires were implemented to collect data on the challenges they face, measure their satisfaction with current services, and identify their specific needs and preferences regarding the provision of these services.

The questionnaires were carried out in all governorates of the Kingdom, taking into account the geographical coverage of the northern, central and southern regions, as shown in Table 1.

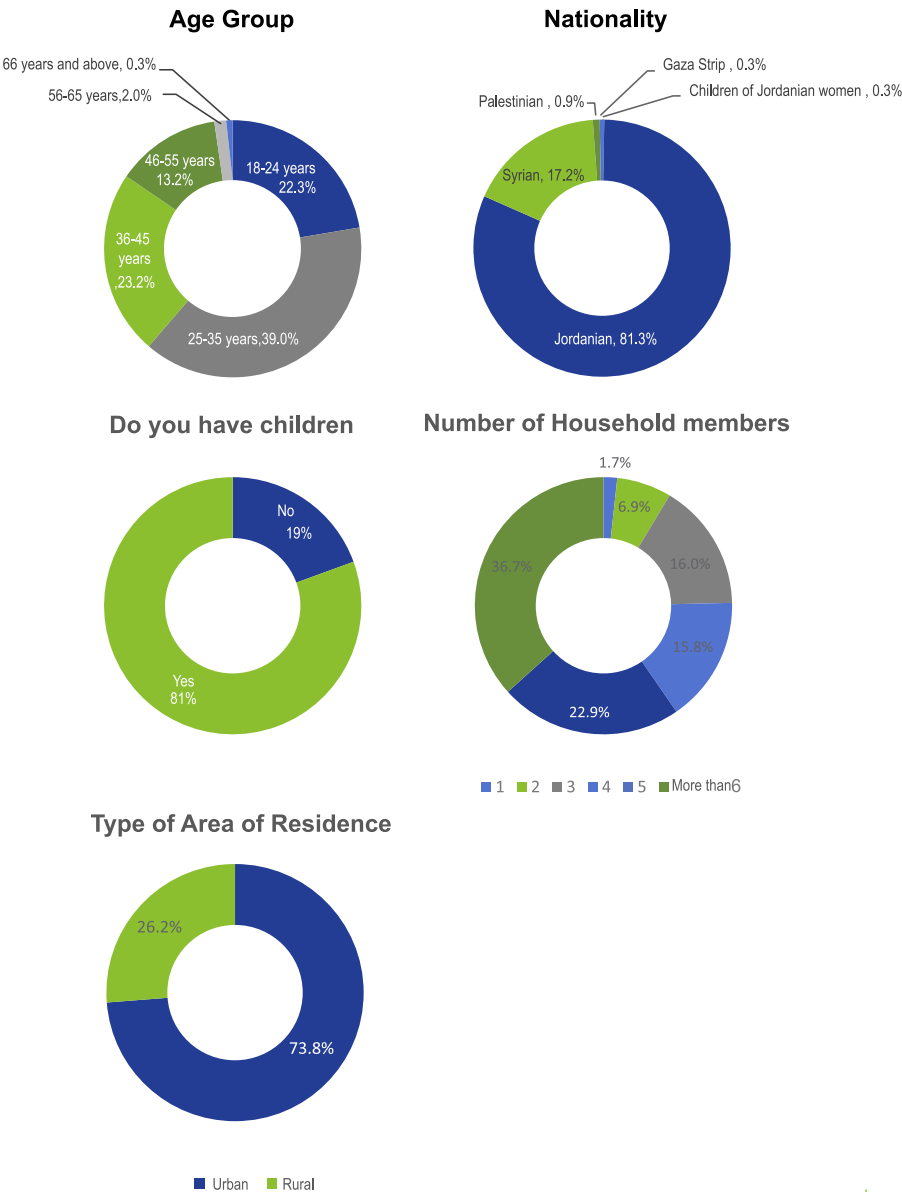
Table (1): Frequencies and percentages of the distribution of the quantitative study sample across the Kingdom’s governorates.

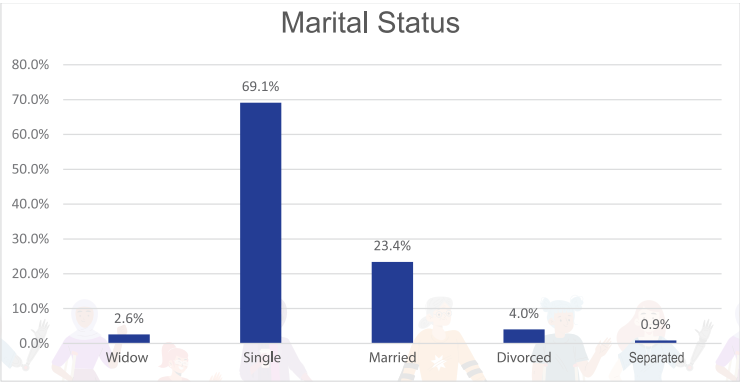
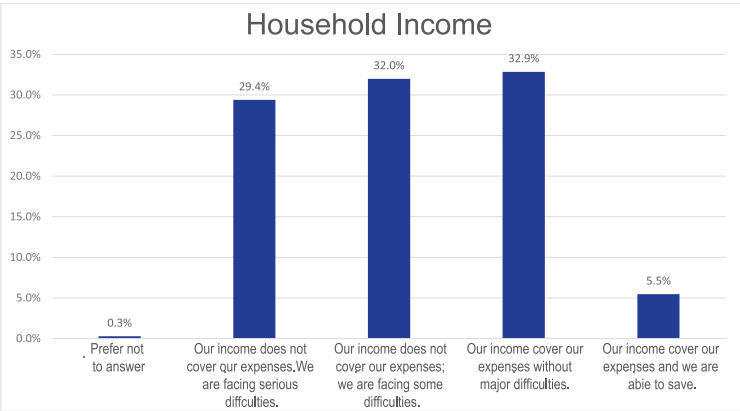
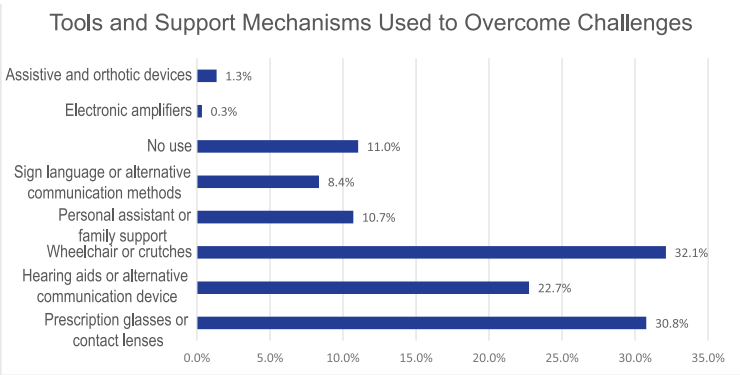
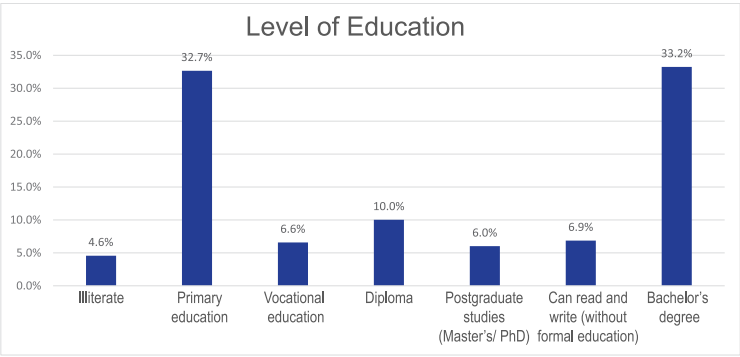
Territory	Repetition	Percentage
North Region (Irbid, Jerash, Ajloun, Mafraq)	104	29.7%
Centre Region (Amman, Zarqa, Madaba, Salt)	218	62.3%
South Region (Karak, Tafilah, Ma’an, Aqaba)	28	8.0%
Total	350	100%

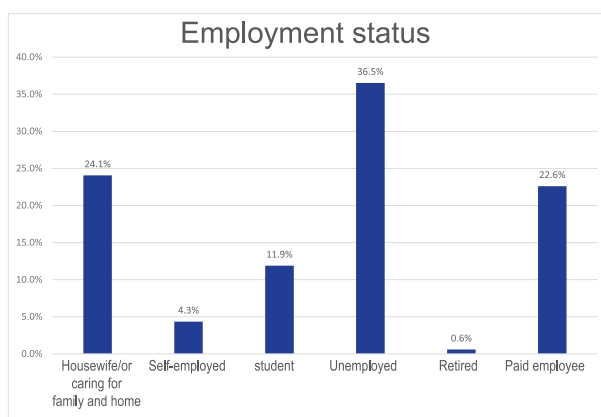


Before starting to fill out the questionnaires with the beneficiaries, the research team was trained on how to fill out the questionnaire accurately and ethically. Before the researchers started calling the respondents, the team prepared a set of guidelines outlining the appropriate behaviour expected of the field research team during the phone calls, to ensure the safety and comfort of the respondents.

The data was collected during the period from 11 April to 23 April 2025. The research team was able to fill out (350) questionnaires distributed across all governorates of the Kingdom. The figures below show the demographic characteristics of the respondents, including age group, marital status, nationality, and educational level.







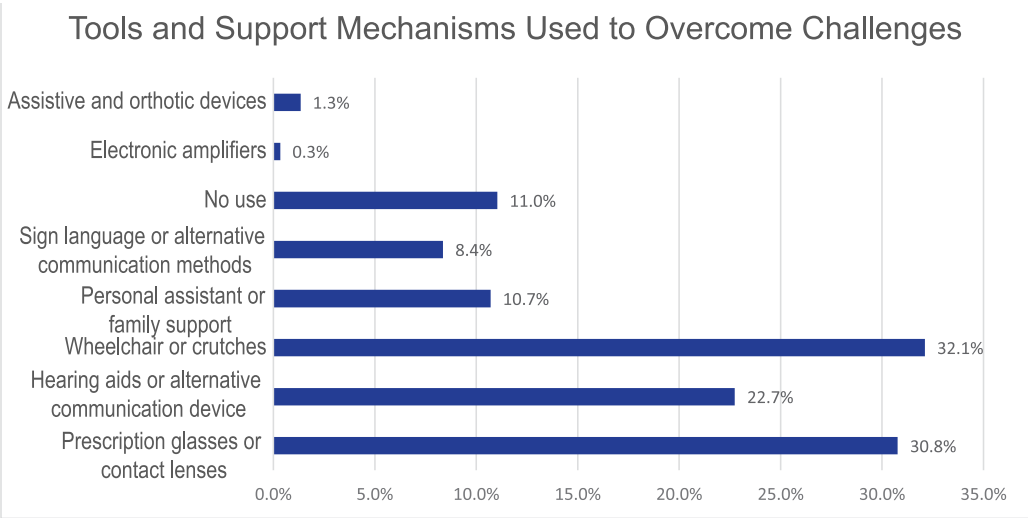
This study targeted 350 women with disabilities. When designing the quantitative questions related to disability status, reliance was placed on the Washington Group's questions on job performance, with the aim of obtaining accurate and comprehensive indicators to measure the severity of disability. This methodology is internationally approved and was previously used in the National Population and Housing Survey in Jordan in 2015. There were multiple options included in each question, enabling respondents to indicate the status and severity of their disability or disabilities based on their ability to perform certain tasks, as shown in the table below.

Please select all that apply						
Difficulty area		No difficulty	Minor difficulty	Great difficulty	Absolute difficulty	The answer
1.	I have difficulty seeing	154	79	33	39	_
2.	I have difficulty hearing	184	42	36	22	_
3.	I have difficulty walking	142	39	65	53	_
4.	I have difficulty remembering or concentrating	214	53	8	2	_
5.	I have difficulty with self-care such as washing and bathing	230	41	20	6	_
6.	I have difficulty communicating with others	237	28	11	1	_

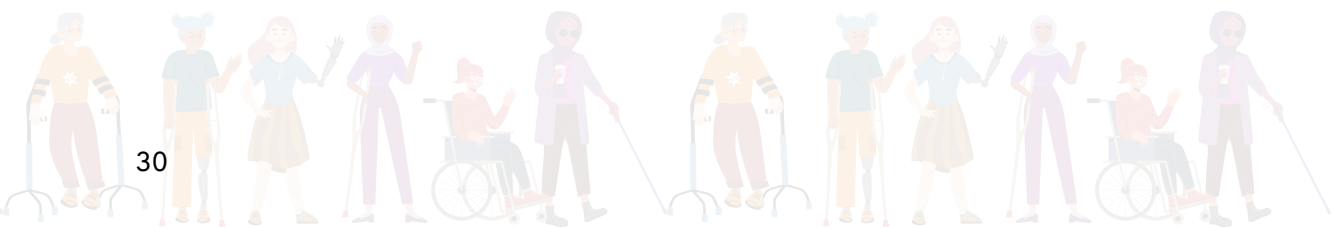
In order to determine the exact percentage of people with disabilities included in this study – according to the definition of the Washington Group – the results were collected for people with great difficulty and people with absolute difficulty in performing basic functions in each of the areas of difficulty listed in the previous table, while people with no difficulty and people who have little difficulty are considered as people with no disability and the disability status (with disability or without) was concluded in frequencies and percentages as shown in the table below.

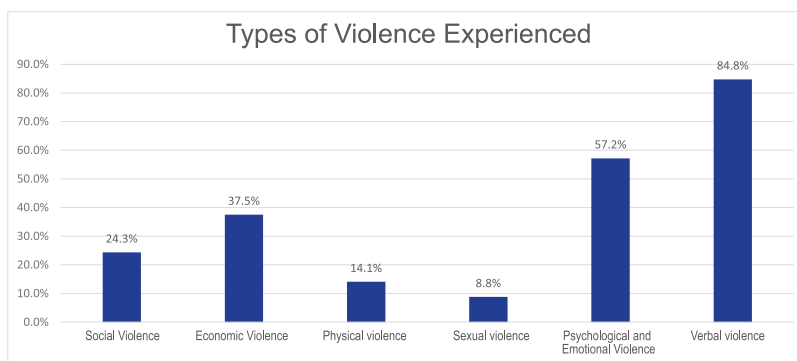
Disability status	Repetition	Percentage
No disability	1,443	83%
There's a handicap	296	17%

The data indicates that the most common form of support or resource is mobility aids. 32.1% of respondents relied on crutches or wheelchairs. Glasses and contact lenses accounted for 30.8%. Hearing aids and audio devices followed with 22.7%. The data indicates a high reliance on physical and sensory aids, with relatively less reliance on electronic or other assistive technology.

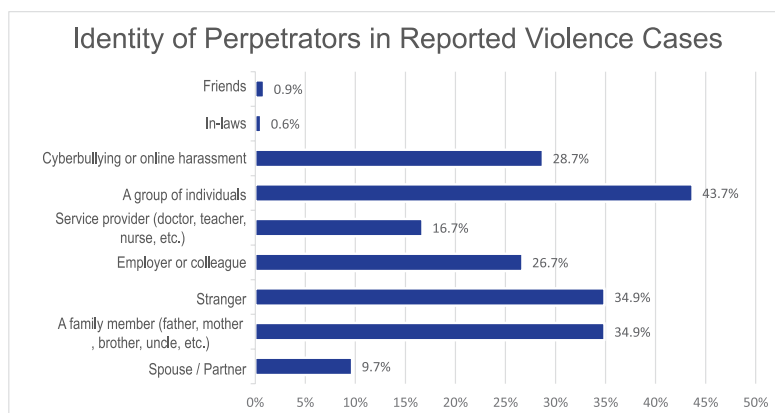


The survey targeted women who had personally experienced violence or knew a woman with a disability who had. The data indicates that verbal abuse is the most common form of violence, affecting 84.8% of respondents, followed by psychological and emotional abuse (57.2%), indicating that non-physical forms of violence are most prevalent, and economic abuse (37.5%), which indicates the significant impact of financial control and restrictions.

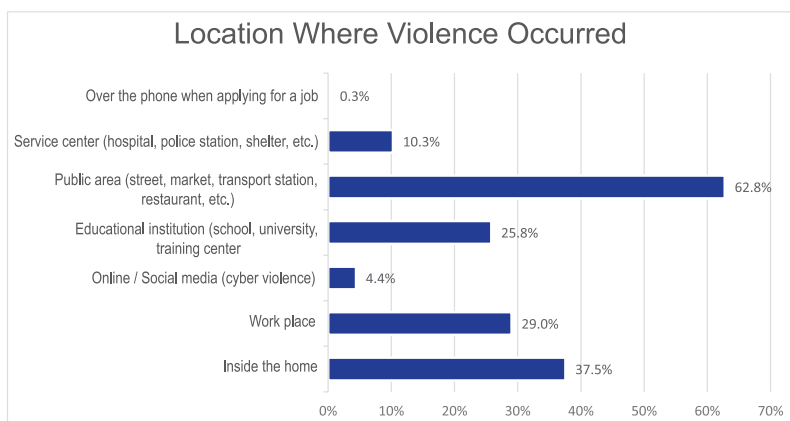




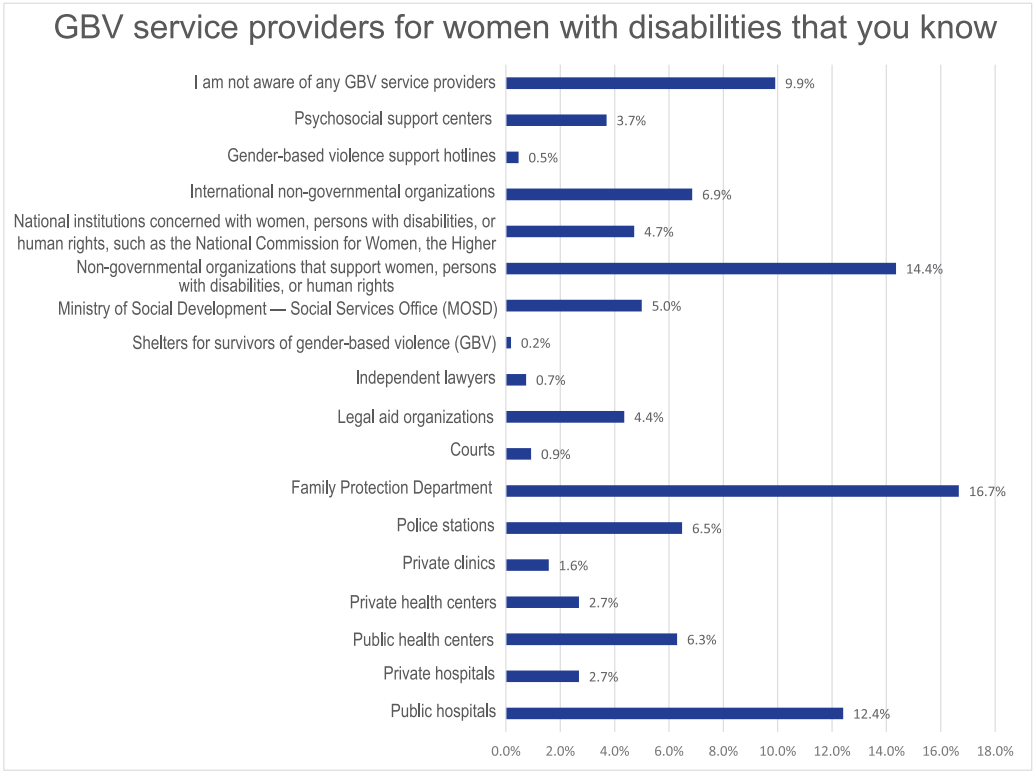
The data reveals that violence is predominantly perpetrated by relevant individuals (43.7%), closely followed by family members and strangers (34.9%) each, highlighting the dual threat of victimisation within the family and the wider community. Cyberbullying (28.7%) and workplace-related violence (26.7%) are also of great concern.



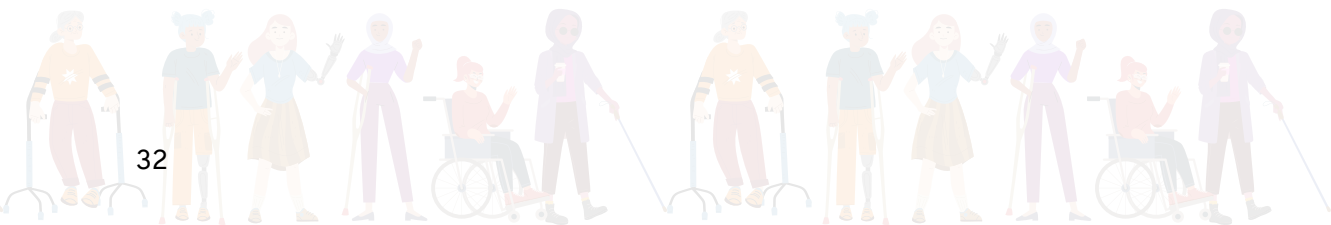
The data indicates that the majority of reported cases of violence occur in public places, such as streets, markets, and transport stations (62.8%), followed by incidents within the home (37.5%) and educational institutions (25.8%).



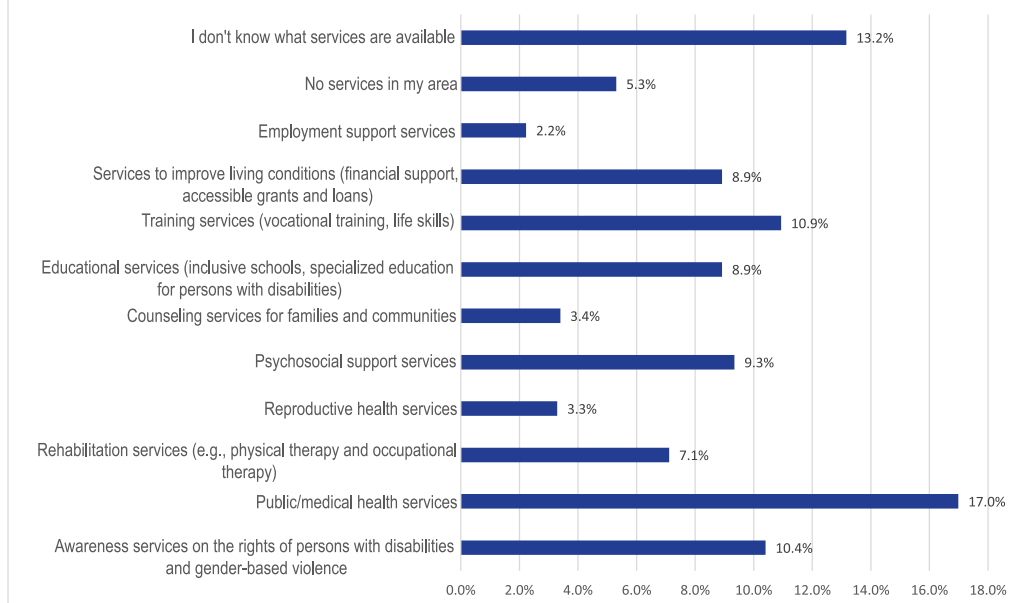
The data reveals that the Family Protection Department is the most known (16.7%) provider of GBV services for women with disabilities, followed by non-governmental organisations that support women, persons with disabilities or human rights (14.4%), then public hospitals (12.4%). Despite this, 9.9% of respondents indicated that they do not know any provider of GBV services, indicating a significant gap in awareness, which confirms the need to strengthen awareness efforts and increase the visibility of available services.



The data indicates that the most accessible services for persons with disabilities are general health/medical services (17.0%), vocational training and life skills (10.9%), and awareness services on the rights of persons with disabilities and gender-based violence (10.4%). However, access to basic services such as employment support (2.2%) and reproductive health services (3.3%) are still limited. In addition, 13.2% of respondents do not know the available services, which emphasises the need to expand access and improve awareness, especially in the areas of employment, reproductive health and psychosocial support.

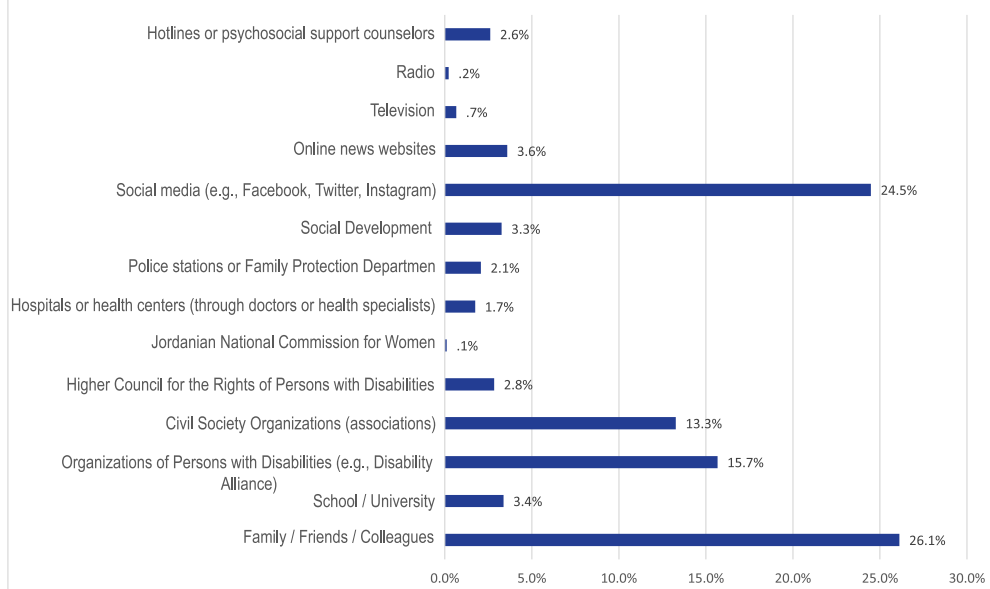


Available services for persons with disabilities in your area

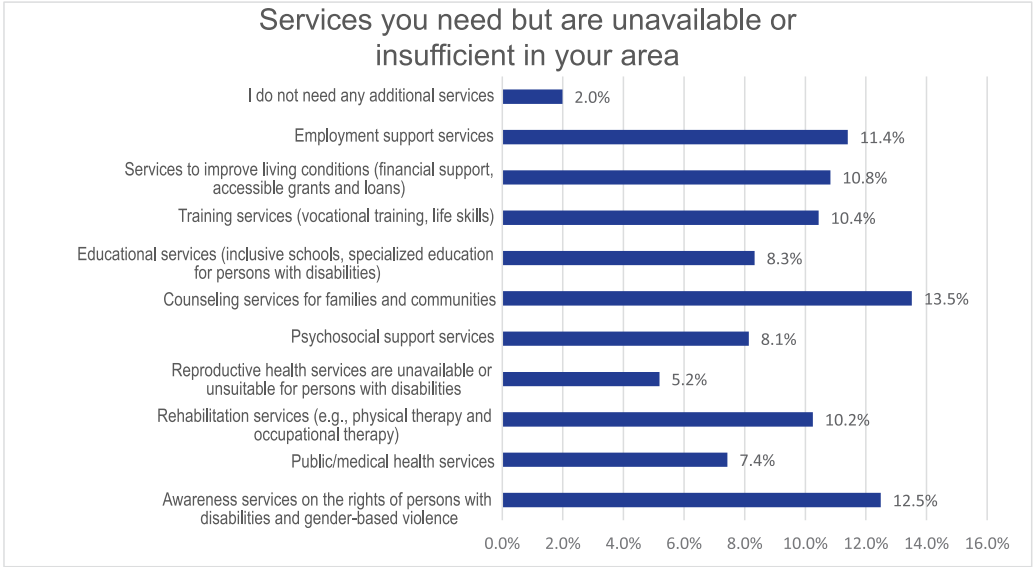


The data indicates that the main sources through which people learn about GBV service providers are family, friends and colleagues (26.1%) and social media platforms such as Facebook, Twitter and Instagram (24.5%), highlighting the importance of personal networks and online channels in disseminating information. Associations of persons with disabilities (15.7%) and civil society organisations (13.3%) also play important roles.

Sources of information about GBV service providers

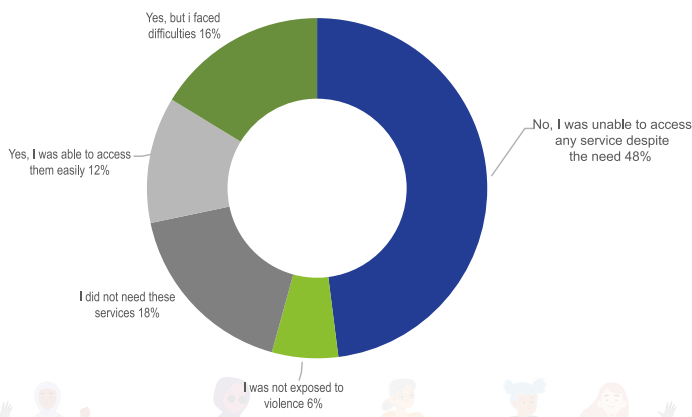


The graph below shows many of the gaps in services provided to persons with disabilities in their areas. The most frequently reported inadequate or unavailable services are family and community counselling services (13.5%), awareness services on disability rights and gender-based violence (12.5%), and employment support services (11.4%). Only a small portion (2.0%) reported that they did not need any additional services.

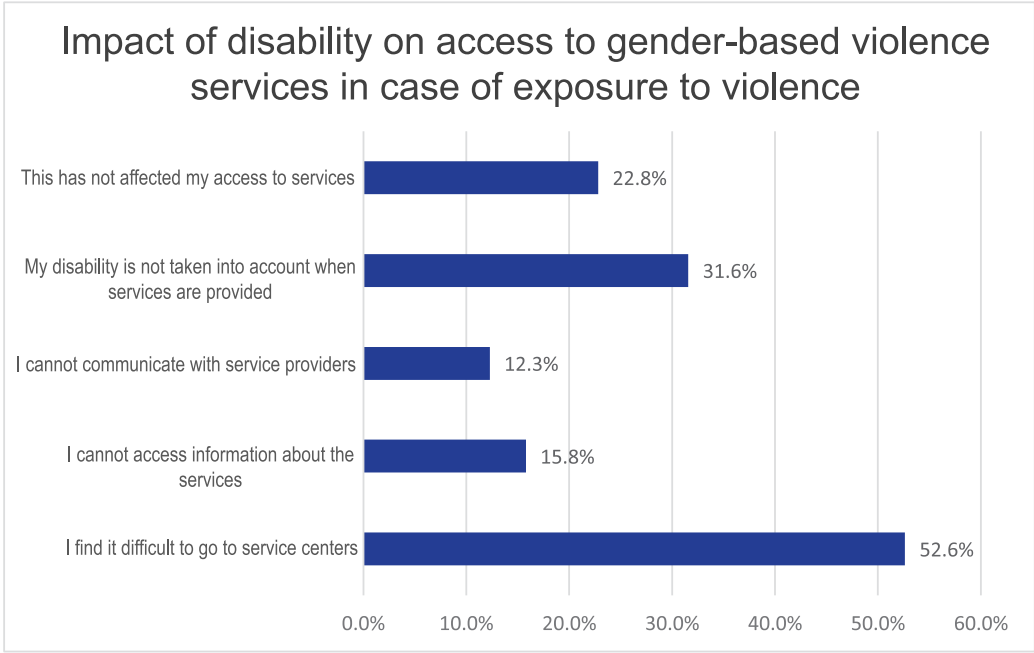


The data reveals that almost half (48.0%) of the respondents were unable to access any services despite their need for them. 12.0% were able to access services easily, 16.3% were able to access services but faced difficulties, and 17.4% reported that they do not need these services in general. These results highlight the main barriers that prevent those affected by violence from accessing support services.

Access to support services in case of exposure to violence

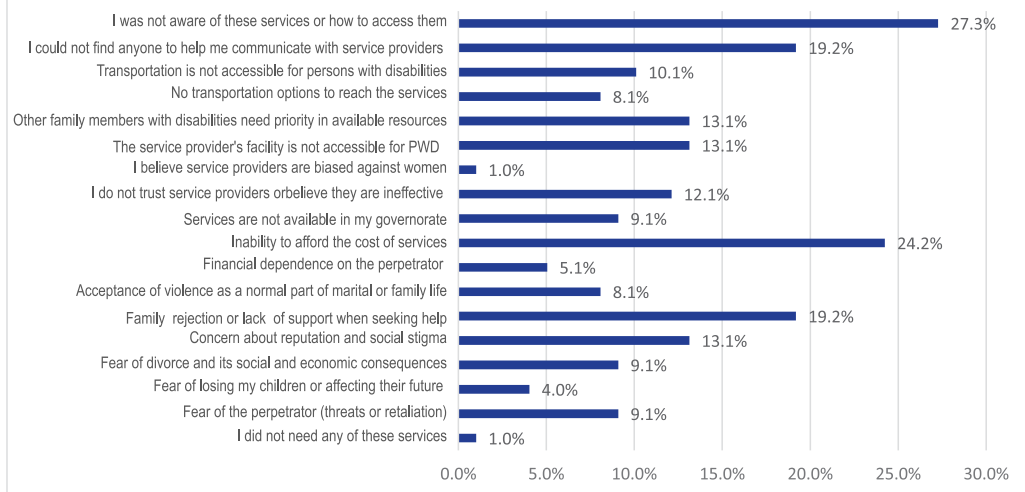


The data reveals that more than half of the respondents with disabilities (52.6%) find it difficult to physically access GBV service centres, highlighting a critical issue of accessibility. In addition, 31.6% feel that their disability is not taken into account when services are provided to them. 15.8% report that they do not have access to information about available services, and 22.8% state that their disability has not affected their access to services. These findings confirm the need for more inclusive, accessible, and disability-sensitive services in the field of GBV, highlighting a critical issue related to accessibility, in addition to the fact that 31.6% feel that their disability is not taken into account when providing services, and 15.8% report not having access to information about available services.



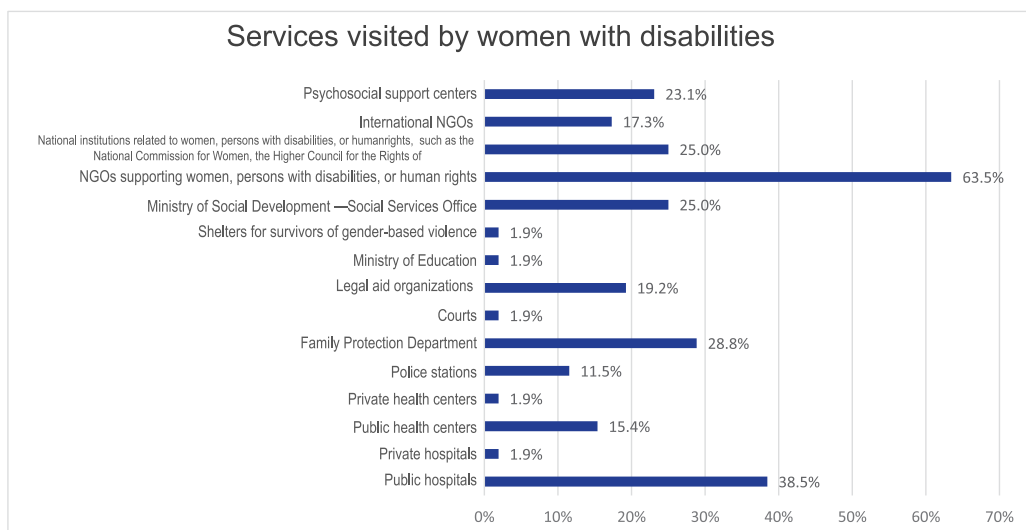
This data reflects the main barriers that prevent women with disabilities from accessing GBV services. The most common reason was lack of awareness of services or how to access them (27.3%), followed by inability to afford services (24.2%) and a lack of support or assistance from family in communication (19.2%). It is worth noting that social stigma (13.1%), inaccessible service facilities (13.1%) and prioritising other family members with disabilities (13.1%) also emerged as significant barriers. These findings underscore the complex intersection between disability and social norms, and emphasise the urgent need for accessible, inclusive, and widely publicised GBV services tailored to meet the unique needs of women with disabilities.

Reasons preventing seeking gender-based violence services in case of exposure to violence

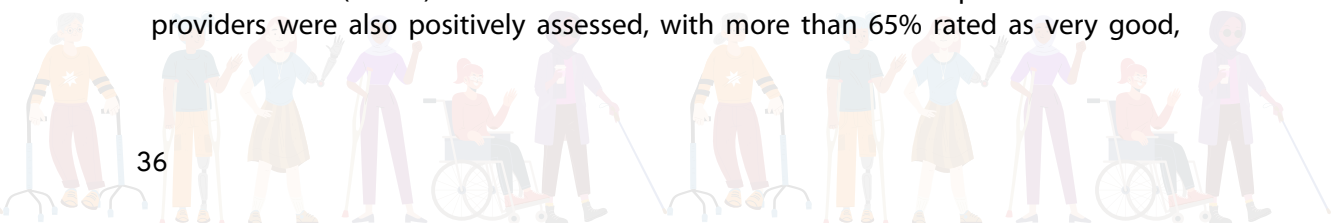


The data indicates that women with disabilities are the most frequent users of NGOs that support women, persons with disabilities or human rights (63.5%) to access services related to GBV, while public hospitals (38.5%), the Family Protection Department (28.8%) and the Ministry of Social Development (25%) were also frequently visited.

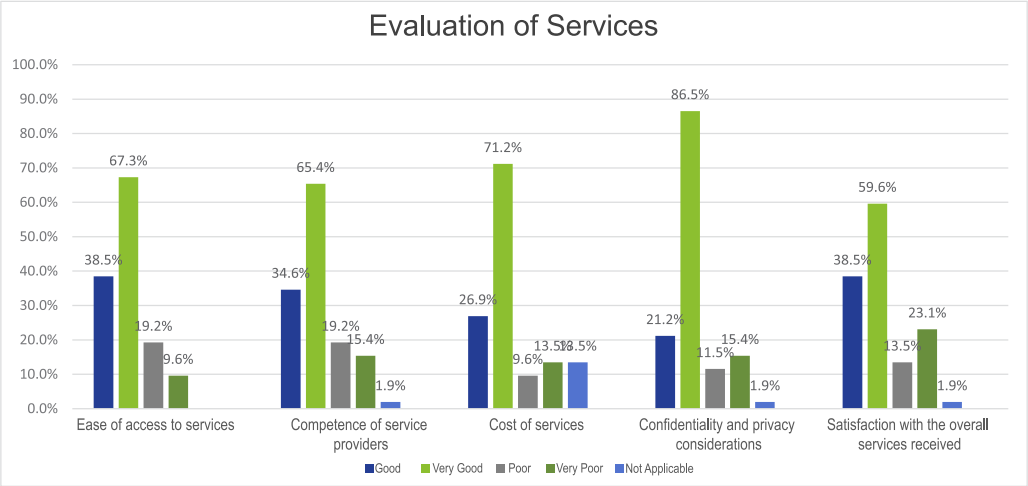
Services visited by women with disabilities



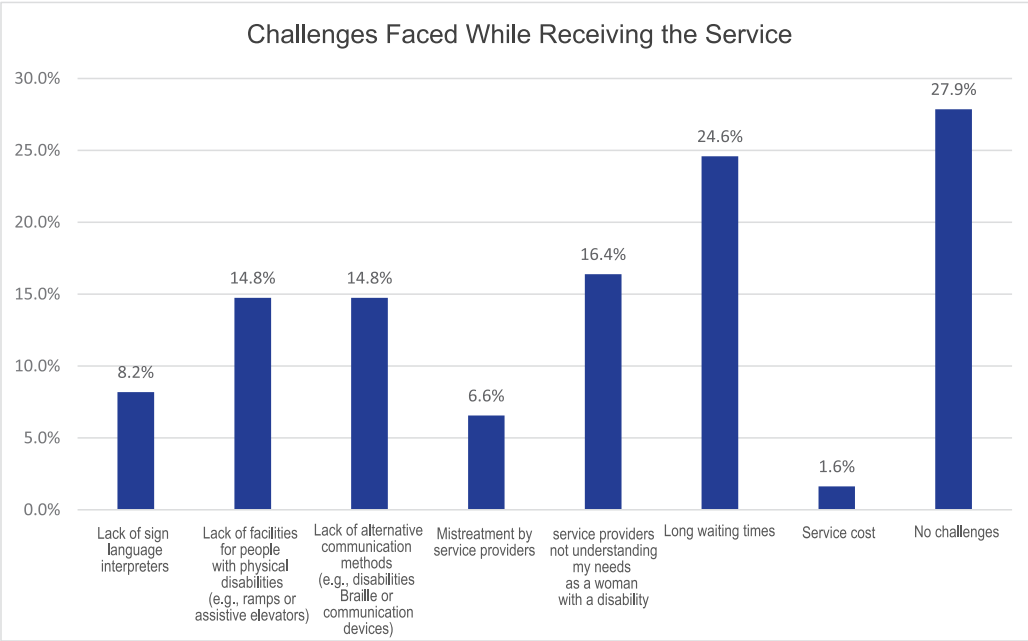
The data indicated that the majority of respondents gave a positive assessment of GBV-related services, especially in terms of confidentiality and privacy (86.5%) and cost of services (71.2%). The ease of access to services and the competence of service providers were also positively assessed, with more than 65% rated as very good,



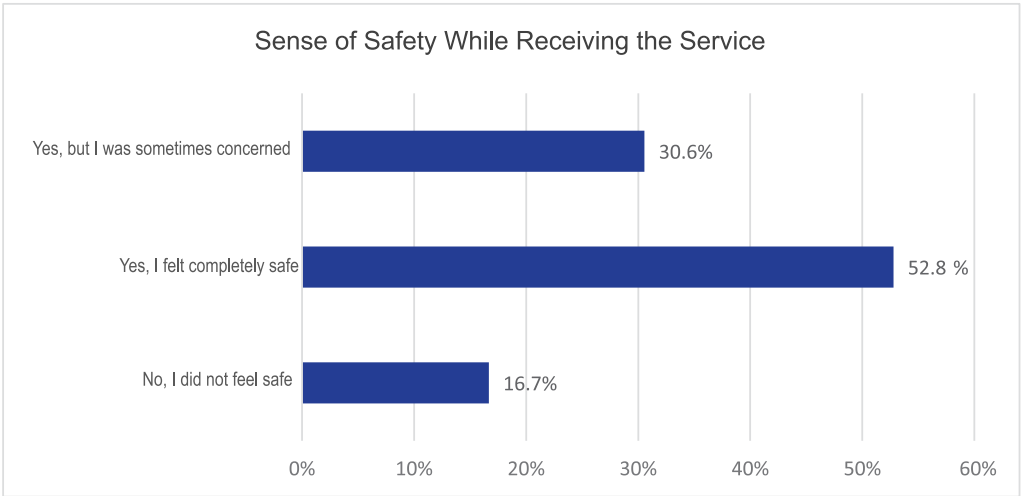
however, a significant minority expressed dissatisfaction, especially the overall level of satisfaction with services (23.1%) rated as very poor, indicating an opportunity for improvement in the quality and consistency of services.



The data highlights several barriers that women with disabilities face in accessing GBV-related services. The most common challenge was long waiting times (24.6%), followed by a lack of understanding their needs by service providers (16.4%). Accessibility issues were also prominent, with 14.8% citing a lack of physical facilities (such as ramps or lifts) and a similar percentage citing a lack of alternative means of communication (such as Braille or assistive devices). It is worth noting that (27.9%) of respondents reported not facing any challenges, indicating that despite the presence of barriers, they had satisfactory experiences.

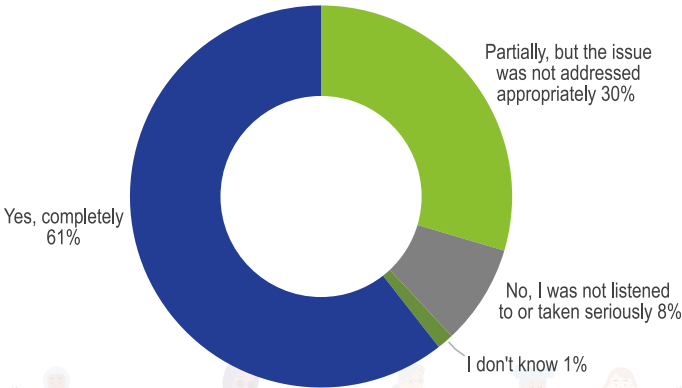


The data on feeling safe while receiving GBV services reveals that just over half of the respondents (52.8%) felt completely safe, indicating that the vast majority of them had an overall safe experience. However, a significant portion of them (30.6%) reported that they felt safe but faced occasional fears, indicating a level of discomfort or uncertainty during the provision of services. 6.6% reported that they felt safe but faced occasional concerns, indicating a level of discomfort or uncertainty during service provision, and 16.7% explicitly reported that they did not feel safe at all, highlighting a gap in ensuring protection and a supportive environment for survivors.

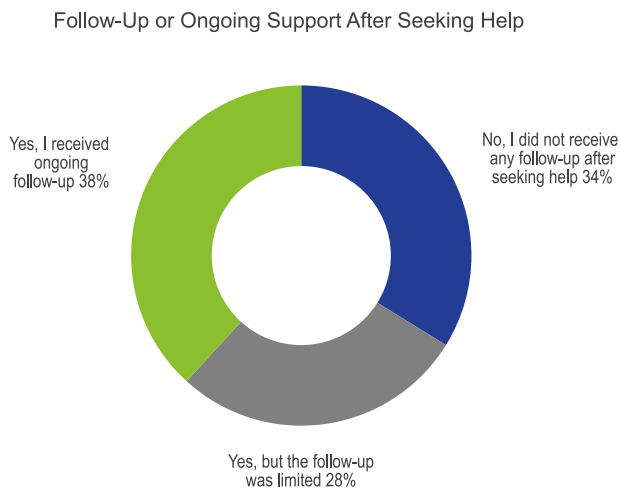


The data indicates that 60.6% of respondents felt that service providers listened to them fully and took their complaints seriously, indicating an overall positive interaction for the majority. However, nearly 30% of respondents stated that they were partially listened to, but their issue was not adequately addressed, reflecting a lack of quality or depth of response.

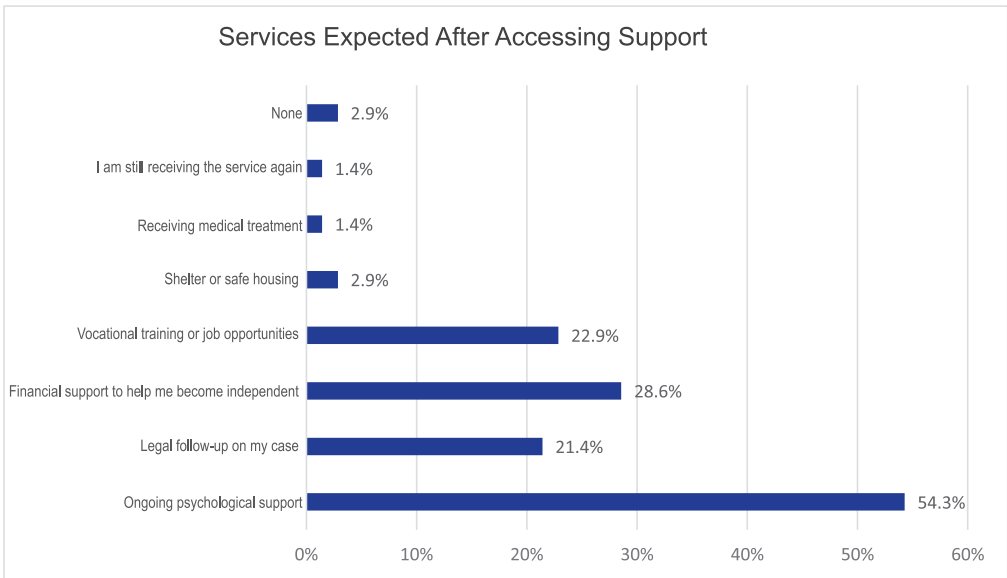
Service Providers' Responsiveness and Seriousness in Addressing Your Issue



The results showed that 38.2% of the respondents reported receiving continuous follow-up after seeking help, which is a positive indicator of continued support. However, 33.8% of them reported that they did not receive any follow-up at all, while 27.9% of them said that follow-up was limited.

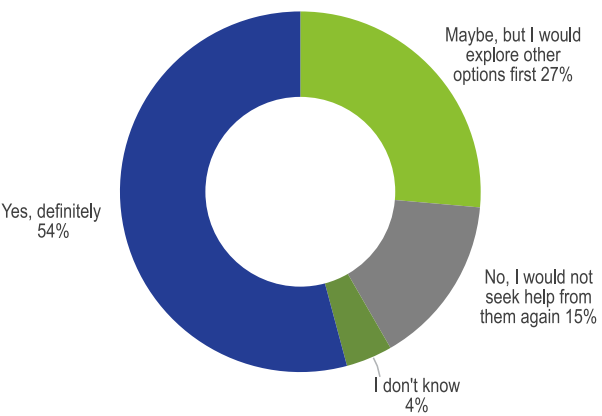


The data reveals that the most frequently requested service after receiving support for the first time was ongoing psychological support, chosen by 54.3% of respondents. Other frequently requested services included financial support to help achieve independence (28.6%), vocational training or job opportunities (22.9%), and legal follow-up of their cases (21.4%).



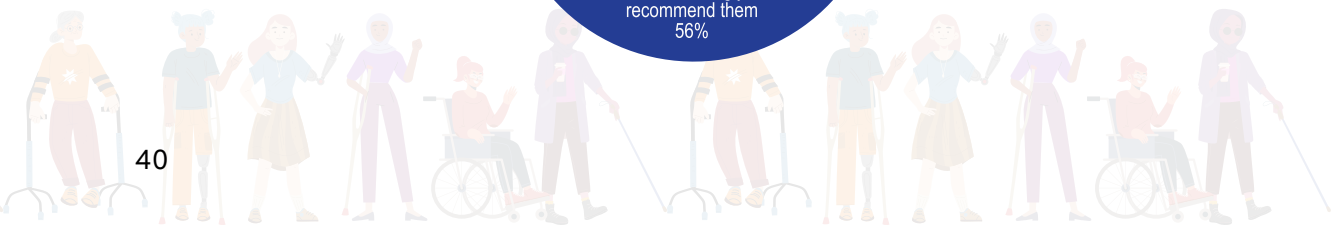
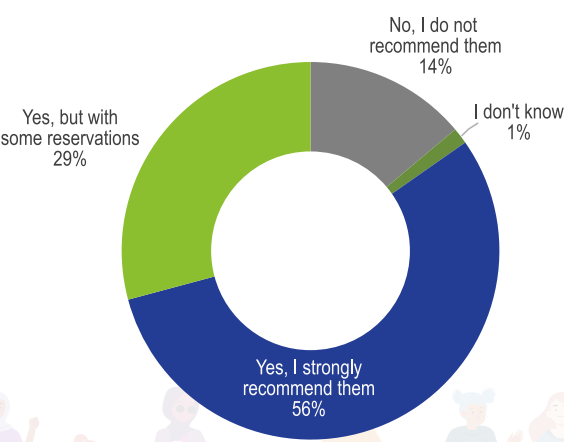
The data indicates that 54.2% of respondents would seek help from the same service provider, indicating an overall positive experience and level of trust in the service. However, 26.4% said they would consider it but would explore other options first, reflecting a degree of caution or unmet expectations. 15.3% said they would not return to the same provider. This suggests that although more than half of the respondents had a satisfactory experience, a significant proportion of them did not have their needs met, fully or partially.

Willingness to Seek Help from the Same Service Provider in the Future



The results indicate that more than half of the respondents (55.6%) would strongly recommend GBV services to other women, reflecting a high level of satisfaction and confidence in the support they received, but 29.2% mentioned that they would recommend these services with some reservations, indicating that their overall experience was positive but with some limitations or challenges, while 13.9% said they would not recommend these services.

Recommendation of Services to Other Women



8. Experiences of families of women and children with disabilities in accessing violence protection services (outcomes of focus group discussions)

The focus group discussion reveals the persistent and multidimensional barriers that women and girls with disabilities face in accessing appropriate services. From social stigma and educational rejection to institutional rejection and ineffective interventions, the landscape is full of exclusion and unmet needs. Although there are some facilities, they are inadequate. Most of them are not equipped and their staff is not qualified to cater to the needs of this group.

Social Stigma and Misconceptions

Women and girls with intellectual disabilities often face stigmatisation in schools and within their families. They are ridiculed, bullied and labelled with derogatory terms such as “crazy” or “retarded”. Their behaviour may be misunderstood or misinterpreted, or they may be ignored, rejected, and excluded. This causes them psychological harm, emotional isolation, and enforced loneliness, which reinforces their marginalisation in society.

Some of the participating mothers reported that their relatives asked them not to bring their daughters with disabilities to social events to avoid public questions. This leads to feelings of isolation and a strong sense of rejection. They are not invited to social events, have no friends, and spend most of their time at home in silence.

One participant complained about stigmatisation and lack of empathy in society, even within the extended family. She says: “People think she is pretending to get attention.” Another shares the experience of her daughter, who is not allowed to join family events because relatives look down on her. “My sister says, ‘Don’t bring her with you, people will ask questions.’ So she stays at home. She feels rejected, even by those closest to her.”

Sometimes the rejection comes from within the family, and may reach the point of physical abuse. One woman tells the story of her neighbour who left her husband’s house with her visually impaired son and daughter to protect them from their father after he assaulted her visually impaired son, pushing him against a wall and seriously injuring his face. The mother is now living with her two children and taking care of them alone.

Bullying and a hostile school environment

Teachers’ attitudes vary from supportive to hostile towards students with disabilities. However, students often exclude and bully girls with disabilities. In some cases, persistent peer rejection leads to girls withdrawing from school altogether.

Participants were unanimous about the discrimination against their daughters with disabilities in schools: "There is a culture of inclusion, but frankly, the students are not given the attention they need." They expressed the failure of teachers to meet the needs of their daughters with disabilities, with one participant describing how some teachers discourage their participation or put them at the back of the class without involving them.

One mother described experiences of bullying and mistreatment of her daughter with a disability by teachers. She quotes her daughter as saying: "She chastises me in front of all the students and says: 'you, you, you' and talks to me arrogantly because I am an outcast in class."

One mother reported that despite the co-operation of some teachers, the constant bullying by students led her daughter to refuse to return to school.

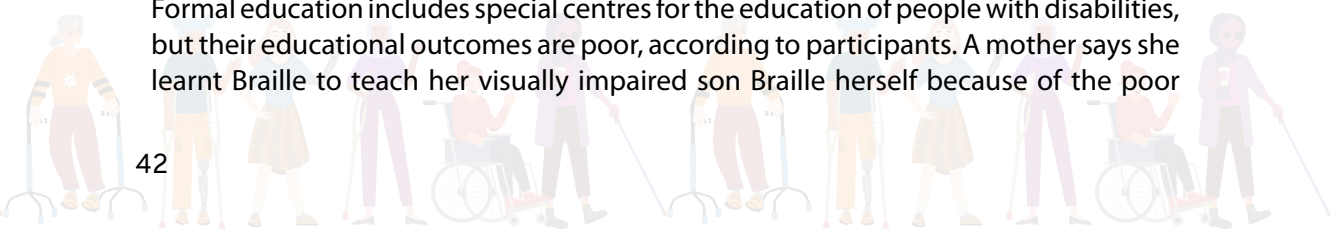
A mother recounted how her mentally disabled daughter, who was admitted to a private school, suffers from bullying by her peers at school. She says: "My daughter is studying at a private school. The students don't accept her; they bully her and call her 'crazy'. She cries every day and asks me not to send her to school."

Another participant said that she was unable to enroll her daughter with a disability in school, so she sent her to a Quranic learning centre, and despite the support of the staff, her daughter was bullied by female students and had to resort to private lessons at home.

A mother shared her disabled daughter's experience of social exclusion and forced loneliness. "She has no friends. She gets bullied a lot. She goes to school and comes back silent. No one visits us and she is not invited anywhere." She describes her daughter as smart and loves to learn, but her social life is non-existent, which deeply affects her mental health.

While a small number of schools are willing to accept girls with disabilities, these environments often lack sufficient support or awareness, which may lead some girls with disabilities to withdraw early after enrolling in school. A large proportion of them remain outside any educational system. The Higher Council for the Rights of Persons with Disabilities estimates that about 90% of school-age children are out of school and do not receive any type of education. 7.4% are enrolled in formal education and 2.6% are home-schooled. In the best of circumstances, girls continue their education through home schooling, often provided by their mothers, or through private lessons, in which case they suffer from isolation and forced loneliness, which causes them psychological damage.

Formal education includes special centres for the education of people with disabilities, but their educational outcomes are poor, according to participants. A mother says she learnt Braille to teach her visually impaired son Braille herself because of the poor



education he receives. She says: “My son is 14 years old and he still can’t read Braille well, even though he has been going to school for years. Teachers are not patient with blind children.”

Participants shared painful experiences of physical and psychological abuse of their children in rehabilitation centres for people with disabilities, in addition to similar experiences they heard from the parents of other children in these centres. One mother said that her daughter was physically abused by other children and did not receive the necessary protection from the supervisors. When she complained to the administration, the administration denied that this had happened, so the mother decided to remove her daughter from the centre.

Some participants expressed their frustration at the lack of oversight of these centres by the Ministry of Social Development and the failure to follow up on complaints. One mother said: “The ministry is aware of the violations but does not act.” Another says: “I went to the Ministry of Social Development and told them about the case of my daughter who was psychologically abused by the supervisor, but no one responded.”

Regarding the role of the Family Protection Department or any personal experiences with the police or judicial system, the focus group participants had no input.

Barriers to public transport and access to services

A mother spoke about her visually impaired daughter’s determination to pursue her education despite the challenges, mainly the distance between home and school and the lack of proper public transport. She says: “Every day my daughter rides three buses on her own to attend her classes. She is ambitious and says: ‘I read and understand what my teachers say, and the bus drivers are helpful.’”

One participant pointed to the inability of their daughters with disabilities to use public transport and the danger of streets that are not prepared for them. She says: “There are 100 obstacles between the house and the bus.”

On the other hand, the participants complained about the financial burden due to the high cost of taxis or cabs, which limits the movement of their daughters with disabilities, especially when commuting to school or regular health check-ups.

Some participants also expressed their distrust of taxi drivers who try to financially exploit girls with disabilities. One of them says: “It is difficult for my daughter to get into a taxi because she will be financially exploited. They deceive them and take more than the fare due.”

Some mothers also expressed their concerns about the lack of safety and security in public and private transport. The mother of a girl with a disability said: “I can’t let her go out alone... I don’t trust her with another person, and I’m afraid to let her get into a car with a driver alone.”

Inadequate health services and poor staffing

The most prominent obstacles related to access to health services that the mothers of girls and children with disabilities unanimously agreed on were the long waiting times, queuing and delays in obtaining the health care that their daughters need on a regular basis. This reflects the inadequacy of health services and personnel compared to the needs of this group.

One participant said: “The queues are very long, and they only let a few people in at a time.” A mother described how she and her daughter who has a mental disability, waited for hours in a crowded place, causing her daughter to become exhausted and upset, and the mother was unable to control her daughter’s emotions as a result of the pressure she was under, so she had to leave without getting the medical tests her daughter needed.

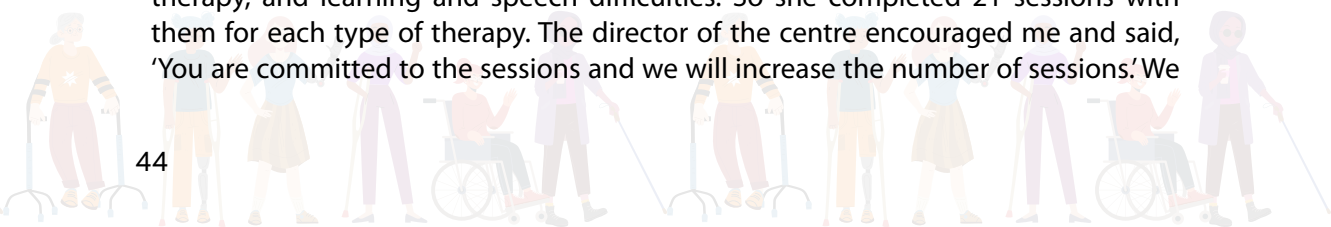
Participants repeatedly complained that some of the health centres they visited did not accept the identification card for their daughters with disabilities, a card issued by the Higher Council for the Rights of Persons with Disabilities in accordance with examinations approved by the Ministry of Health, which includes all identifying information about the type and degree of the cardholder’s disability and qualifies the cardholder to obtain the necessary health services from government institutions free of charge.

A participating mother says that health care providers do not respect disability identification cards. A father participant says: “They give us the card and tell us we can go in, but when we go, the doctor says ‘what does this card have to do with me?’”

There have been complaints of misdiagnosis, “cases of giving us an incorrect diagnosis or incorrect assistive devices” at government health centres. A mother said: “They gave my daughter the wrong glasses.” Participants also expressed their inability to treat their daughters in private health institutions because they are too expensive.

Some mothers shared positive experiences about the psychological support sessions, hearing aids and wheelchairs that their daughters received from the Family Health Care Institute in Rusaifa and Zarqa, psychological support sessions from Naya Centre and Princess Basma Centre, and examinations and glasses from the German Optical Centre.

One of the participating mothers said: “My mentally disabled daughter benefited from the Noor Al Hussein Foundation. She was evaluated and diagnosed. They have a doctor who tells us the child’s condition and writes a report on her condition, then makes a referral. For example, I treated my daughter with physiotherapy, occupational therapy, and learning and speech difficulties. So she completed 21 sessions with them for each type of therapy. The director of the centre encouraged me and said, ‘You are committed to the sessions and we will increase the number of sessions.’ We



increased the number of sessions to 10 sessions for each treatment. They also gave me a transport allowance of 3 dinars for each session. Honestly, the centre is very wonderful.”

She recounted the experience of her hearing-impaired daughter at the Princess Basma Centre. She says: “My daughter felt comfortable and happy and her psyche changed. She used to sit alone and wear a hat to hide her hearing aids that she was ashamed of. I worked with her a lot and stood by her a lot but she needs more support.”

Women and girls with mental disabilities face deep-rooted social stigma, emotional hardship, and systematic neglect. While parents strive to provide support, they often lack support from formal structures. When services are available, they are often inadequate or ill-equipped to meet the needs of girls with disabilities. The absence of inclusive learning environments, the denial of psychological support services, and the lack of long-term planning exacerbate the vulnerability of these girls and women.

Systemic change is needed to address the training of service providers, the inclusivity of organisations, and the development of sustainable and tailored support pathways for girls and women with disabilities.

9. Scenes of violence against women with disabilities (case study outputs)

Women are the most vulnerable to societal violence in many countries across the globe, including the Arab region. It has a deep impact in Jordan. When discussing girls and women with disabilities, the challenges they face extend past the walls of their homes to the integrated societal system. These challenges include obstacles of stereotyping, lacking what might allow them their legitimate humanity.

For one woman, while her mobility impairment is not severe, her husband still perpetuated abuse, beatings, and humiliation, as well as denying her of her basic human rights. He was previously married to her sister who died battling cancer. The woman was left with her sister’s five children. Now in her mid-forties, she continues to live with her abuser to stay with her sister’s children, in hopes that she will be able to raise them well. Her husband’s home is on the third floor, which adds to her suffering with her mobility impairment. Her husband prevents her from ever leaving, further distancing her from her mother and brothers, who had abandoned her after she agreed to marry her sister’s husband. She has to suffer this situation due to her social fears, along with the fear of returning to the family who abandoned her.

She got in touch with a charity organisation that provided her with assistive technologies, which she needs to renew periodically because of the pressure the domestic work she is forced with. However, she refused to allow the organisation to

reach out to women's protection agencies such as the Family Protection Department because she did not know what they could do. She was afraid of the issues with her husband escalating.

One woman with a psychological disability suffered from a broken foot after she was forced to jump from her family's second floor home due to the violence she suffered at the hands of a family member, so she had to undergo surgery

After staying in a shelter affiliated with the Jordanian Women's Union for a long time, she requested to be transferred to the Juwaida Correction and Rehabilitation. There, she suffered from loneliness and psychological crises. No members of her family visited her during the three years she was there. On visitation days, she would always wait for her name to be called, but to no avail.

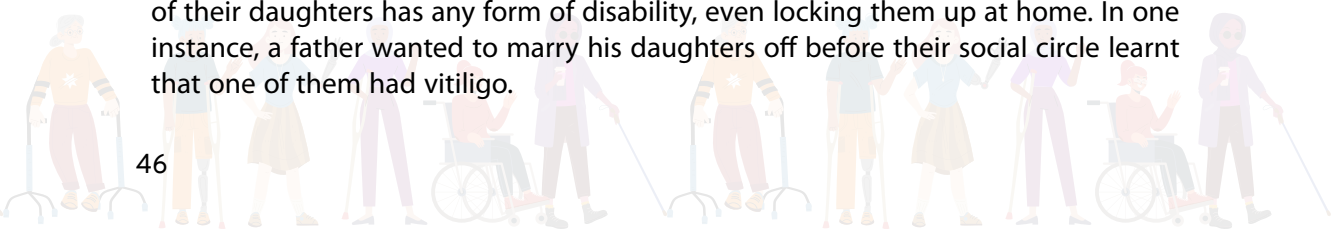
Another woman had a motor disability due to her family's negligence and failure to treat her for her birth defect. This led to the deterioration of her condition until she lost the ability to move her feet entirely. There was a lot of violence that she faced from members of her family. She reached the Women's Union in a bad psychological state. At the shelter, she was provided with adequate health care and hospitalised for treatment.

In another case, one woman had no choice but to flee her parents' home. It was in a remote area, where they locked her in a room and prevented her from going out, worsening her psychological disability. She was found by some workers from the Women's Union in a terrible situation with a taxi driver. They provided her with the necessary medical treatment and found out that she had been sexually exploited.

In an exceptional case, an 18-year-old managed to escape from her parents' home to file a complaint against her father, who had been raping her and her two younger sisters. When questioned, the father defended himself by saying, "the closest relatives come first," while the mother justified her neglect to report her husband because he is the sole breadwinner for her family.

Another woman was raped, but was afraid to turn to the authorities, such as the Family Protection Department, because she was in a relationship with a young man who promised to marry her. To avoid negative societal perception, her family locked her in her room and prevented her from leaving the house of communicating with anyone. Before being raped and imprisoned, the woman was forced to quit her job. She had worked hard to get that job and obtain a university degree. Due to the discrimination she faced in the workplace because of her mobility impairment, she was left in a state of depression, in addition to losing her only source of income.

Some families of women and girls with disabilities practice violence against their daughters due to the parents' fears of "social stigma," so they conceal the fact that one of their daughters has any form of disability, even locking them up at home. In one instance, a father wanted to marry his daughters off before their social circle learnt that one of them had vitiligo.



Meanwhile, workers in many institutions that provide health and social services face questions from parents about the ability of removing the uterus of one of their daughters with disabilities, fearing that she may become pregnant after being exposed to sexual abuse. In one case, a mother asked, “we have a mentally disabled girl, please show me somewhere to get her uterus removed. I can’t leave her and let everyone play with her.” Another says, “I don’t know whether it is halal or haram, where to go and where to come, but I am protecting her.”

Some parents continue to seek to forcibly sterilise their daughters with intellectual disabilities, according to the director of the Disability and Mental Health Directorate at the Ministry of Health: “Unfortunately, it has become customary to remove the wombs of women with intellectual disabilities, even though it has become a punishable offence.”⁵¹

The lack of and need for physical contact that many people with disabilities experience could make them more vulnerable to different forms of violence, especially sexual harassment, while receiving help or care services. One young girl was harassed by a limb technician who was measuring the size of her amputated foot to prepare a prosthetic. Many women with disabilities are harassed by service and care providers, such as trainers, technicians, teachers, and physiotherapists.

Violence remains one of the biggest issues that women, especially women with disabilities, face. Even if they manage to reach protection authorities, because of the social environments, they find themselves with difficult options: either to return to the family home, where they will be rejected and subjected to repeated cases of severe violence, or to be referred to reform and rehabilitation centres.

10. Violence protection system available to women and girls with disabilities (qualitative interview outputs)

In Jordan, there are several government agencies, as well as national and international civil society organisations, that are concerned with protecting women and girls with disabilities against all forms of gender-based violence, despite the difficulties they face in providing the integrated social, legal and health services this group needs.

In the government sector, the Ministries of Social Development and Health and the Department of Family and Juvenile Protection are the organisations directly involved in receiving victims of violence.

According to Article 29E of the Rights of Persons with Disabilities Law No. 20 of 2017, the Ministry of Social Development and the Ministry of Health, in coordination with the Higher Council for the Rights of Persons with Disabilities, are required to “provide

51. King Hussein Foundation Information and Research Centre, 2023, The [rights of sexual and reproductive health service recipients and the most vulnerable and marginalised people in Jordan: Gaps in Practice](#)

psychosocial and health support services, including rehabilitation and treatment for persons with disabilities who are victims of violence and exploitation,” and to provide prevention and detection programmes, reporting and notification of violence, and training for persons with disabilities.

Ministry of Social Development

The number of persons with disabilities who were subjected to violence and placed in residential centres for persons with intellectual disabilities reached 13 cases for the year 2021. The number of beneficiaries reached 1,416, including 3 persons with disabilities. In child care and protection centres, there were 19, including 4 governmental and 15 voluntary centres, the number of beneficiaries with disabilities reached 27 beneficiaries out of 310 beneficiaries for the year 2021.⁵²

The Ministry of Social Development provides protection and care services for children, women, the elderly, and persons with disabilities through its offices located in the 19 Family Protection Department centres throughout the Kingdom, in addition to Ministry of Health staff. Cases are referred from the Department to the Ministry's offices for an initial study, assessment of the extent of the risk or risk factors, and identification of the services needed for each case.

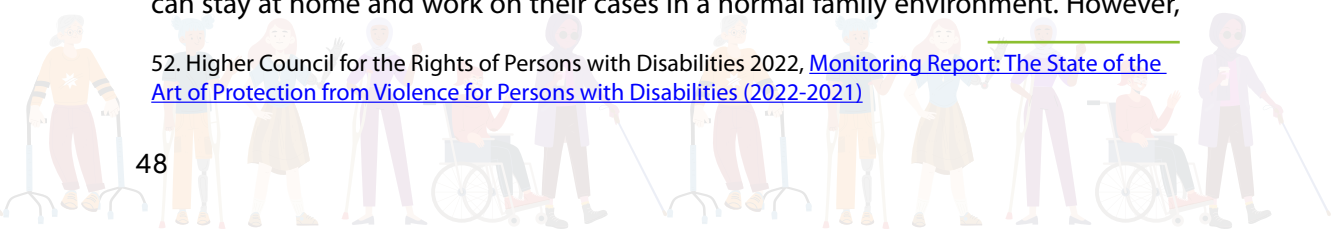
If the abused woman is under the age of 18 or has a mental or psychological disability, the Ministry's offices make the decision on her behalf by seeking her best interests and increasing her safety. In cases of severe disabilities, a letter is issued or the National Centre for Mental Health is contacted and a diagnosis can be made first. There are also cases that require shelter for people with disabilities.

The Ministry provides shelters for girls aged 12 to 18 who are at risk of violence, including girls with disabilities. They may not be at risk or have enemies, but they may not have a family. There is also a safe house for high-risk women aged 18 and above, most of whom have been sexually assaulted.

As for abused women within the family over 18 years of age, there are care homes such as the Family Reconciliation Home (located in the capital Amman, Irbid and Aqaba). They are admitted after a referral from the Family Protection Department and a social study is conducted in the Ministry's offices. The battered woman decides whether she wants to enter the home because she has no one to care for her or because she needs a safe place to go until her affairs are stabilised.

According to the Juvenile and Protection Directorate, the main goal remains integrated care or alternatives to shelter, as these people have the right to be integrated into communities rather than being in care homes for people with disabilities, so they can stay at home and work on their cases in a normal family environment. However,

52. Higher Council for the Rights of Persons with Disabilities 2022, [Monitoring Report: The State of the Art of Protection from Violence for Persons with Disabilities \(2022-2021\)](#)



the challenge here is that the majority of cases are domestic violence, which requires follow-up for a period of time to provide protection services until the cases are resolved through legal means, which does not always mean an end to such violence.

Ministry of Health

According to Ministry of Health statistics, domestic violence, especially against girls under the age of 18, constitutes the largest percentage of gender-based violence in Jordan, which is split into four categories of five age levels, including sexual assault.

Jordan's Public Health and Protection from Domestic Violence Laws require all hospitals and health centres, both public and private, to report cases of domestic violence, even without consulting the abused woman, and provide statistics through the Domestic Violence Section of the Ministry of Health. In 2018, a special clause was added to the law for people with disabilities, specifying their form, type, and degree of disability.

In cooperation with the National Council for Family Affairs, the Jordanian Ministry of Health is preparing a training manual to explain how to detect, report, and deal with cases of domestic violence, as well as participating in trainings with USAID, which were for health and security centre staff only, and trainings with UNFPA for hospital staff.

As for people with disabilities, the Disability and Mental Health Directorate worked to establish psychological clinics in more than 50 health centres affiliated with the Ministry of Health. The ministry is currently working in partnership with the Ministry of Social Development on a training and awareness project for staff of associations concerned with gender equality, social networking and gender-based violence, in addition to joint programmes with the Ministry of Education on early detection through the school health system.

To improve access to health services, in 2022, the private sector, in collaboration with the ministry, deployed the SineBook app for people with hearing impairments, which provides live sign language interpretation, according to the Ministry of Health's Disability and Mental Health Directorate.

Family and Juvenile Protection Department

The number of persons with disabilities benefiting from the services of the Family Protection Department for the years 2022-2021, it was found that 20 persons with disabilities benefited from the services of the Family Protection Department during 2021 (14 males, 6 females), the types of disabilities in these cases (9 intellectual disabilities, 3 autism spectrum disorder, 4 hearing and 4 mobility), and the types of abuse (11 sexual abuse, 6 sexual assault, 3 separate) ⁵³

53. Higher Council for the Rights of Persons with Disabilities, [Monitoring Report: The State of the Art of Protection from Violence for Persons with Disabilities \(2022-2021\)](#)

The Family and Juvenile Protection Department of the Public Security Directorate is the first place to go when dealing with cases of violence before getting referred to the correct authorities, such as the Ministries of Social Development and Health, as it has exclusive jurisdiction, including combating all forms of violence, whether against children or women, gender-based violence in all its forms, and providing a safe environment for victims of domestic violence with disabilities, whether at home or in care homes.

The 17 family protection sections are distributed across the Kingdom's governorates, in addition to two detachments in Zaatari and Azraq camps for Syrian refugees. They also include social service offices, forensic medicine, and psychiatry clinics to provide health services, medical reports, health treatment, and aftercare.

The Family Protection Department works in coordination with civil society institutions, such as the Jordan River Foundation and the Higher Council for Persons with Disabilities, by holding courses for the department's staff on how to deal with persons with disabilities so that they have the ability, experience, and skills to deal with this group, in addition to signing an agreement with the Adel Legal Aid Centre to provide free legal services to them.

The department's mechanism for receiving reports and complaints includes personal attendance or referral through security centres, and its social media pages (Facebook, Messenger, Instagram, and WhatsApp). A group of the department's employees have been trained in sign language to deal with deaf and dumb cases, in addition to linking the department's operations room with the Public Security Directorate's operations room, which has created a phone number, 114, to deal with people with disabilities, automatically opening a screen and communicating through a sign language interpreter, translating the complaint or report and transferring it to the competent security authority.

The Family Protection Department launched the mobile awareness team in 2023 due to the need for awareness and education for all state institutions at the level of civil society, universities and schools, including people with disabilities, especially with regard to the 2017 Protection from Domestic Violence Law, which requires health, social and educational service providers in the public and private sectors to report any case they deal with or receive under the penalty of legal accountability with penalties including imprisonment and fines for non-reporting.

A model integrated service centre (under construction and likely to be operational by early 2026) has been established in the Qweisma area in the capital Amman, providing a friendly environment designed for people with disabilities of all categories. The services provided include security, health, social, legal, judicial, and psychological services, in order to provide these services to abused women, including women with disabilities, in one place and prevent them from having to move between more than one entity and institution.



Higher Council for the Rights of Persons with Disabilities

The Council formed the Women with Disabilities Committee based on Article 8, Section J of the Rights of Persons with Disabilities Law No. 20 of 2017, which aims to promote the rights of girls and women with disabilities in society and highlight the challenges they face in various aspects of life. The committee's members include activists in the rights of persons with disabilities, representatives of civil society institutions, and organisations concerned with women's rights and community development.

The Council has a mechanism to receive complaints about all forms of violence – whether domestic or institutional – to which persons with disabilities may be subjected. It complies with the law in terms of receiving cases of domestic or institutional violence and notifying the security authorities.

The Council also works within a global network (Share Net) on issues of gender-based violence and sexual and reproductive health (SRH) rights, in addition to developing a guide for service providers on these issues, which aims to raise awareness on how to deal with victims of violence, especially women with disabilities, in cooperation with an Italian Association of Women in Development.

In a collaboration with the Family Health Care Institute and the Italian Association of Women in Development, the Council launched the “Guidelines on how to address gender-based violence against persons with disabilities in Jordan and the COVID-19 context”. The guidelines were developed as an operational tool that provides GBV and disability service providers with the different steps to be taken to include persons with disabilities in GBV programmes, and vice versa, GBV in disability programmes that apply an integrated gender approach.

The Council provides specialised training on protocols for dealing with persons with disabilities for staff of institutions that provide violence protection services.

Jordanian National Commission for Women

JNCW is a member of the Women with Disabilities Committee, formed by the Higher Council for the Rights of Persons with Disabilities, which works to prepare annual implementation plans to ensure that women with disabilities have access to economic, social and political opportunities efficiently and equitably on an equal basis with others.

As a first step, the committee focuses on building the capacity of its teams to deal with people with disabilities through training courses in cooperation with the Higher Council and the Committee for Women with Disabilities, in addition to launching the committee's institutional service initiative, which works on gender equality to promote women's economic participation, including the topic of promoting a

responsive environment for economic participation and motivating institutions to promote the participation of women with disabilities by providing them with a stimulating environment and adhering to building guidelines.

The committee also plans to link the Higher Council and the Committee for Women with Disabilities with the 100-member Shamaa Committee, which specialises in combating violence against women and girls and includes representatives from the Higher Council and the Committee.

To ensure access to necessary and adequate information about sexual and reproductive health services, the Committee is working to promote disability-responsive media in all its forms and mediums.

Jordanian Women's Union

The Jordanian Women's Union established shelters for abused women in 1998 to combat all forms of discrimination and violence against women and attempt to reintegrate them until their individual issues are resolved.

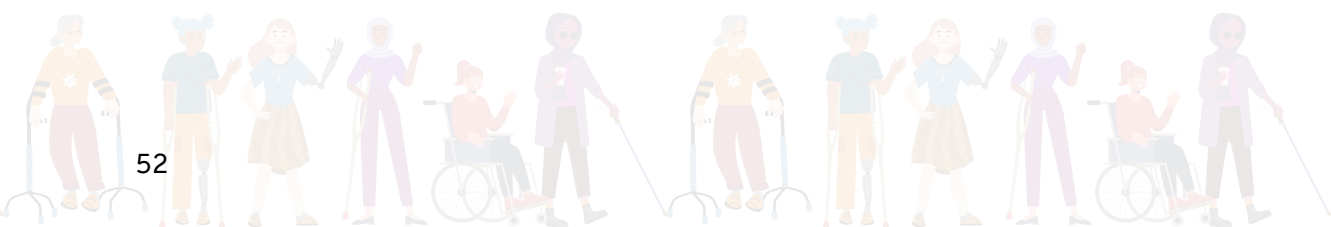
The Federation also provides psychological care for minor cases through its psychologists or in collaboration with a number of doctors, in addition to referring some cases to organisations and associations specialised in this category.

With regard to awareness-raising, the Women's Union established the Guidance Line Programme in 1996 and, before that, the Legal Literacy Programme in 1994, which is available on request in any governorate in the Kingdom, with a view to providing the necessary answers to women who have been subjected to violence. It is staffed by specialists, including social workers, psychologists and legal advisers.

Women with disabilities make up a small percentage of the beneficiaries of the Federation's services.

Family Health Care Institute - King Hussein Foundation

The vision of the Family Health Care Institute, which has established several accredited centres in various Jordanian governorates, is to serve women, children and families, including those with disabilities and all segments of society, based on the WHO's international definition of access to and receipt of health, psychological and social services. It works to provide services for women and girls with disabilities in protection programmes related to gender-based violence and child protection, including case management services, specialised psychosocial support and rehabilitative, legal and medical services.



In order to provide the necessary service, the Institute adheres to the building code standards approved by the Higher Council for Persons with Disabilities to take into account the various forms and degrees of disability, including motor, auditory, visual, mental, and psychological. For example, its staff were trained in the language for the deaf, Braille for the blind, and the protocol mechanism for dealing with persons with disabilities, with the help of the Higher Council and the Prince Ali Club for the Deaf, and relying on the case management methodology, which is the unified national methodology and unified national procedures, which emerged from the National Council for Family Affairs (NCFA).

In 2022, a guideline on how to address gender-based violence for persons with disabilities was published in collaboration with the Higher Council for the Rights of Persons with Disabilities. The Institute also works in partnership with the Family Protection Department, civil society organisations and government institutions such as the Ministry of Social Development and care homes.

Tafilah Women's Association

The Tafilah Women's Association receives many cases of abused women and girls referred by the Directorates of Health, Development and Social Affairs or civil society organisations, through qualified staff with experience in dealing with victims of social violence, from "case management" to providing the necessary service. The association has obtained a certificate from the National Council for Family Affairs for the accreditation of service providers. The Tafilah Women's Association may refer some cases to these organisations when necessary.

During 2024, some 2,517 women and girls who were exposed to gender-based violence benefited from the association's services provided through awareness-raising workshops in various villages in Tafilah governorate or neighbouring governorates, which are held in its two reception centres designed in accordance with building guidelines for people with disabilities.

Among the beneficiaries of the association's services are 10 cases of deaf and dumb girls (9-15 years old), including Syrian refugees, and one visually impaired case (40 years old), who were subjected to various forms of domestic violence: Psychological, social, physical, and sexual violence (harassment), with the majority of perpetrators being fathers.

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The Amal Centre of the Tafilah Women's Association provides psychological and social support services, health, psychological and legal consultations to abused women in Tafilah governorate to raise awareness about confronting family issues. The centre provides a suitable environment for girls with various forms of disabilities (motor or psychological) to participate in social awareness events held at universities, charities, youth centres, and centres affiliated with the Ministry of Social Development, which include aspects of defining gender-based violence, and sexual and reproductive health issues in their scientific and objective aspects to overcome conservative traditional social barriers, which include multiple forms of violence, such as partner violence, deprivation, forced sexual relations, unacceptable practices, reproductive system diseases, or sexually transmitted diseases.

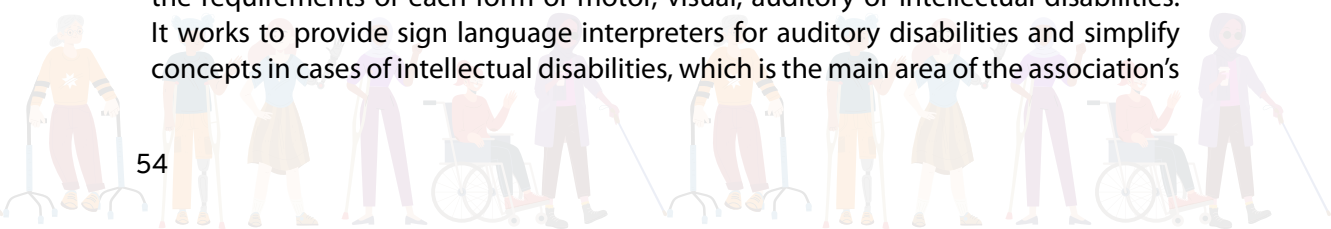
The work of the centre begins by receiving the case in coordination with various civil society organisations (the Islamic Cultural Centre, the National Centre for Women) and managing it psychosocially through the case coordinator, who is referred to the appropriate specialist according to the circumstances of each individual case, and then providing the necessary service, ranging from psychological support or a referral to the relevant doctor or authorities, or counselling, whether through face-to-face attendance (the main source in these cases) or through the available hotlines within the One Stop Shop system.

Be Positive Association

The "Be Positive" association has expanded its field of action from women with disabilities to include others without disabilities with the aim of promoting the idea of integration between different groups of women. They also work on economic and social empowerment by seeking to find suitable jobs for women with or without disabilities.

The association does not include gender-based violence activities, aside from awareness-raising sessions to introduce the basics, due to the lack of sufficiently specialized staff. They do train women with disabilities and those of different nationalities, in addition to coordinating with organisations and institutions concerned with providing protection services against violence.

The association's activities vary according to the different forms of disabilities and the requirements of each form of motor, visual, auditory or intellectual disabilities. It works to provide sign language interpreters for auditory disabilities and simplify concepts in cases of intellectual disabilities, which is the main area of the association's



work, all of which depends on the amount of financial resources available. It also trains its staff on how to deal with people with disabilities – especially intellectual disabilities – through specialised counsellors.

To increase the segments of beneficiaries of awareness services, Be Positive utilises multiple social media platforms to publish special videos with subtitles that suit different forms of disabilities (sign language, voice speaking), to ensure that they reach the largest possible number of target groups.

In cooperation with the Higher Council for the Rights of Persons with Disabilities, the association provided a training programme on disability rights issues, and the charity organisation Tadamon provided training for women with disabilities on gender-based violence, protection mechanisms and relevant laws.

Through its workshops and training programmes, the association found that the majority of the abused women were those with hearing and speech disabilities who were subjected to various cases of harassment, violence, and discrimination in the workplace, as it is difficult for them to communicate their complaints on the one hand, and because some abusers believe that they will not inform anyone of the assault on the other hand.

Their difficulty in communicating their complaints is because of the inability some have to write or poor ability writing as a result of the low level of education they receive in deaf and dumb centres. The varying role of parents could cause this as well, so they should be a targeted part of any activity or awareness programme for people with disabilities. This also helps build trust between service providers and parents, which is a preliminary step in success.

Humanity and Inclusion Organisation

The provision of protection services against violence is not limited to local institutions and organisations, but extends to international organisations such as Humanity & Inclusion, which was working in Jordan before the Syrian crisis to implement projects related to development and awareness of the rights of persons with disabilities, along with more developmental programmes for this group, providing rehabilitation services as well as mobility aids.

One of the most prominent activities of this organisation is the rehabilitation of primary health centres. This is done by providing rehabilitation clinics, training their staff, and providing them with some of the necessary devices and equipment, especially those related to early detection and early intervention for children with disabilities. It also works with the Ministry of Education on inclusive education programmes.

HandyCap has a long-standing project with the Jordanian Ministry of Social Development, centres providing comprehensive care for people with disabilities and day centres, as well as leading a project related to institutionalisation as part of a strategy for the shelters of the Higher Council for Disability Rights and the Ministry of Development, a project that began at the Tafilah Women's Rehabilitation Shelter, the first of its kind in the Middle East.

On the health front, the organisation works within the National Rehabilitation Strategy led by the Jordanian Ministry of Health, by developing tools to train relevant staff, and by working to enact legislation and laws that facilitate access for people with disabilities to the rehabilitation services they need.

World Orthodox Group

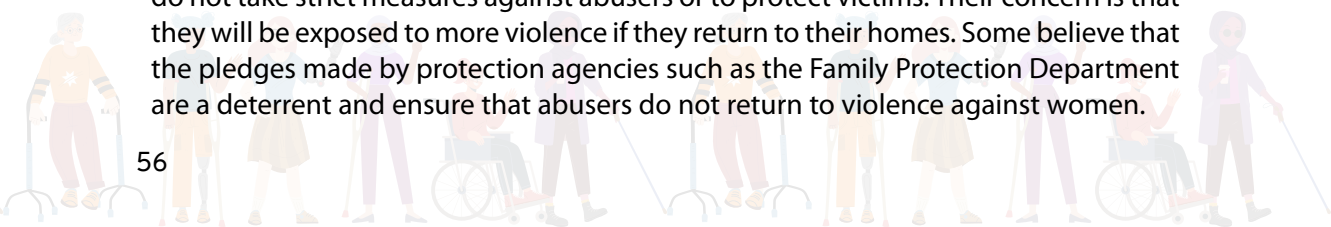
Since 2015, the Orthodox Christian World Charity Group (OCWCG) has been working in Jordan on joint projects with various organisations at different levels, related to health and protection for people with disabilities. In 2017, the group started implementing joint training projects for this group and for family caregivers.

The group's services range from providing hearing aids, eyeglasses and mobility aids, to rehabilitation services such as functional physiotherapy for hearing and speech disabilities and special education, to prosthetic limbs and splints for some mobility disabilities.

On the awareness-raising side, the association's staff has held special workshops to train school teachers on inclusive education, including information on how to recognise children with disabilities and the basics of the educational integration process. They then moved on to dealing with school administrations to make adjustments in the school environment to suit this group.

In collaboration with the Family Health Care Institute, the Orthodox group began working last year to prepare a guide on the intersection between gender-based violence and issues of persons with disabilities in a more specialised manner, as they are the most vulnerable to various forms of violence. The trainings within this guide began by targeting volunteers and clinic workers to raise community awareness and establish development centres to introduce how to distinguish between types of violence, as well as the mechanism for reporting and filing complaints.

The psychological support provided by the group includes persons with disabilities and their family caregivers in special sessions on social violence, introducing them to protection services and the mechanism for accessing protection services. Abused women with disabilities expressed their fears of reporting, because security agencies do not take strict measures against abusers or to protect victims. Their concern is that they will be exposed to more violence if they return to their homes. Some believe that the pledges made by protection agencies such as the Family Protection Department are a deterrent and ensure that abusers do not return to violence against women.



11. Gaps and vulnerabilities in the protection system and the needs of service providers

These different organisations themselves face some challenges in providing the necessary services for people with disabilities, such as the lack of infrastructure to deal with this group, or the inability to provide them with the supplies they may need, such as motor aids for mobility disabilities, or hearing aids for hearing impairments.

In some cases, the concerned authorities only work with certain types of disabilities depending on the infrastructure available to them. Some of them refuse to receive women referred by a charity organisation who use a wheelchair, because their buildings are limited to ordinary stairs that are difficult to handle, which prevents them from accessing the necessary services.

Some entities, such as the Women's Union, are unable to receive some cases, such as mental disabilities, because they do not have the capacity to deal with them, forcing the Union to refer them to the Family Protection Department, the National Centre for Mental Health, or other competent authorities and organisations.

While there is adequate infrastructure for some forms of mobility disabilities, such as special corridors for wheelchair users and dedicated ground floors for this type of disability, many service delivery organisations lack facilities for other forms of disabilities, such as sign language specialists or audio-visual applications.

Other associations resort to coordinating and networking with local and international organisations concerned with women's issues that provide special projects for women with disabilities, contributing to their social reintegration, economic empowerment, and providing them with the necessary services.

After 14 years of the Syrian crisis, many disability protection service providers in Jordan, one of the countries that received the most Syrian refugees, are shocked by the lack of specialised training in sexual management for many disabilities among refugees, such as wheelchair users, as well as the lack of psychological support for them, as many of them have health issues that come as a surprise when they get married. War and conflict injuries can lead to damage to the nervous system, which requires training for service providers on the specificity of persons with disabilities.

Not all of the Ministry of Social Development's offices for protection against violence are equipped to provide these services, and not all of its staff are qualified in this field. The main challenge is the qualification of human resources for rehabilitation and training to deal with people with disabilities, as it often resorts to using certain groups to deal with some cases, such as experts in the language of the deaf and dumb.

The orientation of donors is another obstacle to the Ministry of Social Development's work in this area, which is often at odds with the ministry's priorities and the needs of this group, according to field studies conducted by the ministry's offices.

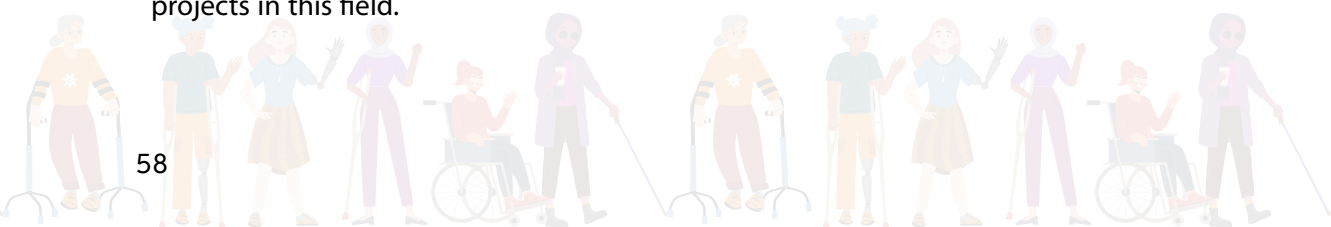
In addition to the scarcity of funding, the biggest challenge in many organisations and entities working with persons with disabilities, there is a lack of quantitative, qualitative, and statistical studies and research, which would provide the necessary information to proceed away from random and unorganized work. There is also the weakness of the human rights approach, which includes assessing needs and identifying community requirements to reach optimal practices in this field. The national documentation system causes challenges as well. While there is the national automation system, it needs further strengthening in all national and governmental institutions and ministries.

The field of protection against gender-based violence and against women with disabilities, in particular, lacks the readiness and availability of a multidisciplinary initial response mechanism for these cases. This could include psychological support, experts qualified in social work, law and emergency and direct protection, rather than staying limited to the security aspects represented by the Family Protection Department. Although its positive action to arrest the aggressor, refer them to the court, and investigate them is important, protecting the victim and providing help for them is also beneficial.

However, access to security centres or emergency protection shelters, while partially positive, is not easy, as it requires red tape and bureaucratic procedures with a network of official bodies, as well as anecdotal and verified stories of violence within disability shelters.

A segment of those working in the field of protection from violence have not overcome the prevailing customs, traditions and culture that are unfair to women and people with disabilities. School curricula that contain many aspects of extremism, gender discrimination, and ridicule of diversity and negative societal views fed by a media and drama machine that is not devoid of forms of abuse of this group are not limited to the forms of abuse that people with disabilities face. The issue is not limited to training and rehabilitation only, but is linked to an integrated educational and social system.

These culturally based obstacles extend to the legislative authority represented by the parliament, where legal amendments are needed to strengthen protection against gender-based violence and persons with disabilities, yet are met with strong opposition among the ranks of MPs, who are supposed to be a reflection of the societal point of view. They approve the state budget, including support for programmes and projects in this field.



Some providers of GBV protection services are looked down upon because of social suspicions of foreign funding and “agendas” that may conflict with the local community’s orientations, customs and traditions.

Service providers also face aggressive attitudes and behaviors from men that often prevent them from dealing with the issues of women and women with disabilities in a humane, objective and legal manner, which hinders their access to the necessary services, or prevents them from receiving optimal service, especially when dealing with official departments and institutions that are content to deal with security or rely on formal routine procedures.

12. Barriers preventing women with disabilities from accessing services

The difficulties that may prevent girls and women with disabilities from seeking protection from services are intertwined between subjective and objective. It may start with their own lack of knowledge about these services and their providers or the ways to access them, or from their fears about them. The lack of knowledge and fears are the product of a societal culture that’s dimensions extend to economic and even political aspects.

With approximately 5,000 cases of domestic violence registered with the Jordanian Ministry of Health in one year, these statistics are inaccurate to the amount of domestic violence cases among people with disabilities, who are most vulnerable to violence. Due to the difficulty of accessing these cases, this is primarily a societal challenge.

Despite receiving regular reports from the Family Protection Department on cases of violence against persons with disabilities, the Higher Council for the Rights of Persons with Disabilities claiming a low number of recorded cases of violence against women with disabilities, who are the most vulnerable to such violence, which reflects a flaw in the mechanism for accessing protection services.

This imbalance requires two parallel tracks: The first is an awareness-raising track, which is the responsibility of various women’s organisations to target their campaigns and programmes to include women with disabilities, while providing the appropriate environment and conditions for this group, in addition to the complaints mechanism available to them; the second is a special track to prepare a training manual on defence and protection from violence for persons with disabilities themselves, so that attention is focused on victims rather than service providers.

Community culture hinders access to legal services

At the legal level, the Justice Legal Aid Centre records a decrease in the percentage of applicants for legal support from women with disabilities, due to the difficulties they face in accessing service providers, which is due to their family or social situations, their lack of freedom of movement, or their dependence on others in this regard, contrary to the objectives of the Law on the Rights of Persons with Disabilities, which emphasises the need for the independence of this group by providing the necessary environment and facilities that contribute to this field.

If caretakers are convinced of the importance of awareness-raising activities to deal with this group, many women with disabilities, who are the target group, are excluded by their families and surrounding communities to avoid the prevailing negative societal perception.

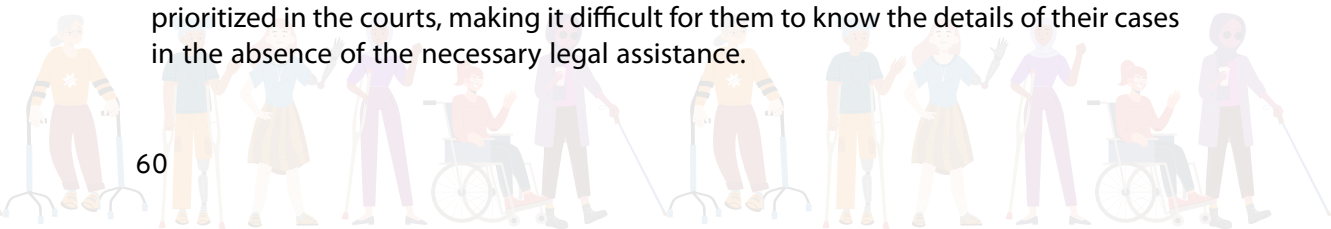
Even after some cases reach the relevant authorities, obstacles continue to stand in the way of this group's access to their rights. A lawyer working for the Women's Union wanted to file an alimony case in favour of a disabled woman, but the latter was not eligible to sign a power of attorney, as the laws stipulate that she must have a guardian, who may be the opposing party in such cases, like one woman who prevented from filing a lawsuit against her parents and was left in a shelter by her uncle.

Stakeholders believe that Jordanian legislation, including the Law on the Rights of Persons with Disabilities, has witnessed positive amendments and developments, but it has not been implemented in practice, especially with regard to building guidelines and the provision of infrastructure in official institutions for this group.

Others describe legislation such as the Protection from Domestic Violence Law as a "weak" procedural law, as it lacks a strict definition of violence, which entities such as the Family Protection Department and the Ministry of Social Development's National Team for Protection from Domestic Violence are trying to fill its gaps and overcome its legislative weaknesses.

In addition to the lack of enforcement of existing positive legislation, some laws, such as the Penal Code, suffer from clear imbalances that weaken the legislative system for protection against gender-based violence. For example, giving a distant relative the right to have a woman get an abortion if she becomes pregnant outside of a marital relationship, or the differences on adultery of a husband and adultery of a wife.

If legislation is not the main obstacle to access to justice for persons with disabilities, other details hinder this, such as the court and legal environment that does not take into account the specificity of this group, and even the laws on the rights of persons with disabilities and protection from domestic violence do not address the issue of legal aid. For example, translation procedures for deaf and dumb cases are not prioritized in the courts, making it difficult for them to know the details of their cases in the absence of the necessary legal assistance.



Some of the obstacles to women with disabilities accessing protection services are related to the entities providing these services. Some associations lack sufficient resources to provide specialists, especially in the field of psychological support, which forces them to resort to referring many cases to organisations and institutions that may provide what each case needs.

It is difficult for many of these institutions and organisations to reach women with disabilities, even in the field of legal awareness, which is the first line of defence against violence, or for this group to access such services, so the working bodies have no choice but to communicate with families far from the target group of such activities and awareness-raising services.

Poorly qualified service providers

Some of the groups working in service delivery institutions lack the ability to deal with the specificity of women with disabilities because they do not have sufficient knowledge of their needs, in addition to the difficulty for this group to access the programmes and services provided to them. Their presence within projects for them is merely a “quota” with specific percentages, in the absence of clear statistics related to this segment, which makes it difficult to know the magnitude of the issue and the mechanism to address it.

The issue of staffing comes, in part, from the lack of specialisation in these institutions, despite the large number of them. This means that many non-specialists work in the field without the necessary training and qualifications to deal with people with disabilities. Even specialists in this field sometimes need training, as a result of the weakness of the university curricula specialised in social work.

For example, school counsellors lack the necessary training, as they are professional counsellors rather than social workers, and there are fewer compared to the number of students. Their role is limited to the educational needs of students and the economic situation of their families, not the protection issues, domestic violence, harassment, and others.

The circle of obstacles to accessing protection services from violence widens in the absence of tools provided by various countries internationally whose staff are concerned with conducting field visits to familiarise themselves with the living conditions of children at home and the care services provided by families. This is primarily the responsibility of the Ministry of Social Development, which assesses the case to see if they should be referred to security, health, or authorities. According to some estimates, the cost of conducting tours would be less than the cost of following up on an abused child who may need treatment.

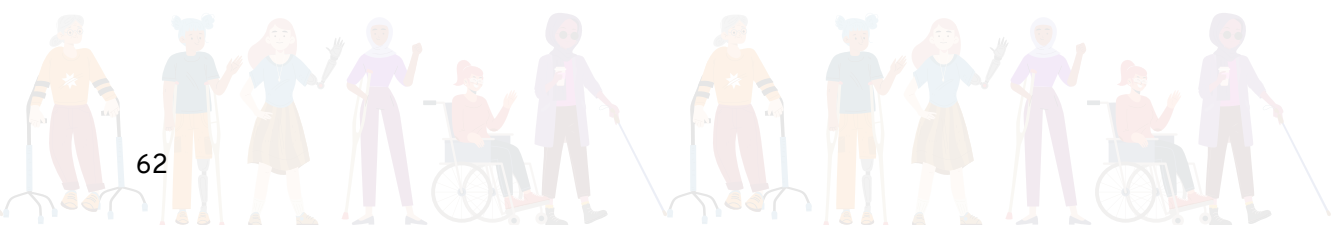
Societal barriers to accessing protection services

Girls and women with disabilities face complex barriers to accessing GBV protection services, starting from within their families and spouses' homes, then moving to their surrounding communities, which directly and indirectly affect their self-perception and weakens their sense of autonomy. In one of the awareness-raising sessions, visually impaired girls identified an issue with trusting people who were making negative judgements about them because of the way they were dressed, which requires deep and specialised interventions.

Transport and communication barriers

In one instance, the father of a 20-year-old woman who was working as a volunteer for a charity organisation that aimed to protect against gender-based violence prevented his daughter from attending the organisation's activities. Her mobility impairment required her to use a taxi, which would require physical assistance, especially in the absence of transportation app services that offer the option of providing female drivers in the area. Hence, employing women with disabilities who own private cars in transportation services or working and volunteering in organisations could be helpful.

Organisations also note that many parents bring their non-disabled daughters to attend various activities, while those with disabilities remain at home to avoid the negative societal perception of them.



13. Recommendations and suggestions to improve access of women and girls with disabilities to inclusive and quality services for protection from violence

The study provides detailed recommendations focusing on developing the protection system and the comprehensiveness of services, improving reporting mechanisms, expanding awareness-raising programmes and building the capacity of service providers. The main priorities include the following:

Reform of the legislative system

Activate the legislation in force related to protection against gender-based violence and against women with disabilities in particular, by promoting a human rights approach that guarantees the protection of this group from violence in all its forms, whether familial or societal, and ensures that cases of violence do not recur, and moves away from purely security-oriented approaches.

Amendments to legislation relating to protection against gender-based violence, against women with disabilities in particular, especially for the laws on protection against domestic violence and penalties, in line with the relevant international conventions ratified by Jordan (International Covenant on Civil and Political Rights, Convention on the Rights of Persons with Disabilities, CEDAW), as some provisions of these laws suffer from imbalances that are unfair to this category of society and are inconsistent with these conventions.

Develop/clarify some legal provisions for the protection of persons with disabilities, such as the criminalisation of those who have had a hysterectomy, which many women with intellectual disabilities suffer from in particular, to reduce these behaviours and prosecute and hold perpetrators accountable.

Enact disability-friendly legislation in various institutions and when planning infrastructure, such as building guidelines, to facilitate access to GBV protection services for women with disabilities who have been abused.

Develop a data and documentation system

Build a comprehensive database on domestic violence cases, which contributes to defining the necessary policy, developing appropriate legislation, and drawing up effective plans to protect against social violence, especially against people with disabilities. This step also contributes to activating the processes of connecting the institutions providing protection services, from registering the case, identifying its requirements, following up on it, and providing the necessary service.

Strengthen coordination and networking between different institutions and bodies working in the field of protection against community-based violence, whether governmental or civil society organisations, local, regional or international, with the aim of exchanging experiences in this field and ensuring the provision of integrated and comprehensive services specifically for persons with disabilities.

Improving the availability and comprehensiveness of services

Providing comprehensive, case-based services at all levels and increasing government and international funding for specialised service programmes, including legal support.

Activate the employment provisions of the Jordanian Labour Law, which sets percentages for the employment of persons with disabilities to ensure their economic empowerment and independence, thereby enhancing their psychological self-confidence and ability to integrate socially, especially for women and girls with disabilities.

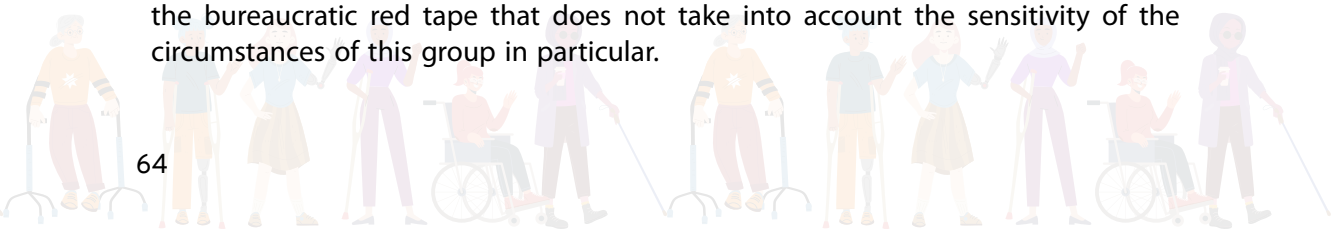
Promote psychological empowerment, strengthening the self-perception and self-confidence of persons with disabilities, especially women and girls, who face many challenges that weaken this confidence, whether within their families or in their social, academic, and work environments, making it difficult for them to integrate into society and difficult for them to access services to protect themselves from community violence.

Work to improve the conditions of abused women that are referred to reform and rehabilitation centres within the procedures of the Family Protection Department of the Public Security in order to contribute to their social reintegration, while ensuring that justice is achieved, protecting them from further cases of violence against them, especially with their own family, and not forcing them to resort to these centres as the only option for protection.

Review the design of shelters for abused girls and women, especially those with disabilities, and prepare intervention programmes and services for this group, taking into account the specificity of their needs, so that they are inclusive and effective, and based on a case-by-case management methodology, with the need to develop psychosocial interventions.

Improving means of reporting violence

Work to facilitate the procedures for reporting cases of domestic violence, and provide a suitable environment for women with disabilities in the institutions concerned with following up these cases (health, psychological and social), in order to overcome the bureaucratic red tape that does not take into account the sensitivity of the circumstances of this group in particular.



Work to utilize the various available technologies to facilitate mechanisms for reporting cases of domestic violence or communicating with persons with disabilities, especially women and girls, to follow up on their cases, study their situations, identify their needs, and come up with ways to provide for them.

Improving access to services

Providing public transportation accessible to persons with disabilities, and equipping service centres with communication tools (such as Braille and sign language).

Provide resources to facilitate access to violence protection service providers for women with disabilities, in parallel with finding the most appropriate ways for service providers to reach women with disabilities.

Providing special departments for persons with disabilities in public and private health institutions, from primary health centres to comprehensive hospitals, to ensure the provision of the necessary care for this group after studying each case to determine their psychological and therapeutic needs.

Capacity building for protection service providers

Training service providers on protocols for working with persons with disabilities; building the capacity of social workers, particularly in local associations working with persons with disabilities.

Provide the necessary resources to secure qualified personnel, whether in organisations concerned with protection against gender-based violence, or bodies specialised in following up these cases at the psychological, health, social or economic levels.

Providing the necessary financial resources to secure special programmes for providers of protection services against gender-based violence and for women with disabilities in particular, through the United States' commitment to its responsibilities in various health, educational and social fields towards this group, and networking with various regional and international organisations and bodies concerned with these issues.

Reviewing university curricula in the disciplines of social and psychological studies and special education to ensure the qualification of organisations capable of working in this field in the future.

Reform the education system

Work to formulate disability friendly curricula in order to raise generations that are aware of disabilities and how to interact with people with disabilities. This can help avoid the bullying that people with disabilities often suffer due to negative societal perceptions towards them, which influences those around them. It would also contribute to making educational institutions more inclusive in a conscious and effective manner.

Activate the provisions for the inclusion of persons with disabilities in public schools to avoid the reality that the statistics of the Higher Council for the Rights of Persons with Disabilities show that 90% of persons with disabilities of school age cannot find schools that are able or willing to work with their needs. According to the Jordanian Department of Statistics in its 2015 census, the number of people with disabilities in the Kingdom, aged five years and above, reached one million and two hundred thousand people, accounting for 11.2% of the total population, and 79% of this group do not receive any form of education.

Raise awareness of gender-based violence among women and girls with disabilities

Design awareness programmes on gender-based violence targeting women and girls with disabilities.

Work to involve parents of children with disabilities as part of the activities of institutions and bodies working in the field of protection from gender-based violence, to increase their awareness in working with their children in this category, overcome negative perceptions and behaviour towards them, and make them aware of the entities providing special services and how to access them.

Expanding the scope of activities of institutions and bodies working in the field of protection against gender-based violence to include various parts of society, which is one of the most prominent obstacles to persons with disabilities in particular, through the negative, stereotypical perception towards them.

Work to overcome the notions that some charitable organisations deal with persons with disabilities in terms of providing “subsidies and donations”, and promote the human rights concepts of this group as an active part of society.

Prepare awareness programmes for persons with disabilities, especially women and girls, with regard to the legal and human rights aspects related to gender-based violence cases, to ensure that this group is aware of their legal rights, ways to access support services in this field, and the competent authorities concerned with following up on their cases.



Strengthening the role of media in gender-based violence issues, ensuring that the voice of abused women with disabilities reaches the responsible authorities and bodies providing protection services against social violence, and raising awareness among both this group on the one hand, and among different segments of society, in order to facilitate their access to these services in various fields and sectors, and the access of these bodies to them.

Activating the role of the various religious authorities in places such as mosques and churches through a community discourse that encourages reporting cases of violence in all its forms, especially against persons with disabilities, to create a positive outlook towards them.

The existence of committees formed by local communities, including local officials, mukhtars (community leaders), and tribal sheikhs, that raise awareness about protection from gender-based violence. For example, in the village of Hosha, there are community health committees that include the head of the health centre, the director of the Hosha school, the mayor of the municipality, and the postmaster.

14. Conclusions

The findings of this study reflect the complex and multifaceted challenges faced by women and girls with disabilities in Jordan in accessing services for protection against gender-based violence. Despite the existence of laws and frameworks intended to safeguard their rights, the reality on the ground remains stark. Participants recounted experiences marked by stigma, exclusion, abuse, and systemic neglect. Families and caregivers detailed numerous cases of violence, including sexual assault, physical abuse, and emotional harm, often perpetrated by those expected to provide care and protection.

This study reveals that many women and girls with disabilities are excluded from the education system, health services, transportation, shelters, and even legal recourse. Barriers range from inaccessible infrastructure, untrained service providers, to harmful cultural attitudes and institutional practices that overlook the specific needs of this group. Reporting mechanisms are weak, shelters are not always equipped or willing to accommodate women with certain disabilities, and protection services lack coordination, inclusiveness, and sustainability.

Governmental institutions, while responsible for protection and support, often fail to provide adequate services due to gaps in implementation, limited accessibility, and a lack of inter-agency collaboration. Meanwhile, civil society organizations and international partners are providing essential but insufficient services, hampered by limited funding, scope, and integration with national systems.

Across all sectors, the absence of specialized, disability-inclusive services is evident. Survivors face major obstacles not only in accessing services, but also in being heard, believed, and supported. Whether in schools, health centers, police stations, courts, or shelters, the experiences of women and girls with disabilities remain largely invisible and underserved.

The testimonies documented throughout this study—whether from survivors, families, or service providers—highlight an urgent need for structural reform, resource investment, and a shift toward inclusive, rights-based, and survivor-centered approaches to GBV prevention and response. Only through meaningful and systemic change can the cycle of exclusion and violence against women and girls with disabilities be broken.

