



Finnish Refugee Council

Assessment on Violence Against Women with
Disabilities in Kachin, Myanmar

Tawng Mai Nhkum

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AGIPP	Alliance for Gender Inclusion in the Peace Process
CCCM	Camp Coordination and Camp Management
CDM	Civil Disobedience Movement
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CPwDs	Coalition of Persons with Disabilities
CRPD	Convention on the Rights of Persons with Disabilities
CRPH	Committee Representing Pyidaungsu Hluttaw
DPOs	Disabled People Organizations
DSW	Department of Social Welfare
DRD	Department of Rural Development
DRF	Disability Rights Fund
EAOs	Ethnic Armed Organizations
FDDSSA	Families of Disabled and Deceased Soldiers Supporting Act
FRC	Finnish Refugee Council
GBV	Gender Based Violence
GBVIMS	Gender Based Violence Data Management System, GBV Classification
GCA	Government Controlled Area
GEN	Gender Quality Network
IDP	Internally Displaced Person
INGO	International Non-Government Organization
KIA	Kachin Independent Army
KIO	Kachin Independence Organization
MCPD	Myanmar Council of Persons with Disabilities
MDEA	Myanmar Disability Employment Act
MFPD	Myanmar Federation of Persons with Disabilities
MNCWA	Myanmar National Committee on Women's Affairs
MoSWRR	Myanmar's Ministry of Social Welfare's, Relief and Resettlement
NAP	National Action Plan
NCA	National Ceasefire Agreement
NGCA	Non-Government Controlled Area
NGO	Non-Government Organization
NSPAW	National Strategic Plan for the Advancement of Women
NUG	National Unity Government of the Republic of the Union of Myanmar
OSWSCs	One Stop Women Support Centers
PoVAW Law (Draft)	Prevention of Violence Against Women Law (Draft)
PwD	Person with Disabilities
SPPRG	Social Policy and Poverty Research Group
TLMM	The Leprosy Mission Myanmar
UNCRPD	UN Committee on the Rights of Persons with Disabilities
UNHCR	United Nations Refugee Agency
UNICEF	UN Children's Fund
UNOCHA	UN Office for the Coordination of Humanitarian Affairs
UPPC	Union Peace Panglong Conference
UNSCR	United Nations Security Council Resolution
WASH	Water, Sanitation and Hygiene in Healthcare
WLB	Women's League of Burma
WON	Women's Organization Network
WPS	Women, Peace and Security

TABLE OF CONTENTS

A. INTRODUCTION	5
B. BACKGROUND	6
I. Defining Disability in Myanmar	6
II. Myanmar's policy framework and challenges to provide comprehensive support to Persons with Disabilities	7
III. Gender Based Violence (GBV) against Women and Girls with disabilities — Myanmar's legal frameworks and national efforts to address GBV	8
IV. Escalating conflict in Kachin and GBV	10
C. THIS STUDY	13
I. Study Methodology	15
II. Study Limitations	17
D. FINDINGS	18
I. Societal (Public) - Framers of 'shame'	19
(i) Denial of resources, opportunities and services	19
(ii) Disaggregation of data and counting of PwDs with other vulnerable groups	21
II. Community (Public) - Enforcers of 'shame'	21
(i) Discussions with community leaders in 14 IDP camps	22
(ii) Community treatment of women and girls with disabilities	24
(a) Participation in Community Events	26
(b) Emotional and Physical Violence	27
(c) Intimate Partner Violence	27
(d) Sexual Violence	28
III. Relationships (Private) - Frontline barriers to, or, enforcers of, 'shame'	30
(i) Carers as 'shame' absorbers for women and girls with disabilities	31
(ii) Carers as 'shame' enforcers and perpetrators of violence for women and girls with disabilities	32
IV. Individual (Intimate) - Internalization of 'shame'	32
PROGRAM FRAMEWORK	35
E. RECOMMENDATIONS	36
F. CONCLUSION	39
LIST OF CITATION	41

A. INTRODUCTION

Gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence. Types of violence include Domestic Violence (economic, psychological, emotional, physical, sexual), Femicide (honor killings), Sexual Violence (sexual harassment and rape), Human Trafficking, Harmful Traditional Practices (child marriage, widow stigmatization and female genital cutting), and more increasingly in Myanmar, Online and Digital Threats (UN Women). Women with disabilities continue to be more vulnerable to sexual violence. Furthermore, social stigmatization compounded by the challenges posed by disability makes access to justice through institutional mechanisms beyond the reach of many women who are differently abled.

Finnish Refugee Council (FRC) has initiated programs in Myanmar since 2015. The activities focus on capacity building for the most vulnerable communities, including those who have been internally displaced due to conflict and complex humanitarian situations. FRC is currently implementing the project titled “Enhanced Prevention and Response to Gender-Based Violence (GBV) in Kachin State, Myanmar” funded by the Ministry of Foreign Affairs of Finland. The project contributes to the enhancement of the GBV protection system for Internally Displaced Persons (IDPs) and host communities in Kachin and covers 26 IDP camps, both in Government Controlled Areas (GCAs) and Non-Government Controlled Areas (Non-GCAs), Momauk, Mansi, Hpakat, Waingmaw, Sumprabum, Mogaung and Tanai townships. Within the frame of this project and within the context of its existing work, FRC is interested in understanding and addressing the specific vulnerabilities to sexual and gender-based violence faced by women and girls with disabilities in Kachin’s IDP camps.

This report examines the current state of women and girls with disabilities within selected camps for internally displaced persons in Kachin, and their threat and experiences with discrimination and violence. Using inclusive, empowering, and participatory tools, this report reflects on the lived experiences of 92 women and girls with disabilities and proposes inclusive intervention strategies to address normative and attitudinal frameworks that continue to threaten the physical and emotional wellbeing of women and girls who are differently abled.

B. BACKGROUND

A 2011 world health survey on disability and poverty in developing countries found the overall prevalence of disability to be highly variable in the global south (Mitra et al, iii). However, disability among women was found to be higher than that of men in every country surveyed. Additionally, levels of education and economic well-being among persons with disabilities were found to be significantly lower than that of the general population. Disability in developing countries is connected to 'multidimensional poverty', meaning persons with disabilities are more likely to experience multiple deprivations than persons without disabilities (ibid).

I. Defining Disability in Myanmar

The Myanmar Disability Employment Act (MDEA) was enacted in 1958, and is intended only for soldiers with disabilities, but not for civilians. One of the key challenges of understanding disability in Myanmar is the variance in the measure and the definition of disability. Following the humanitarian toll caused by Cyclone Nargis in 2008, Leprosy Mission International attempted to document the number of PwDs and found that 2.3% of the population was living with a disability (Griffiths & Naing, p2). Myanmar's Department of Social Welfare (DSW) and The Leprosy Mission Myanmar (TLMM) collaboratively implemented the Emergency Plan of Action for Persons with Disabilities (2010-2012). The plan was not fully implemented because of the lack of participation of PwDs and insufficient allocation of a central budget. The 2014 National Census, the first in Myanmar since 1983, used the Washington Criteria as the basis for the measure of disability, asking citizens to specify any difficulties they had with seeing, hearing, walking or memory function. In 2014 Census reported that 4.6% of the population was living with a disability. A rural survey conducted by the Social Policy and Poverty Research Group (SPPRG) in collaboration with the Department of Rural Development (DRD) in 2015 showed a 3.3% prevalence of the population as living with a disability. However, it is important to note that all of these figures reported well below the global average of 15% (Zin Soe, p35). As Griffiths and Naing found in their analyses of current surveys of persons with disabilities, the reasons for the variance found in the different surveys can be attributed to the fact that there is no universal definition of disability, and understanding of what a disability is, can vary based on location, age and education level (Griffiths & Naing, p2). Where efforts have been made to estimate the number of persons with disabilities in Myanmar, the result has varied greatly depending on the model that is being used as the basis for the survey. For example, measuring people with abilities based on functional scores, such as mobility, shows a higher number of persons with disabilities, whereas self-identified persons with disabilities show a lower number (Griffiths & Naing, p3). This could be

attributed to a number of factors, such as cases where the elderly or people living with a long-term disease do not identify as persons with disabilities. Analyses of current surveys on disability in Myanmar yielded a prevalence of 4.6% of the population, with the 'largest age-type being working age adults with difficulties seeing' (Griffiths & Naing, p5). Griffiths and Naing are careful to reiterate that the use of different criteria across the examined surveys and the barriers to accessing PwDs within communities means that children with disabilities and people with mental illness, intellectual impairments and mixed disabilities are underrepresented (ibid). After the devastation of Cyclone Nargis, the issue of disability was foregrounded by many INGOs working on emergency response. However, research undertaken in 2010 found that less than 10% of UN agencies and INGOs operating in Myanmar had any identifiable activities 'designed to enable equal inclusion of persons with disabilities (Griffiths & Naing, p125).

II. Myanmar's policy framework and challenges to provide comprehensive support to Persons with Disabilities

The Republic of the Union of Myanmar ratified the Convention on the Rights of Persons with Disabilities (CRPD) on 7 December 2011. Subsequently, the Myanmar Council of Persons with Disabilities (MCPD), presently known as the Myanmar Federation of Persons with Disabilities (MFPD), was formed in June 2014 with the key task of advancing efforts to address the specific needs of persons with disabilities, including women and girls, as well as to draft situational reports to the UN Committee on the Rights of Persons with Disabilities. Subsequently, Myanmar's Persons with Disability Rights Law was enacted on 5 June 2015, and the Federation's first report, with the support of Disability Rights Fund (DRF) and the Coalition of Persons with Disabilities (CPwDs) and Disabled People Organizations (DPOs) was submitted to the UN Committee on the Rights of Persons with Disabilities (UN CRPD) in November 2015.

Myanmar's census data from 2014 categorized persons with disabilities into four groups – visually impaired, hearing impaired, mobility impaired and those with intellectual disorders. 4.6% of the Country's population (of 50 million) is differently abled with 2.5% as visually impaired and 1.9% as physically disabled. A higher number of women are identified as disabled - 4.8% of women compared to 4.4% men are categorized as disabled. Furthermore, the three states with the highest number of persons with disabilities are Ayerwaddy (7.6%), Chin (7.4%) and Tanintharyi (7%).

An additional challenge to addressing the specific needs of PwDs in Myanmar is the challenge of harmonizing all policy frameworks and legislations to ensure that PwD rights

are protected under every legislative effort. Though the CRPD was ratified in 2011, 'disability' is not clearly defined in Myanmar's Social Security Law of 2012. It only describes the support for temporary and permanent disability of persons injured at the workplace. Similarly, the Natural Disaster Management Law which was enacted in July 2013 PwDs are only recognized as prioritized people to be provided with aid and assistance in times of natural disasters without specifically mentioning their inclusion in post-disaster recovery and rehabilitation efforts and other public service sectors. Although the Social Protection Strategy was implemented in November 2014, it includes social protection procedures, but identification of types and levels of disability, registration, and analysis of the specific needs of people with different disabilities are excluded from the strategy. More recently, the 2020 Myanmar Development Assistance Policy does not propose strategies to include PwDs within its framework.

The National dissonance of legal guarantees afforded to PwDs is felt across the PwD population – despite having legislation and a development framework focused on addressing the needs of PwDs, exclusion from other policy frameworks can be catastrophic towards ensuring that the government is able to mobilize and realize the full scope of its resources in addressing the needs of persons with disabilities, specifically the needs of women and girls with disabilities. According to a national disability survey, 52% of PwDs do not attend school, and only 1% can access higher education. According to a UNICEF Report, 67% of children with disabilities are out of the formal education system. Compared to the drop-out rate of normal school-going children which is only 11%, the lack of rights to education among children with disabilities is significantly high.

III. Gender Based Violence (GBV) against Women and Girls with disabilities — Myanmar's legal frameworks and national efforts to address GBV

Six core categories of gender based violence that were identified for data collection and statistical analysis purposes categorize GBV as (i) rape (non-consensual penetration), (ii) sexual assault (any form of non-consensual sexual contact that does not result in or include penetration), (iii) physical assault (an act of physical violence that is not sexual in nature), (iv) forced marriage (the marriage of an individual against her will), (v) denial of resources, opportunities or services (denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services), and (vi) psychological/emotional abuse (i.e., infliction of mental or emotional pain or injury including threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of sexual and/or menacing nature, destruction of cherished things, etc.) (Gender Based Violence Data Management System, GBV Classification Tools).

Article 376 of Myanmar's British-instituted Penal Code of 1860 condemns rape as a criminal offense. Article 376 of the Code states that: "A man is said to commit "rape" who, except in the case hereinafter excepted, has sexual intercourse with a woman under circumstances falling under any of the five following descriptions: (i) against her will, (ii) without her consent, (iii) with her consent, when her consent has been obtained by putting her in fear of death or of hurt, (iv) with her consent when the man knows that he is not her husband and that her consent is given because she believes that he is another man to who she is or believes herself to be lawfully married, and (v) with or without her consent, when she is under 14 years." The only exception to section 376 of the Code states that sexual intercourse by a man with his own wife, as long as his wife is not under 13 years of age, is not rape.

In 2014, the Gender Equality Network (GEN), with the support of its advisory committee and representative organizations (including the Women's Organization Network (WON), the Women's League of Burma (WLB) and several member NGOs and INGOs began the process of drafting a proposed law on the Prevention of Violence Against Women Law (PoVAW Law (Draft)). While, this document was never effectuated as law, the draft document adopted the definition of discrimination in Article 1 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and recognized and incorporated by reference General Recommendation No. 19 of the CEDAW Committee, the United Nations Declaration on the Elimination of Violence Against Women, the Beijing Platform for Action (1995), UN Security Council Resolution No. 1325 (2000), and related resolutions. However, since the draft PoVAW law was never adopted by Myanmar's national level bicameral legislature, *Pyidaungsu Hluttaw*, the British era Penal Code of 1860 continues to be the singular legal tool that addresses violence against women and girls, including women and girls with disabilities.

However, absence of a contemporary legal framework, especially following Myanmar's 2021 return to Military rule, organizations have continued to address broad GBV, with few resources and efforts focused on the specific needs and lived realities of women and girls with disabilities. Even though the Rights of Persons with Disabilities Law was enacted in 2015 (with the by-laws still pending), women's rights organizations and networks in Myanmar have identified the need to amend this legislation to provide comprehensive protections for women and girls with disabilities. Presently, only two articles of the 2015 Rights of Persons with Disabilities Law, which is comprised of 17 chapters, references women with disabilities.

In 2013, Myanmar's Ministry of Social Welfare's, Relief and Resettlement (MoSWRR) sought to implement a cross-cutting development and humanitarian strategy, the National Strategic Plan for the Advancement of Women (NSPAW 2013-2022) and set-up four technical working groups, supervised by its Department of Social Welfare (DSW) – formerly the Myanmar National Committee on Women's Affairs (MNCWA) – to focus on violence against women, women's participation in politics and economics, women, peace and security, and gender mainstreaming. While Myanmar opted not to develop a specific National Action Plan (NAP) on Women, Peace and Security (WPS), commitments enshrined in UNSCR 1325 were integrated into the NSPAW implementation plan. Within its mandated scope to prevent and respond to violence against women and girls, and prior to the Military's takeover of 2021, the DSW undertook awareness activities, set-up hotlines for reporting and documenting cases of violence, and set-up One Stop Women Support Centers (OSWSCs) that provide healthcare support, psycho-social support, legal aid services, vocational training and cash-transfer support in Yangon, Mandalay, Lashio, Mawlamyine and Loikaw. Reportedly, between 2019 and 2020, 811 women and girls received support from these centers – disaggregated data documenting the number of women and girls with disabilities who have received support from these centers is unavailable (DSW Report, UN Women). Separately, and with a specific focus on all persons living with disabilities, the DSW has managed and operated schools for the visually and hearing impaired, vocational trainings schools for adults with physical disabilities, a care unit for children with disabilities, and a training school for children with an intellectual disability.

IV. Escalating conflict in Kachin and GBV

In 2011, a seventeen-year ceasefire between the Kachin Independence Organization (KIO) – the umbrella political wing of which the Kachin Independence Army (KIA) is a part of – and the *Tatmadaw* collapsed. Fighting between the KIA and the *Tatmadaw* reignited in 2015, with clashes intensifying from late 2017. In December 2017, the *Tatmadaw* conducted several offensives against the KIA, with counterattacks by the KIA. Fighting was particularly intense in Tanai Township from late January 2018, with the *Tatmadaw* (military) using airstrikes and heavy artillery, including in areas close to civilian populations and IDP camps (DFAT). The UN Office for the Coordination of Humanitarian Affairs (OCHA) has identified 14.4 million people in need of humanitarian assistance in Myanmar. According to the UN Refugee Agency (UNHCR), as of April 2022, of Myanmar's 907,500 IDPs, 10.6% (i.e., 95,600) are from Kachin.

In February 2021, Myanmar's democratic transition was abruptly halted, with the Military's takeover of the Country. Following the 2021 coup d'état the National Unity Government

of the Republic of the Union of Myanmar (NUG), Myanmar's government in exile, was formed by the Committee Representing Pyidaungsu Hluttaw (CRPH). Myanmar's political deterioration, increased outbreaks of the COVID-19 pandemic, and heightened conflict have further plunged already vulnerable groups, especially women and girls with disabilities, into more insecure circumstances. According to UNHCR's 2022 overview of humanitarian needs in Myanmar, a total of 9.4 million people are identified as "in need of protection" of which 13% are PwDs. Myanmar has had the longest history of ongoing internal conflict globally – with ethnic conflict dating back to 1948. Prior to the 2021 Military takeover, promoting the rule of law was a key political and public priority, including, protection of women and girls in conflict with the adoption of UNSCR 1325 in 2000, and in 2014, becoming a signatory to the Global Summit to End Sexual Violence in Conflict.

Prior to the 2021 Military takeover, the Myanmar Government, the Myanmar military and eleven ethnic armed organizations (EAOs) signed the 2015 National Ceasefire Agreement (NCA) (eight EAOs signed the NCA in 2015, and an additional three signed the NCA in 2019) and four annual peace conferences, the Union Peace Panglong Conferences (UPPC), were held in order to promote an eventual comprehensive agreement across five areas – political, economic, security, land and resources, and social. The NCA was criticized for its failure to be gender-inclusive, especially with regard to protection of women from violence – although the NCA notes "[t]here shall be no sexual harassment, sexual violence, and rape or sexual slavery against women [and...] no [...] rape or other sexual violence, arrest and kidnapping against children" (NCA, Chapter 2 (M)(N)), the NCA did not identify any structural mechanisms outside of military courts to adjudicate over reported cases of sexual violence.

Notably, the Kachin Independent Army (KIA) did not sign the NCA. Research by the Alliance for Gender Inclusion in the Peace Process (AGIPP) identified a lack of transitional justice processes for those who experience conflict-related violence, including sexual violence, in areas, including Kachin where EAOs had not signed the NCA. Following the 2021 military takeover, *Tatmadaw* checkpoints across Myanmar have increased as the army continues to arrest civilians with any suspected ties to the civilian armed defense forces, or the Civil Disobedience Movement (CDM). Moreover, Kachin has witnessed an escalation in conflict between the KIA and *Tatmadaw*, with the *Tatmadaw* intensifying its military offensive. According to a recent report by the Women's League of Burma (WLB) in December 2021 alone there were 77 reported cases of civilians being used as human shields, with 2 cases of rape reported against the *Tatmadaw* – one each in Momauk and Kutkai townships. WLB has also reported that in Kachin in particular, where drug use has long been a problem, the consumption of alcohol has increased the risk of family violence (Women's League of Burma, 2022). As was the

case prior to the military takeover in 2021, the KIO continues to assert itself as a parallel state with its own departments of health, education, justice, and relief and development, although resources directed to these public service efforts have been increasingly reallocated to fighting the *Tatmadaw*.

Per data obtained from the UNHCRs dashboard, in Kachin a total of 89,233 individuals (17,230 households) live in 135 IDP camps across the State. Of these 46,555 are females, 42,678 are males, 39,609 are children and 1,529 are persons with disabilities. Of the 135 camps, 116 are located in NGCAs – Bhamo (7), Chipwi (3), Hpakant (21), Mansi (9), Mogaung (8), Mohnyin (4), Momauk (11), Myitkyina (26), Puta-O (3), Shwegu (2), Sumprabum (2), Tanai (3), Waingmaw (17). An additional 19 camps are in GCAs – Chipwi (1), Mansi (2), Momauk (5), Shwegu (1), Sumprabum (2), Waingmaw (8).

An unstable political crisis has worsened an already dire security situation for vulnerable groups in Myanmar as access to formal justice mechanisms have failed, distrust in systems has increased, civilian protection structures have been dismantled, and livelihood opportunities have been destroyed. As noted by UNHCR, “across IDP settings, there is a heightened risk of child marriage, GBV, exploitation, and abuse” (UNHCR, 2021). During the COVID-19 pandemic the incidence of intimate partner violence increased globally, with UN Women calling this increase a “shadow pandemic” (UN Women). For women and girls living in IDP camps in Myanmar, worsened living conditions, including unsafe Water, Sanitation and Hygiene in Healthcare (WASH) facilities, have increased risks to GBV and sexual violence and other incidents perpetrated by parties to the conflict which has resulted in aggravated insecurity for women and girls, especially women and girls with disabilities. Moreover, as the conflict in Kachin continues, more women and girls continue to be affected by the physical and mental anguish of war, which additionally contributes to an increase in the number of women and girls at risk of living with a disability.

C. THIS STUDY

This study was conducted in 14 camps for IDPs across four townships of Hpakant 6 camps (Lunghkan RC camp, Nanmahpyet KBC/RC camps Mawsizar KBC/RC camps, Nyein Chan Tayar Camp), Mogaung (Kyun Taw KBC, Namti Lambraw Yang KBC, Emmanuel AG Church camps), Momauk (Jeyang, Hpunglung yang camps) and Tanai (St. Joseph Tanai RC camp, Tanai CoC camp, Tanai KBC Camp), and follows a safety audit conducted by Finnish Refugee Council in 2020 to observe and evaluate site level protection/GBV risks associated with camp layouts, services as well as safety and security including assessing the risk of GBV to women and girls across 30 IDP camps in

Government and Non-Government Controlled Areas (GCAs and NGCAs) in Kachin's Hpakant, Myitkyina and Waingmaw.

Table 1.1 illustrates the total number of IDPs disaggregated by sex, children and PwDs in each of the townships and camps where interviews were conducted and identifies the location of each camp by village tract/town, village/ward, the responsible agency for overseeing camp operations, as well as whether the camps are located in non-government controlled, or government-controlled areas. Notable points regarding the data captured below include the following:

1. UNHCR data from 2021 indicates that Jeyang and Hpunglung Yang camps are in GCA areas. Given that these areas are in close proximity to the KIO headquarters in Laiza, and based on field notes, it is highly unlikely that the UNHCR data is accurate regarding the location of these camps in GCAs. Moreover, whereas some international reports document the location of these camps in Waingmaw township, the UNHCR data as well as field notes identify the location of these camps in Momauk township. As such, this report locates these camps in Momauk township.
2. Je Yang camp is the largest camp in Kachin with 8,123 IDPs.
3. Tanai township has 3 camps in all, and all 3 camps were covered by this study.
4. All camps which were the focus of this study are located in NGCAs.
5. Beyond identifying the total number of persons with disabilities in each camp, the UNHCR data does not disaggregate this data further to identify the total number of persons with disabilities by age, sex, type of disability, access to services (including health, education, WASH facilities) and income.
6. In NGCAs, information about IDP locations is provided by the KIOs Refugee Relief Committee (IRRC), whereas in GCAs, this information is managed by the Ministry of Social Welfare's Relief and Resettlement Department. Generally, camps in NGCAs are located in more rural/inaccessible settings (sometimes in forest/brush areas), where, in most cases services that are not available locally have to be established within the camp. In contrast, most camps in GCAs are in towns where services that are not available within the camp may be available beyond camp perimeters.

I. Study Methodology

This study was conducted in 14 camps, where 92 women and girls with disabilities, and 14 camp leaders were interviewed. A total of 22 women and girls who are hearing impaired, 8 who are visually impaired, 54 who are physically impaired and 8 with

Township/Camps	Village Tract/Town	Village/Ward	Responsible Agency	Location (NGCA/GCA)	Population (per UNHCR Dashboard)					
					No. of IDP Households	# of individuals living in IDP camps	Male	Female	Children	PWDs
Hpakant Tshp					792	3,993	1,912	2,081	1,633	105
Lawng Hkang Shait Lang Camp	Lone Khin	Lel Pyin	KBC MYT	NGCA	124	644	274	370	300	6
Nam Ma Hpyit KBC Camp	Nam Ma Hpyit	Nam Ma Hpyit	KBC MYT	NGCA	106	524	235	289	206	10
Nam Ma Hpyit RC Camp										
Nyein Chan Thar Yar (Dhama Rakhita) Camp	one Khin	Nyein Chan Thar Yar	Shalom	NGCA	80	381	176	205	109	6
Hmaw Si Zar KBC Camp	Lone Khin	Hmaw Si Zar	KBC MYT	NGCA	37	226	107	119	106	4
Hmaw Si Zar AG Camp	Lone Khin	Lone Khin	Shalom	NGCA	70	376	204	172	148	27
Mogaung Tshp					300	1,537	761	776	669	30
Emmanuel AG Church	-	-	-	NGCA	-	-	-	-	-	-
Kyun Taw Baptist Church	Mogaung Town	Kyun Taw	KBC MYT	NGCA	13	74	39	35	40	4
Namti Lambray Yang KBC Camp	Lan Gwa	Lan Gwa	KBC MYT	NGCA	111	558	276	282	243	6
Momauk Tshp**					4,312	22,621	10,863	11,758	9,973	171
Jeyang Camp	In Baw Mai Kyin	Hpun Lum Yang	KMSS MKN	NGCA*	1,560	8,123	4,027	4,096	3,407	41
Hpunglung Yang Camp	In Baw Mai Kyin	Hpun Lum Yang	KMSS MKN	NGCA*	711	3,673	1,817	1,856	1,559	16
Tanai Tshp					300	1,331	637	694	643	28
St. Joseph Tanai RC camp	Tanai	-	KMSS MKN	NGCA	156	722	344	378	344	13
Tanai COC Camp	Tanai	-	KMSS MKN	NGCA	35	152	76	76	78	5
Tanai KBC	Tanai	-	KBC MYT	NGCA	109	457	217	240	221	10

Table 1.1 Illustrates the total number of IDPs disaggregated by sex, children and PWDs in each of the townships and camps where interviews were conducted and identifies the location of each camp by village tract/town, village/ward, the responsible agency for overseeing camp operations, as well as whether the camps are located in non-government controlled, or government controlled areas.

intellectual disabilities were interviewed. 5 women, between the ages of 25 and 40 years had multiple disabilities i.e., hearing, and physical disabilities due to land mine explosions. Furthermore, a total of 15 girls/women between the ages of 15 to 24 years, 54 women between the ages 25 and 40 years, and 23 women who were over the age of 40 years were interviewed.

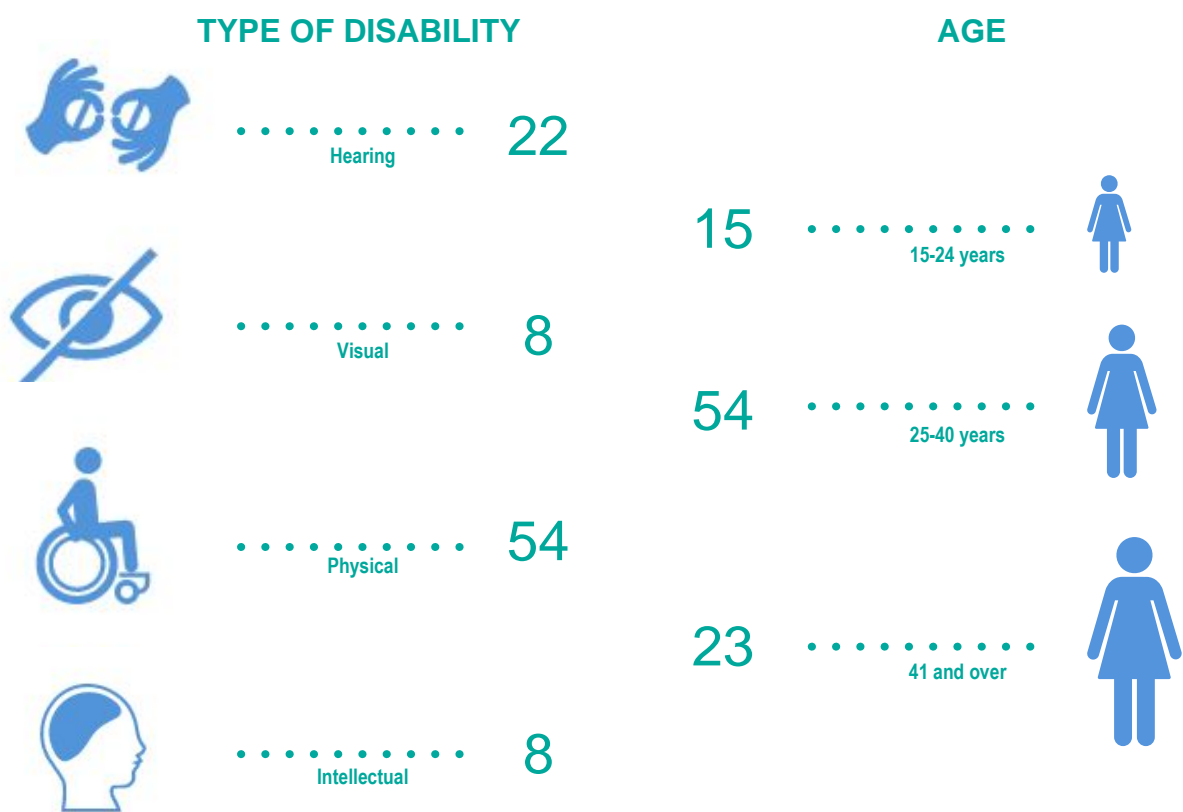


Illustration 1.1 Number of women and girls with disabilities interviewed by type of disability and age.

With the following objectives, this study set out to:

- Understand types of violence faced by women and girls with disabilities and as this applies to the intersection of age and type of disability (i.e., four groups of visually impaired, hearing impaired, mobility impaired and those with mental disorders) within the framework of FRCs existing work in Kachin's IDP camps (including evaluation of site level protection/GBV risks associated with the camp layout, services as well as safety and security during conflict, national political instability and limitations on mobility due to COVID-19 restrictions).
- Recommend prevention and response measures to be taken collectively by humanitarian actors, and identified camp stakeholders and leaders, to prevent and respond to identified risks and/or vulnerabilities.

Given the sensitive nature of this study, and the fact that women and girls with disabilities often face multiple spaces of discrimination within public, private and intimate settings, this study used a qualitative approach in the form of storytelling to document the lived realities of women and girls with disabilities. By seeking to elicit a whole narrative as the basic unit of data, the person being interviewed is less guided by specific questions from the interviewer. This avoids the pitfall of the interviewee attempting to give the hoped-for response to the interviewer. Moreover, by analyzing whole narratives, this approach also takes note of data in the wider context of the story, both in terms of what else is revealed in the story, as well the order and structure of the story itself.

Prior to data collection, enumerators received comprehensive training by the consultant, one of very few Myanmar women with disabilities currently working in the humanitarian and development sectors. Training sessions included: the conception of disability; the concept of barriers; barrier types; inclusion; disability in the Myanmar context; disability terminology in Burmese; review of data collection tools, documentation and research ethics.

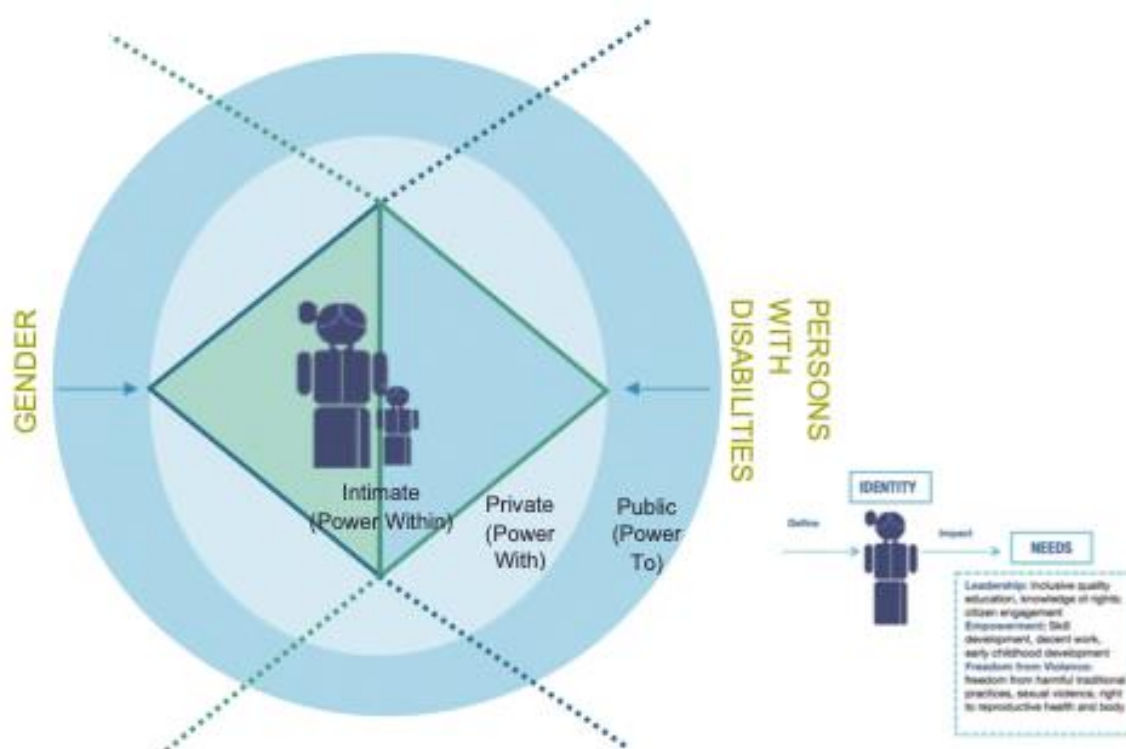


Illustration 1.2 Identifying the spaces that interact with and inform the lived realities of women and girls with disabilities, and which, collectively define the identity of a woman/girl living with disabilities. See *inception report*.

To supplement the household survey data, a high-level literature and data review was conducted and has mostly informed our findings. Literature reviewed included recent similar studies in Kachin and neighboring regions.

II. Study Limitations

Data: The main challenge for data collection was the inaccuracy of the PwD population lists. Enumerators reported that when they went to named participants' shelters, they found no one in that shelter who had a disability, or that they had moved, or since died.

Coverage: While many camps studied are located in rural/difficult to access areas, these challenges were compounded by the fact that Kachin is in a live conflict area, the wide spread of the COVID-19 pandemic impeded access to some areas, and limited time of the study impacted overall areas covered. As such the following IDP camps within Kachin, where FRC is currently working, were not covered: Sumprabum township (Hka Garan Yang camp, Ndup Yang camp, Salang Yang camp, Sumprabaum camp), Mogaung township (Ma Hawng Baptist Church camp, Nat Gyi Kone Baptist Church camp, Sar Hmaw KBC camp, St. Francis RCC 1 camp, and St. Francis RCC 2 camp), Waingmaw (Hkau Shau camp, Magayang camp, Woi Chyai camp, Pajau camp, and Sgait Yang camp), Hpakant township (Shayi yang camp and Htoi San camp). Moreover, all camps covered are located in NGC areas, and comparisons with GCAs are based on secondary/desktop review.

Scope: This study made every effort to interview all women and girls with disabilities in the 14 identified camps. Based on data reviewed from the UNHCR dashboard, it may be concluded that some women and girls with disabilities may not have participated in this study. For example, UNHCR data identifies a total of 6 individuals living with disabilities in Nyein Chan Thayar camp in Hpakant townshhip, whereas this study interviewed a total of 11 women and girls with disabilities. Moreover, given limited time, while this study has attempted to identify women and girls’ vulnerabilities to violence based on the type of disability, a comprehensive analysis will require documentation of the same over a period of time, and subsequent to establishing trust among disability groups within camps, specifically trust with women and girls living with disabilities.

D. FINDINGS

In order to understand the lived experiences of women and girls with disabilities in the context of violence, the study findings have been reported through the overall prism of the ‘culture of shame’ that shapes the experiences of women and girls living with disabilities within the public, private and intimate settings.

Broadly, the culture of shame in Myanmar is associated with *Karma*, a Buddhist and Hindu belief system that allocates bounties in the present life to good deeds completed in one’s past life, and, on the other hand, identifies pain and suffering endured in this life as cosmic payment for bad deeds committed in one’s past life. With Myanmar’s majority population being Buddhist, this religious belief has permeated across societies and systems within

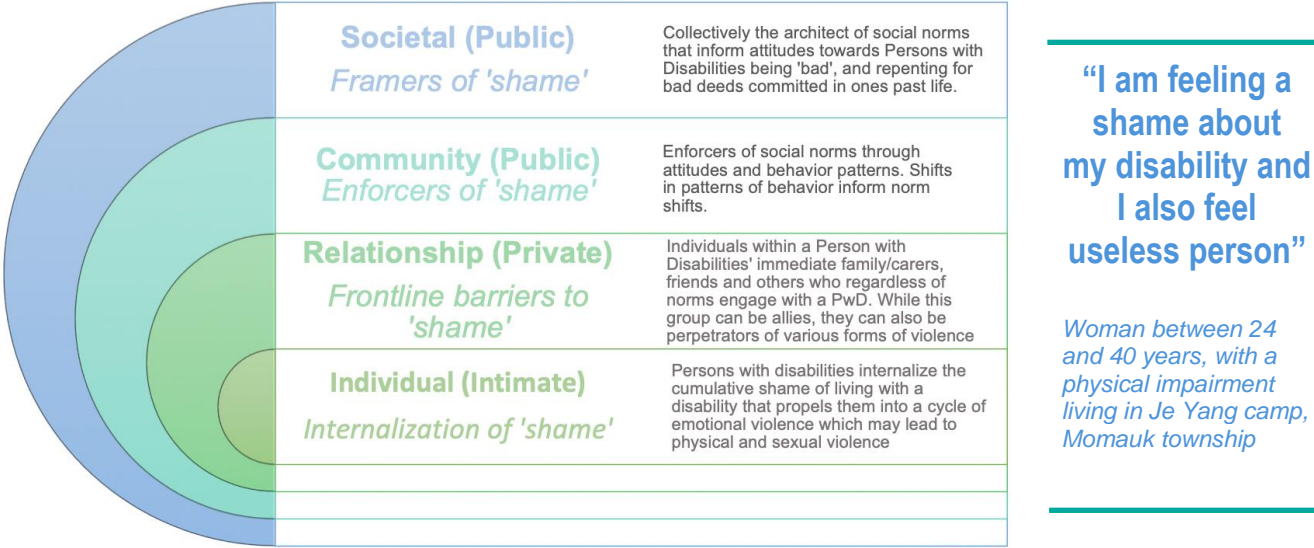


Illustration 1.3 Study findings identifying how the ‘culture of shame’ shapes and informs the overall culture of violence agiving with disabilities.

Myanmar, whether they are Buddhist or not. Disability, associated with suffering, is thus associated with bad deeds in a past life, and persons living with disabilities often face the wrath of communities for being born bad. The culture of shame is enforced within formal and informal settings, is felt and born by families of a person with disabilities, and often internalized by the person living with disabilities. Consequently, persons with disabilities across Myanmar have little institutional, societal, social and familial support systems that would enhance their overall human rights outcomes (including access to basic services, livelihood opportunities, leadership and decision-making spaces), quality of life and above all, a life of dignity.

I. Societal (Public) - Framers of 'shame'

As discussed in preceding paragraphs (in the background and introduction to findings sections), the culture of 'shame' associated with disabilities is often institutionalized

through laws and policies that are not inclusive. A lack of a definition for ‘disability’ under Myanmar’s current legal architecture underscores non-inclusion within policies and frameworks that do not specifically target PwDs.

(i) Denial of resources, opportunities, and services

The Department of Social Welfare is the focal agency in Myanmar for providing public services and assistance to vulnerable groups. Within the scope of its work targeting

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KEY FINDINGS (SOCIETAL)

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1. Social and cultural norms are informed by religious beliefs as much as traditional practices.

2. Laws and policies specifically targeting disability make a difference. However, accountability mechanisms and transparency in data collection is equally important towards ensuring that policies are in fact yielding their intended impact on persons with disabilities.

3. Disaggregation of data needs to be a focus for INGOs, NGOS and government agencies that place an importance on inclusion. Presently, all data sources on IDPs within Kachin treat persons with disabilities as one homogenous group, often combine persons with disabilities with other vulnerable populations including women and children broadly. As demonstrated through data collected, persons with different disabilities have differing experiences with regard to access to resources and services, and thus have differing needs. For example, in all IDP camps, of all 92 PwD women and girls interviewed only 7 women with physical and hearing impairments have been documented to have access to some form of income., indicating that perhaps women with visual and intellectual disabilities are more vulnerable to violence compared to women with hearing and physical impairments. Therefore, data disaggregation efforts focused on disability based on sex, age, type of disability, access to assistance devices is critical in informing long term policy, legislation and intervention efforts.

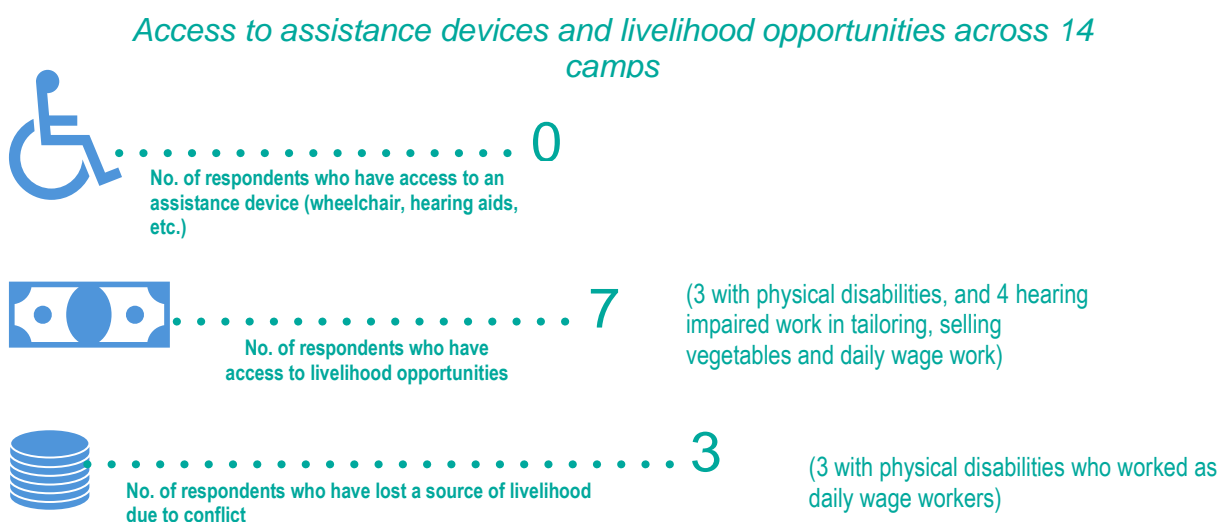
4. Societal ‘shame’ often dissuades communities, families and carers from registering persons with disabilities, including women and girls with disabilities, with camp authorities as well as with public registration agencies (i.e., birth certificates, etc.) which makes access to available schemes (e.g., cash transfers) difficult.

.....

vulnerable groups, the DSW includes pregnant women, and children. Prior to the military takeover, public services for people with disabilities was limited, with most efforts located under the Country’s National Strategy for the Development of Persons with Disabilities

(2016-2025) and with identified efforts including prevention, protection, habilitation and rehabilitation, sector development and including people with disabilities in all poverty reduction efforts. Despite these commitment, Myanmar 2020 Development Assistance Policy does not propose strategies to include PwDs within its framework. Moreover, where plans and strategies exist, there is little follow-through to ensure that PwDs can actually access available resources and opportunities. Under the National Social Protection Strategic Plan of 2014, eight flagship social protection programs for PwDs were identified, including a cash allowance. However, the disability allowance can only be accessed once a certification and registration process is established. While this is specific to GCAs, this scheme is unlikely available to NGCAs. Since all target areas of this study were NGCAs, the data below reveals that in camps in these areas, where the KIO operates, and in cases where cash allowances are disbursed, persons with disabilities confront the same challenges of ‘not being on a list’. Moreover, access to public services is a challenge for PwDs in NGC areas as well.

Of the 92 women and girls interviewed, those who were unable to secure decent (or any) work identified support from the World Food Program, and aid/cash transfers provided by other international organizations as the only means of support. Additionally, 0 respondents are able to access education, health services or have access to an assistance device.



(ii) Disaggregation of data and counting of PwDs with other vulnerable groups

The Department of Social Welfare is the focal agency in Myanmar for providing public services and assistance to vulnerable groups. Generally, across Myanmar, PwDs are classified as one homogenous group within data collection efforts. In reviewing data on IDP camps in Kachin available through UNHCRs online dashboard, efforts have not been made to disaggregate persons with disabilities into sub-groups based on type of disability, sex and age. Women and girls with disabilities are a vulnerable target group within a broader group of vulnerable individuals, making them more susceptible to exclusion. For example, in an attempt to be inclusive of PwDs, UNHCR conducted a consultation session with four organizations representing PwDs in September 2021 to understand a range of enablers and barriers to inclusion of PwDs in disaster and conflict settings. While unclear whether any women with disabilities participated in this discussion, the focus of the discussion was mostly on issues of mobility, access to information and access to assistance equipment in camps. Notably, there was no mention about the vulnerability to violence faced and experienced by women and girls with disabilities.

II. Community (Public) - Enforcers of 'shame'

The community collectively acts on social norms, actions which are characterized by their attitudes and behavior towards persons with disabilities. As such, collectively

KEY FINDINGS (COMMUNITY)

- In Kachin language there is no specific term to describe disability, instead, the phrase ***kaji gadun*** meaning needy is used which contributes to PwDs feeling helpless and victimized.
- Community leaders are aware that persons with disabilities have different needs compared to others in the community, and that women and girls with disabilities are especially vulnerable.
- Discrimination, verbal harassment and emotional abuse of women and girls with disabilities is a common occurrence within camps. 3 instances of sexual violence were reported.
- Forced sterilization of women and girls with disabilities as a pre-emptive strategy to pregnancy as a result of sexual violence, not only violates the rights of women and girls with disabilities, but burdens them with the responsibility to protect themselves,

communities implement the social norm framework or the unwritten societal codes. These actions define access to resources, services and opportunities, and as the data from this study indicates, often restricts access.

(i) Discussions with community leaders in 14 IDP camps



During the field research, we interviewed leaders in all 14 camps, of whom 4 were female and 10 were male. Leaders generally understood that persons with disabilities, especially women and girls with disabilities had needs that were different from those of the broader community and as compared to other women and girls. They also identified the need for special skills training for women with disabilities, the need for specialized education for girls with disabilities (especially those who were visually and hearing impaired), and the need for mental health support due to community exclusionary behavior. However, several leaders also compared women and girls with disabilities to others using exclusionary language such as the phrase “not normal” to describe them. The lack of a single term within the Kachin language to describe disability may “normalize” harassment and violence against women and girls with disabilities. In Kachin, the phrase *kaji gadun* is used to describe a person with disabilities which translates to “the needy”. The use of this language, which is a direct Biblical translation of how Jesus helped the poor and needy, has created a victimized and disempowering narrative for persons with disabilities, who, as discussed in forthcoming paragraphs (under ‘the internalization of violence’) contributes to a feeling of hopelessness amongst PwDs.

What did the leaders we interviewed say about women and girls with disabilities?

IDP camp	Female Leader	Male Leader
Je Yang		"Person with disability are different...they need support from someone. They are unwilling to join meetings and they need counseling"
Kyun Taw camp 2		"There is a difference between women with disabilities and normal women. They need vocational training based on their different disability."
Kyun Taw camp 1	"People with disabilities can't work they need cash support and in kind support because they are different. We all have same equal rights and opportunities they just can't catch up like the others. Some people with bad behaviors harass with words and look down to people with disabilities."	
Lambraw Yang KBC	"PWDs are different. They don't have the abilities and skills for finding a job and lack education. Some people harass with words and violation to people with disabilities because of lack of the awareness about disability."	
Lung Hkang RC camp	"There is a difference between person with disabilities and normal people because a person with disabilities cannot participate well in any activities that normal people can. We all receive the same opportunities for anything in the camp however people with disabilities do not join community events like going to retreat, wedding ceremony, etc. because they feel insecure and think that they are not the same as normal people ."	
Mawzizar AG camp		"The needs of the disabled female compared to normal females might not be the same. There are so many needs for the disabled female from the emotional and mental perspective. They need mental and psychosocial support and job opportunities that are suitable for them."
Mawsiizar KBC camp	"There is some requirements for person with disabilities. Some people don't want to make friends with PWDs and don't like to include them in some activities even though person with disabilities requested to be included. During some camp meetings some people saw that person with disabilities raise something to discuss but they just neglected them."	
Nanmaphyt KBC camp	We are not the same, so the needs might be different. Some of the disabled female are in the age of puberty, they might need the menstrual health and hygiene kit such as the menstrual pad.	
Nammaphyt RC camp	"Our tradition discriminates to women. Disabled women will be suffer triple impact due to traditional practice. from my perspective if I were them, I don't know what to do and how to express . And we also don't know how to console and support them."	
NyeinChan Tharyar camp		The needs of the PwD female and non PwD are different. For the PwD female they need skills training; the sewing training is not suitable and relevant for the blind and lame.
Emanuel AG camp		People with disabilities have different needs than normal people. They need livelihood support. We all have equal rights and opportunities here
Tanai COC camp		"There is a difference between women with disabilities and normal women. The awareness sessions were needed for the camp .The opportunities and rights are equal for everyone however people with disabilities do not get same treatment and might have depression."
Tanai KBC camp	"I have found many requirements for people with disabilities such as people with mental disabilities are late in education and some of them have not any chance to attend the school, and some vocational training for their life career. People treat people with disabilities badly and lack awareness. Women are not treated well in this camp, and especially women with disabilities."	
St. Joseph Tanai camp	"There is a difference between people with disabilities and normal women. Women with disabilities might have depression on that. People who are deaf and not able to speak will not feel the same with normal people. There is not the same opportunities and rights between women and men in this camp. Some husbands harassed their wife not only with the words but also physically. I think blind person should go to blind school."	

Needs of women and girls with disabilities as identified by community leaders

Disaggregated opinions of 14 male and female leaders across

		
# of leaders who used the word "normal" to separate PwDs from others in the community	2	4
# of leaders who indicated that verbal assault/emotional violence against PwDs was occurring in their communities	2	1
# of leaders who indicated that community members discriminate/exclude PwDs from community activities	4	5

All 14 community leaders interviewed indicated that women and girls with disabilities have different needs compared to others in the communities. Given their responses they also indicated a willingness to support awareness interventions and cultivate more inclusive practices within their communities by often stating “we have the same rights”. However, given the fact that leaders have been unable to encourage inclusive practices to-date, indicates their overwhelming subordination to collective community behaviors and attitudes that are informed by broader social norms around disability.

The specific needs identified by community leaders include:

- Need for general awareness on the rights of persons with disabilities across camps.
- Need for emotional/counseling support for women and girls with disabilities due to their feeling excluded by others during community events/activities and forums.
- Need for special skills/vocational training based on the type of disability — skills training for those who are visually impaired were identified as different from those who are physically or hearing impaired due to the nature of their disability.
- Need for menstrual health/hygiene awareness for girls with disabilities, especially for those nearing the age of puberty, is critical.
- Need for persons with disabilities to access specialized education, especially for those with visual, hearing and intellectual disabilities will help them emotionally as well as, combined with specialized skills/vocational trainings, will increase possibilities for accessing livelihood opportunities.

(ii) Community treatment of women and girls with disabilities

Of 92 women and girls interviewed, 54 openly discussed their experiences of living with a disability in their community. As noted above, 14 community leaders indicated that the by and large, communities collectively mistreat women and girls with disabilities.

Emotional, physical and sexual violence experiences of women and girls with disabilities across 14 camps

# of respondents who indicated that they...					Multiple Disabilities
Have equal opportunities to participate in community events	3	1	9		
Have been prohibited from attending community events	3	2	3		
Are ashamed of attending community events due to their disability	5		4		
Are willing to participate but excluded from participating	8		10		
Have experienced verbal harassment/bullying/mock by community members	1		5	1	
Have experienced physical assault by community members			1	1	
Feel safe only at home and do not leave the house	1		5	4	
Do not leave the house, but do not feel safe at home due to domestic violence	1		1		
Are survivors of sexual violence			1	2	

(a) Participation in Community Events

Of the 54 women and girls with disabilities who shared their personal experiences participating in community events, women and girls who were visually impaired or had a physical disability described higher experiences of exclusion and shame compared to women and girls with visual and intellectual disabilities.

- Have equal opportunities to participate: 13 respondents indicated that they had equal opportunities to participate in community events (in Hpunglung Yang camp, Hmaw Si Zar AG camp, Hmaw Si Zar KBC camp, Nam Ma Hpyit KBC camp and Nyein Chan Thar Yar (Dhama Rakhita) camp).
- Prohibited from attending community events/trainings: 8 respondents indicated that they were forbidden from participating in community events (Jeyang camp, Kyun Taw Baptist Church camp and Tanai KBC and Tanai CoC and Tanai RC camps). In Kyin Taw camp a woman who is hearing impaired shared her experience with being excluded by a civil society organization that was training women on maternal health. In Tanai KBC and Tanai CoC camps, every respondent indicated being prohibited from attending community forums.
- Ashamed of attending community events due to disability: 9 respondents indicated that community experiences have led to a feeling of 'shame' that discourages them from participating in community events (in Jeyang camp, Kyun Taw Baptist Church camp and Tanai KBC and Tanai CoC and Tanai RC camps).
- Willing to participate but excluded: 18 respondents indicated that they were willing to participate in community events/forums but were excluded from participating because (a) community harassment/bullying, and (b) non inclusive forums where sign language or translators were not present (in Hpunglung

“One of the organizations conducted a workshop on maternal health and I was really interested to join, but they didn’t allow me to participate because of my hearing. I felt deeply upset.”

Woman between 24 and 40 years, with a hearing impairment living in Kyun Taw camp, Mogaung township

Yang camp, Jeyang camp, Kyun Taw Baptist Church camp, Nyein Chan Thar War (Drama Rakhita) camp and Tanai KBC, Tanai CoC and Tanai RC camps).

(b) Emotional and Physical Violence

Of the 54 women and girls with disabilities who shared their personal experiences with verbal abuse and harassment in the form of “teasing”, “name calling” and “bullying” (7 including 5 respondents with a physical disability, 1 who is hearing impaired, and 1 who is intellectually impaired) and physical assault such as “throwing of stones”, “kicking”, and “choking” by community members, including children, (2 respondents, one

each with a physical and intellectual disability). As a result of exclusionary community practices, and violence, 10 respondents (5 with a physical disability, 1 with hearing loss and 4 with an intellectual disability) indicated that they feel safe only at home and do not leave the house.

(c) Intimate Partner Violence

2 women interviewed experienced intimate partner/domestic violence. As discussed below (under the section on ‘carers’), 14 respondents (3 of whom are hearing impaired, 10 with physical disabilities and 1 with multiple hearing and physical disabilities) are cared for by their husbands. While it is noted that communities are more accepting of marriages where one of the partners is hearing and/or physically disabled, women with visual and intellectual disabilities are unlikely to marry as their disabilities may hinder them from performing specific household and reproductive care work responsibilities as defined by gender-based norms. However, the two women who shared their experiences with domestic violence

“When my granddaughter is outside of the house, children kick her and try and choke her, so she stays inside the house. She doesn’t feel safe outside and does not get involved in any social activity ”

15-year-old girl with intellectual disability living in Nam Ma Hpyit RC camp, Hpakant township

“I can’t hear because my husband beat me a lot because of which I lost my hearing.”

Woman with hearing disability and between the age of 24 and 40 years, Nyein Chan Thar Yar (Dhama Rakhita) Camp, Hpakant township.

indicated that their disabilities were caused by such violence.

Further research into the intimate space is needed to understand intimate partner violence and disability, specifically within the context of conflict when limited access to livelihood opportunities, increased consumption of alcohol and other illicit substances, as well as restricted mobility due to conflict have been linked to an increase in intimate partner violence within families where the woman is not living with a disability (similar to trends in an increase in intimate partner violence experienced during the global COVID-19 lockdowns). Given broader trends, and the increased inaccessibility of women with disabilities to access to livelihood opportunities, it may be inferred that women with disabilities are more vulnerable to intimate partner/domestic violence compared to women who are not living with disabilities.

(d) Sexual Violence

During field research, enumerators documented 3 cases of rape involving 1 woman (with a physical disability and over 40 years of age), and 2 girls (below the age of 18, and who are intellectually impaired). While the data collected is limited in its scope to only 14 camps in Kachin, it may be reasonable to infer that women and girls who are intellectually impaired are most vulnerable to sexual violence.

Documentation of forced sterilization, specifically of women and girls with intellectual disabilities, as a pre-emptive strategy to prevent pregnancy should they be victims of sexual violence, and practiced across camp communities, indicates the 'normalization' of violence against women and girls with disabilities, and, in the context of Christian communities that do not practice the use of contraception, focuses on violating the rights of women and girls with disabilities as a prevention strategy, rather than cultivating safe community environments through religious preaching and community awareness on the illegality of sexual violence.

CASE 1: Woman with a physical disability, over 40 years old, Je Yang camp

“I don’t know how to live and stay in the house long term because my husband is always threatening to kill me, so I have to hide a knife and some sharp things before I sleep. This makes me depressed.”

Woman with physical disability and between the age of 24 and 40 years, *Kyun Taw camp, Mogaung township*

A woman with physical disabilities was raped by a community member in 2021, as a result of which she became pregnant. The perpetrator was forced to mediate with the woman’s family and offered compensation in the form of child support. This resulted in no formal action against the perpetrator via the justice system. The survivor has indicated the emotional struggles that she faces while being mother to a child that was conceived as a consequence of sexual violence.

CASE 2: Girl with an intellectual disability, under 18 years of age, Je Yang camp

A girl, under the age of 18 with an intellectual disability was sexually violated by a man (age unknown) while family members (daily wage earners) were away at work. The family’s neighbor reported the case to the family. When family members reported the case to the community leaders, they indicated that they were unable to respond to the case as the perpetrator was from another community. Because the family had preemptively sterilized the survivor, pregnancy was not a concern for the family. To this day, while family members are away at work, their neighbor takes care of the survivor.

CASE 3: Girl with an intellectual disability, under 18 years of age, Je Yang camp

A girl, under the age of 18 with an intellectual disability was sexually violated by 4 boys (three of whom were 10 years old, and one, 12 years old at the time of the attack) while family members were away at work. Because the family had preemptively sterilized the survivor, pregnancy was not a concern for the family even though they took her to the hospital following the attack where she was administered an abortion pill. Community leaders together with the Kachin Women’s Association (KWA), that is the women’s wing of the KIO, mitigated the assault through payment of compensation by the boys’ families in the amount of MMK150,000 per perpetrator to the survivor’s family.

Enumerators undertaking field data collection documented that the 4 boys have remained in school and have never faced any repercussions for their violent attack. The survivor on the other hand, does not attend school, and subsequent to the incident, is not allowed to leave the house. When the family is away at work, her neighbors watch over her. Moreover, when enumerators questioned the survivors family ‘how boys that young were motivated to unleash such an attack’, the survivor's family indicated that when the same

question was posed to the boys by the family and community leader, they shared that they had been exposed to pornographic materials via the internet on their phones, as well as cases of intimate partner rape and violence that they had witnessed by their fathers towards their mothers in the home.

The three cases documented have revealed very concerning facts about the culture of compensation, condoning of violence against women and girls with disabilities, limited access to justice mechanisms for women and girls with disabilities, as well as the various forms of violence that women and girls with disabilities experience in order to prevent pregnancies as a consequence of sexual violence.

- Critically here, any efforts on raising community awareness on sexual violence, needs to expand such awareness within schools in Myanmar who are already mandated to include reproductive health awareness amongst children in middle school.
- The culture of compensation which limits access to legal justice mechanisms for survivors of sexual violence contributes to the collective community attitude of 'condoning' sexual violence committed against women and girls with disabilities.
- Forced sterilization is a violent act in and of itself and manifests a culture of accepting the risk of sexual violence. Women and girls with disabilities face multiple levels of violence as a pre-emptive strategy in the event that sexual violence does occur.
- Myanmar's PoVAW (draft) law does not address violence against women and girls if the perpetrator is a minor. The law, when recommitted to Myanmar's legislation for review and approval must include all possible scenarios of violence by all possible age-groups of perpetrators and must identify channels of justice when perpetrators are minors.

III. Relationships (Private) - Frontline barriers to, or, enforcers of, 'shame'

KEY FINDINGS (RELATIONSHIPS)

- It appears that women with hearing and/or physical disabilities are more inclined to marry compared to women who are visually and/or intellectually impaired. However, as documented in 2 cases, domestic violence was the cause of disability.
- Women and girls with hearing and/or physical disabilities are more self-reliant compared to women and girls who are visually and/or intellectually impaired.

Most carers are key frontline actors who are capable of protecting women and girls with disabilities from prevailing attitudes and practices that discriminate against them. Of the 92 respondents, 37 are cared for by either their parents, 34 take care of themselves, 14 are cared for by their husbands (except for 2 cases where women reported that their disabilities were caused by domestic violence), 4 are cared for by their siblings, 1 is cared for by her grandparents, and 2 indicated that a community member/neighbor cared for them. A disaggregated analysis of the data set reveals that women who are hearing impaired and/or have a physical disability are more self-reliant, and are more inclined to get married compared to women who are visually impaired or have an intellectual disability. However, in cases where respondents reported that their husbands were their primary carers, 2 women reported that their disability was a consequence of domestic violence.

(i) Carers as ‘shame’ absorbers for women and girls with disabilities

Carers often play a critical role in acting as buffers between collective community attitudes and behaviors that discriminate and condone violence against women and girls with disabilities, as well as work hard to soften the emotional damage caused by such behaviors to the self-confidence of women and girls with disabilities. Presently, as documented across the 14 camps, carers perform these roles, which are mostly unrecognized, with little collective community support. Carer as such, shoulder the economic as well as psychosocial needs of women and girls with disabilities. Of the 92 respondents and 14 community leaders interviewed, none indicated the presence of carer support systems within the community.

(ii) Carers as ‘shame’ enforcers and perpetrators of violence for women and girls with disabilities

2 women interviewed experienced intimate partner/domestic violence and indicated that their disabilities were caused by such violence. Further research into the intimate space is needed to understand intimate partner violence and disability, specifically within the context of conflict when limited access to livelihood opportunities, increased consumption of alcohol and other illicit substances, as well as restricted mobility due to conflict have

been linked to an increase in intimate partner violence within families where the woman is not living with a disability (similar to trends in an increase in intimate partner violence experienced during the global COVID-19 lockdowns). Given broader trends, and the increased inaccessibility of women with disabilities to livelihood opportunities, it may be inferred that women with disabilities are more vulnerable to intimate partner/domestic violence compared to women who are not living with disabilities.

IV. Individual (Intimate) - Internalization of 'shame'

Power is described as “interconnected forces that can either change or maintain gender relations. Visible power refers to the exercise of power that is open and (generally) legitimate, it is impossible to understand the rule and the sanction. Hidden power is often known as the power of the agenda. It is the power to control what can be talked about or who may talk about it. Hidden power may shape the discussion so that particular issues are not brought forward. Invisible power is the most “insidious” as it relies upon individuals not being aware of their rights; they may have internalized oppressive ideologies and have just come to accept them as natural and just the way things are. These forms of power can be used together to reinforce domination.” (Rao, et al., pp. 32).

In reviewing data across the report, a trend has appeared where women and girls with hearing and physical disabilities have an increased comparative advantage to accessing spaces compared to those who are visually and intellectually impaired. This increase in access to community spaces, increases discriminatory experiences with community members, which contributes to a greater internalization of shame for women and girls with hearing and physical disabilities.

- 9 respondents (5 hearing impaired and 4 with a physical disability) indicated that community experiences have led to a feeling of ‘shame’ that discourages them from

KEY FINDINGS (INDIVIDUAL)

- Women and girls with disabilities have manifested low self-confidence and internalized shame as a consequence of their largely negative experiences in all domains of public, community and private lives.
- The internalization of shame, when women and girls with disabilities have accepted all forms of violence as “just the way things are” is emotional violence, and makes them more vulnerable to physical and sexual violence.

participating in community events (in Jeyang camp, Kyun Taw Baptist Church camp and Tanai KBC and Tanai CoC and Tanai RC camps).

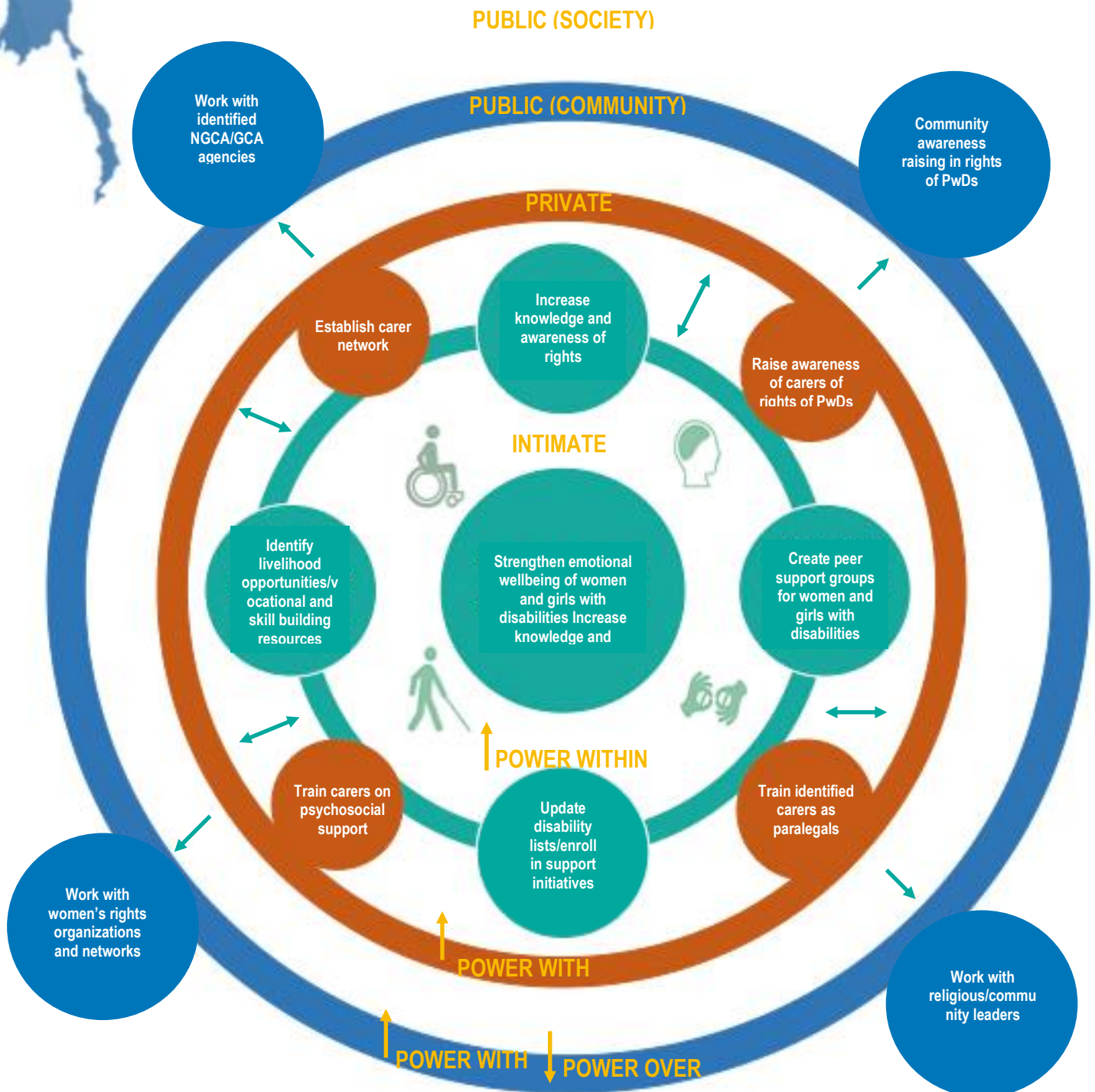
- Upon reviewing data across the public, private and intimate domains, it can be concluded that women and girls with disabilities have internalized oppressive ideologies and accepted discriminatory practices towards them as “just the way things are”, which in turn has debilitated their emotional agency to survive. Mostly confined to their homes, where they feel most safe (except in some cases of intimate partner violence), women and girls with disabilities live in a state of ‘being violated’ emotionally all the time. Their emotional vulnerability, increases their vulnerability to all other forms of violence, including sexual violence.

“Her emotional state gets worse when people treat her badly, she feels shame and stays at home.”

Woman with intellectual disability and between the age of 24 and 40 years, Hpunglung Yang Camp, Momauk township.

PROGRAM FRAMEWORK

ADDRESSING VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES WITHIN KACHIN'S IDP CAMPS



E. Recommendation from the results finding review

Shorter Term repos strategy

- **Consider distributing relevant assistive devices** because it can give significant benefits to users, including more independence, and increased confidence and self-esteem. The items should be clarified before distributing of devices. It is recommended to collaborate with organizations such as ICRC (International Committee of Red Cross), HI (Humanity & Inclusion). Particularly for crutches and wheelchairs and also physical rehabilitation, measurement of individuals with disabilities is important to ensure that, the devices will match with their bodies and be useable for the individual.
- **Raise disability awareness training:** to family members of women with disabilities and Camp leaders and committees members as well. In addition, raise awareness to person with disabilities because this study shown that they are internalizing the cumulative shame of living as a disability. These will help everyone realize person with disability can get equal opportunities and get access to services like others and shift the narrative from identifying person with disabilities as “the needy” and can change the religious perspective as means of de-stigmatizing disability.
- **Provide GBV training:** Women with disabilities and their family members to increase knowledge and understanding of the concept of gender and gen-based violence, sexuality and rights.
- **Provide Psychosocial Social Support:** this training will support to women with disabilities can build more personal resilience in daily life.
- **Form peer support groups/networks** within and across camps for collective emotional support: Creating a woman and girls with disabilities group in each camp will help women and girls heal collectively, while also creating a generational support group between women and girls with disabilities as social isolation is a key contributor to emotional violence. Inter-camp connections will further enhance peer-to-peer support.
- **Distribution Dignity Kits** to women and girls with disabilities who lives in FRC targeted areas.

Longer term response strategy

- Recruit women and girls with disabilities as employees in the organization level according to their skills and capacities would help to promote disability awareness and untimely, enhance understanding of equity and equality in terms of human rights.
- FRC would need to ensure that disability inclusion policy, guiding principles, and monitoring and evaluation framework at all levels in all program.
- Strengthen carer support systems and networks to advocate as allies of women and girls with disabilities: Carers play a critical role in providing care and psychosocial support when systems and communities fail to advance the equal rights of women and girls with disabilities. Training carers on psychosocial support as well as offering paralegal trainings (under the FRC-KWAT collaboration) will help build awareness and trust across carers. Additionally, carers act as frontline barriers between communities' collective discrimination and women and girls with disabilities.
- Address discrimination related systemic emotional violence through psychosocial support and journaling: Invest in psychosocial support for women and girls with disabilities. Using daily diaries as a data collection tool will also serve a dual benefit of journaling their emotions and feelings.
- Work with women's rights groups in Myanmar and beyond that are documenting cases of violence against women and girls: Work with groups to ensure that their ongoing data gathering efforts include the types of violence faced by women and girls with disabilities.
- Raise awareness amongst women's rights networks and Disabled People's Organisations (DPOs): Women's rights networks have the power, agency, and donor support to reflect on the state of all Myanmar's women, including the challenges faced by women and girls with disabilities. While the work that women's rights networks have undertaken in Myanmar is commendable, they can do more to advance the rights of Myanmar's women and girls with disabilities. Although

DPOs represent the needs of women and girls with disabilities, they need more support in understanding their specific violence related experiences.

- Engage camp/community leaders: All community leaders interviewed demonstrated a willingness to be more inclusive of women and girls with disabilities within community forums and initiatives. Provide material support to community leaders to engage sign-language translators, relocate community meetings so that they are accessible by all, and to encourage persons with disabilities to engage in discussions.

Additionally, the framework marks program interventions with green arrows across the concentric intimate, private and public spaces to denote that power within program design and implementation should always focus on women and girls with disabilities.

F. CONCLUSION

Women and girls with disabilities lead complex lives in war-torn Kachin. Women and girls with disabilities live in social isolation and in a constant state of emotional violence. This state of emotional violence has forced many to accept discrimination, and other forms of physical and sexual violence as “just how things are.” A transformative intervention that focuses on building agency and platforms for women and girls with disabilities will allow them to heal in community and engage with their broader communities on their terms. While the social, political and economic situation in Myanmar may seem grim, much can be done towards ensuring that when Myanmar does revert to democratic transition, a place for women and girls with disabilities is secured within local political dialogue, development initiatives and peace-building efforts.

“My dream is to become a teacher when I grow old. I feel safe and secure while with my family as I have never been away from home.”

15-year-old girl with physical disability living in Hmaw Is Zar AG camp, Hpakant township

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