Rural women with disabilities in post-conflict zones: the forgotten sisters of Australia’s disability-inclusive development

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ABSTRACT
International interventions to reconstruct post-conflict societies emerging from civil war, genocide and violence have introduced formal democratic systems as the cornerstone to peace-building and the re-establishment of legitimate political systems. Political and gendered cultural systems and norms however, may be in tension with international demands for rights-based, participatory governance. This article explores these tensions within the context of the Australian Government’s disability-inclusive agenda in its aid and development programme in post-conflict Cambodia. Although the ‘interaction between gender and disability’ is a guiding principle of Australia’s aid programme, extensive analysis suggests that in practice it is largely gender-neutral.

Introduction
Disability inclusion, participation and rights are increasingly recognised as an important component of securing processes of community peace-building for long-term sustainable social cohesion. Research shows however, that rural women with disabilities are poorly included and continue to be the most marginalised from international, national and local disability-inclusive development initiatives and innovation, policy and practice. Rural women with disabilities are among the hardest to reach populations, many of whom are often ‘voiceless and invisible’. Armed conflict and post-conflict contexts compound and entrench the challenges experienced by women with disabilities in rural settings and their households. In post-conflict situations, they are the most vulnerable group and experience the highest levels of gender-related violence, abject poverty, stigmatisation and exclusion.

The notion of post-conflict reconstruction assumes that democratic processes and participatory governance are essential for sustainable peace. Moreover, democracy is improved by the inclusion of all voices in society, particularly of men and women, with and without disabilities. This view of post-conflict peace-building recognises that women and men, without and without disabilities, have different lived experiences during and following...
conflict, both as casualties and caretakers. Women’s responsibilities increase during and after civil war, and many rural women with disabilities express a desire to improve their quality of life through post-conflict development strategies that seek to recognise the pivotal role of women’s economic participation.

In this paper, we examine the effectiveness of Australia’s aid efforts in building sustainable peace through exploring its impact in building local-level governance and institutional structures that encourage the active participation of rural women with disabilities in local-level forms of political participation. This study recognises women with disabilities as experts of their own experiences and as key agents in local-level activism and the creation of a more inclusive, just and peaceful society. We focus on the consolidation phase of the Cambodian peace process, that is, since 2000, where it is widely accepted that ‘peace’ becomes a stabilising discourse in relation to socio-political spaces and the building of democratic governance structures deep within local-level villages and communes.

Cambodian landscapes of war, peace and disability in civil society

More than three decades of civil conflict have devastated Cambodian society, economy and institutions. In 1970, the Vietnam War engulfed Cambodia and plunged the country into civil war. Five years later, the Khmer Rouge seized control and ruled the country from 1975 to 1979. The regime targeted educated classes – civil servants, teachers and doctors who were identified as enemies of the regime and more than 200,000 were executed without trial. A further 1.5 million people died due to disease, starvation and overwork. A Vietnamese-backed invasion overthrew the Khmer Rouge in 1979 and the nation was engulfed by civil war until the UN brokered Paris Peace Accord in 1991. The same relatively fixed elite have governed Cambodia since 1979. The patrimonialism of the Cambodian state together with the provision of material aid to gain domestic support and political legitimacy by external actors has enabled their endurance. Political and economic elites are largely synonymous and while state actors are involved in all facets of economic life, basic infrastructural needs of the economy remain unaddressed. Cambodia faces the critical development challenge of sustaining growth and political stability while reducing poverty and inequality across all population groups, particularly for women and women with disabilities.

Cambodia is an exemplary example of post-cold war era peace-building and democracy installed by an interventionist United Nations and the insertion of the Transitional Authority of Cambodia (UNTAC). Although the peace agreement is now more than 25 years old, Cambodia continues to be a fragile democracy with strong alliances between the military and the ruling party. Whilst the peace agreement and reconstruction phase established a so-called liberal democratic political structure, it is a multi-party liberal democracy in name only. Despite official public discourses of national reunification, issues of violence, conflict, intergenerational trauma and poverty persist. The legacies of war also continue to shape Cambodian society in highly gendered ways. The culture of violence, from heavy militarisation, pervasive impunity, corruption and to day-to-day politics of patronage and personal networks, fuels distrust of political leaders and undermines liberal democratic reform efforts. Moreover, education, health and legal systems are weak, and have never fully recovered from the 30-year conflict. In fact, some political theorists have argued that the Cambodian Government continues to struggle to establish legitimacy and is on the verge of failing and propelling Cambodia back into political turmoil.
inclusiveness, reduced inequalities and accountability are thus increasingly urgent and critically necessary for the reconstitution of legitimate governance.\textsuperscript{15} Although peace-building initiatives have not delivered post-conflict democratic states characterised by transparent governance, an independent judiciary and the rule of law – attributes deemed to underpin sustainable peace\textsuperscript{16} – have opened the way for civil society organisations to hold political space. No doubt, this is largely due to the failure of the promise of liberal political and democratic institutions. Civil society organisations are, in turn, providing an explicitly 'local' approach to peace-building and are experimenting with different forms of gendered and inclusive local leadership and participatory governance, many of which are collectively generated development strategies. The UNTAC peace-building intervention provided space for the growth of democratic values and Cambodian women seized the opportunity to engage in the nation’s reconstruction.\textsuperscript{17} The spatial and political dynamics of Cambodia appear to have enabled a process of civil society organisations and activism in spite of, or maybe because of, the direct impact of war, conflict and ongoing militarisation, unlike many other post-conflict landscapes.\textsuperscript{18}

This is particularly the case in the area of disability as there has been a sustained growth of disabled people’s organisations (DPOs). Cambodian disability profiles directly relate to the protracted periods of conflict, civil unrest and violence. DPO and disability political representation began initially as a peace-building priority due to the expansive impairment acquired from the large-scale deployment of landmines in rural areas, particularly in some of the core farming areas of the country. During the early 1990s, when both authors were residents of Cambodia involved in Australian educational aid programmes, it was estimated that there were at least 25–30 victims of landmines each month (death and injury combined), or according to UNICEF, 85\% of the world’s landmine causalities (http://www.unicef.org/graca/mines.htm). Moreover, poverty and the breakdown of the health system meant that the absence of appropriate treatment together with financial and other barriers to access health care services, accidents and health conditions frequently developed into impairments.

Given the spatial dynamics of the conflict, such as the heavy mining of core borderlands and towns, disability is also geographically patterned across rural Cambodia. It should therefore, not be surprising that in Cambodia, the majority of people with disabilities reside in rural areas and, women are the largest population of people with disabilities in these areas.\textsuperscript{19} Female-headed households, who are responsible for economic generative activities to sustain households are often highly susceptible to a range of events and incidents that may lead to permanent injury, as they are unable to access health care in a timely manner due to costs and care responsibilities within the household. Disability is therefore shaped by, and compounded by, gendered patterns of socio-economic inequality, which is unevenly distributed across the nation, and differentially affected by the long term political rebuilding of liberal democratic practice in the post-conflict landscape.

This spatial dimension of disability in post-conflict contexts, we believe is a core oversight in the conceptual landscape of situating and identifying the impact of international donor efforts in relation to disability post-conflict settings. Critical geographies socio-spatial models of disability provide an appropriate theoretical framework to understand the environmental (spatial) and social barriers highlighted in the CRPD. These socio-spatial dynamics entrench and distinguish persons with disabilities oppression from that of other social groups.\textsuperscript{20} Physical and social space(s) are politicised, contested and dynamic and reflect the power
The ideologies and power relations that underpin disability oppression are often presented as ‘culture’ and ‘tradition’; a socio-spatial theoretical framework acknowledges that these can and do change. This relational view of space opens dialogues of political possibility and transformation.

The incorporation of socio-spatial understandings of disability within the post-conflict setting directly addresses many of the limitations of the rights-based model that are often noted for their strong individualisation, rather than addressing geo-spatial relations of power embedded within unique landscapes of violent armed conflict. Spatial relations of disability in the post-conflict landscapes aim to map out the specificities of social relations of power embedded in differing spatial contexts, landscapes and locales; drawing upon the unique and nuanced socio-cultural practices that emerge in practices of survival that are required to navigate daily forms of armed violence. Such practices are also gendered, establishing new hierarchies of able-bodied masculine power, through actively destroying previous hetero-normative bonds of trust, care and recognition. As the findings from this study suggests with rural disabled women, these emergent post-conflict institutions, grounded in local levels of governance, overlook the agency of women with disabilities. In turn, women with disabilities mobilise their collective capacities to intervene in nascent institutional forms, so that they become inclusive of their material needs, their cultural forms of socio-political expression, with the intent of adequately representing their expressed desires for local-level democratic engagement.

**Methodology**

This article draws on grounded empirical research emerging from a three-year research (2013–2016) project on disability-inclusive development strategies to generate open labour market employment opportunities for people with disabilities in Cambodia. Funded by the Australia Government Development Research Awards, the research was conducted in collaboration with the national lead DPO, Cambodian Disabled People's Organisation (CDPO), and with local provincial disabled people's organisations (DPOs), and two Australian universities, Monash and Deakin Universities. Qualitative and quantitative methods were employed across three sites (two rural and one urban) by the first author together with a five-member CDPO-based research team consisting of local men and women paid researchers with and without disabilities. In-depth interviews were conducted with 34 men and 34 women with disabilities, with majority of women with disabilities interviewed twice. This paper presents findings with rural women with disabilities in the two rural sites alongside 13 interviews with government and non-government key informants. Interviews were conducted in Khmer and have now been transcribed into written English. The analysis drew upon a grounded analytical approach, to enable greater reflexive engagement with the interview participants and their subjective interpretative analysis of their personal journeys as rural disabled women in post-conflict Cambodia (and hence, the purpose of two-stage interviews). This approach was particularly supported by the local research team at CDPO, who were involved in all stages of the study, from conceptualisation, interview design, piloting, data collection, analysis and write up.

**Findings**

The central thematic findings of core concern for the rural disabled women participants were the emergent institutional context of localised governance structures and in turn, the
representational practices that further their agency as active members of commune councils. Interestingly, as outlined below, international donors’ agendas to position disability nationally, in this specific case, Australian disability-inclusive aid programme, curtails the specificity of rural disabled women’s activism for progressive democratic practice at the local scale with the emergence of nascent representative structures.

**Overriding local-level initiatives and concerns: Australian disability-inclusive aid strategy in Cambodia**

The Australia aid and development programme has adopted a twin-track approach where disability specific initiatives such as the Disability Rights Initiative Cambodia (DRIC) are supported alongside mainstreaming activities. The Australian Government initiated and funded the five-year DRIC joint programme with the United Nations, with the overall goal of improved quality of life for people with disabilities. DRIC is delivered through three UN agencies – the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF) and the United Nations Development Programme (UNDP) and is the first programme of its kind. However, all three agencies are relatively new to the disability sector and are still learning what disability inclusion might look like (key informant interview, 2015).

Prior to the establishment of the DRIC programme, the Australian aid programme supported 37 local civil society organisations through small grants for disability-inclusive projects through the Cambodian Initiative for Disability Inclusion (CIDI). The Australian aid programme wanted to consolidate the fragmented CIDI programme to increase the strategic potential for long-term impact (key informant interview, 2015). The DRIC programme was thus initiated by the Australian targeted disability aid programme and sought to further its agenda for disability-inclusive post-conflict rebuilding. This high-level focus of working across global development institutions aims to increase the power of its disability development agenda to influence government to enact disability inclusion (key informant interview, 2015). DRIC contains system-strengthening initiatives in relation to government and DPOs in the areas of rehabilitation, sub-national governance and community-based rehabilitation. DRIC focuses on the development of mechanisms and institutions to support persons with disabilities so that Ministries at all levels have a clear policy framework and institutional processes to achieve disability inclusion (key informant interview, 2015). DRIC’s main partners are the Disability Action Council (DAC), the government body mandated to co-ordinate disability initiatives across Ministries, and the Ministry of Social, Veterans and Youth Affairs (MoSVY). The DRIC board consists of government representatives from the Ministry of Health and MoSVY. The Ministry of Women Affairs is not a direct DRIC partner and only engages with DRIC indirectly through the DAC.

**Institutional context of building local-level governance and political representation**

Awareness of international, regional and national disability rights legislation and policy frameworks is limited among government officials, particularly at the provincial, commune and village level. Whilst officials may have heard of the UN CRPD and have knowledge of the Cambodian disability legal framework, they do not know how to implement these documents in local-level structures, policies and programmes (key informant interview, 2015).
Furthermore, the Cambodian legal framework is not fully aligned with the CRPD’s social model of disability. The Cambodian Law on the Protection and Promotion of the Rights of Persons with Disabilities is focused on impairment and neglects the realm of participation (key informant interview, 2015). Confusion between impairment and disability and poor understanding of the role of social discrimination as a barrier to participation are common. There is growing awareness within the disability sector that participation is critical to redress disability-based poverty and disadvantage (key informant interview, 2015). Furthermore, ‘disability’ is considered to be ‘new’ to staff at provincial and commune levels, particularly rights-based approaches. Staff in some Ministries, for example, think about disability as an issue of charity and want to give persons with disabilities money rather than opportunities (key informant interview, 2015). The technical capacity of government staff to implement disability inclusion is a critical area of need. Direct exposure of staff to persons with disabilities by working with DPOs and with persons with disabilities in their communities is urgently required. Thus, disability visibility is a core consideration in driving structural and attitudinal change, to address structural and localised barriers to disability participation in the post-conflict development context.

In 2002, commune council elections were held and marked an important step in dismantling authoritarian local-level structures that had been in place since the 1970s, and towards providing a political mechanism for democratisation to reach into the countryside. The commune council is the level of government closest to the community and where the majority of Cambodians live and work. For gendered inclusion to impact the lives of rural women with disabilities, commune councils must be reformed from top-heavy approaches with directives coming from the National level to the local level. Downwards and upwards accountability is required to avoid the risk that disability is perceived as another law coming from the top (key informant interview, 2015).

There are pockets of change however with some local authorities trying to involve women with disabilities with the commune council, commune-level women and children committees and social protection and equity agendas. Largely however, commune-level officials do not know what they need to do to be inclusive even if they recognise the need. They require practical tools and support as well as improved knowledge of disability rights, Government legal and policy commitments to inclusion and a strong understanding of their own responsibilities to enact these. Sensitisation of local authorities and commune council members is required to provide such authorities with the necessary skills for community consultation and accountability to ensure women and men with disabilities, and not just those with mobility impairments, are included. The strong emphasis on mobility impairments is clearly related to the enduring legacy of the conflict, the scattering of landmines across the countryside, and the resultant high numbers of the physically war-wounded by remaining armaments. The focus on physical impairments also highlights the subtle ways in which easily identifiable impairments from conflict and related poverty and poor health care systems, may in fact, override the concerns of the broader disabled community, creating multiple classes of disabled people and increasing inequalities within the disability community. DPOs, including women and children-specific DPOs, are thus not always invited to attend government meetings at the local level. A first step towards inclusion would be for the consistent extension of such invitations to all DPO representative organisations. Moreover, separate, additional consultations with women with disabilities may be required to remove any potential reluctance to speak out in public, particularly on those issues that are directly
associated with gendered issues of domestic and intimate partner violence. Gendered-disability leadership programmes targeting women with disabilities to strengthen their current leadership skills, garner disability-gendered specific networks of support, and build strategic alliances across regions are core areas of neglect. Such training could be delivered for women with and without disabilities to promote the recognition of the capabilities of women with disabilities.

**Recognising rural women with disabilities’ agency**

Ongoing research in Cambodia has found that, although women with disabilities make valued contributions to their households, many women, particularly those with sensory, intellectual, multiple and severe impairments, continue to face discrimination and institutionalised disadvantage. These disadvantages are manifest in multiple ways, such as in the difficulties women with disabilities encounter when they want to marry and bear children. Consequently, they are less likely to have children and in turn, have carers in old age, increasing their vulnerability across the life-cycle where there is no social support or welfare system. Discrimination also manifests in the challenges women with disabilities experience in securing the support – financial and practical – that they need to access employment, health and other services, and in the culturally based stigma that exposes them to greater rates of physical, verbal and sexual abuse than able-bodied women.

Grounded empirical research from this project suggests that interventions to improve quality of life for rural women with disabilities need to give greater attention to the community-level socio-spatial factors that shape their daily lives. Much discrimination against women with disabilities is exacerbated by their isolation and marginalisation within their communities. In the absence of socio-spatial supports, such as financial resources and social support to assist women to negotiate negative social attitudes and inaccessible physical environments, women with disabilities are isolated and alone, particularly women with sensory, intellectual, multiple and severe impairments.

The creation of communities of similar individuals, such as self-help groups, has become an effective means of local mobilisation led by and for rural women with disabilities. Such groups have been found to provide women with disabilities with emotional, financial and practical support to address the challenges they face and thereby improve their lives. Self-help groups are a forum for women to identify strategies to confront disabling social attitudes, to learn about their rights and practical strategies to enforce realisation of such rights. Self-help groups also establish savings groups and rotating funds from which women with disabilities are able to borrow funds to establish small businesses, or localised micro finance schemes. When women with disabilities earn their own income, not only does their social value within their households improve, but they also have their own financial resources and are more able to make their own decisions. Rural women with disabilities observe that once they join self-help groups and are seen by non-disabled others to be ‘helping themselves’, particularly earning their own income, social attitudes towards them undergo a shift that enables greater expression of personal agency and judgement about their own lives.

These forms of mobilisation are driven by women’s self-advocacy and their agency as a collective group of women who share the lived experience of disability marginalisation and discrimination. The intent of such groups has been to bring together citizen-initiated forms of economic and social inclusion that promote self-respect and dignity. Self-help groups
and local forms of activism build women’s self-confidence and skills to be able to contribute, both financially and non-financially, to their families, giving them greater social power and ability to shape their own wellbeing. Invitation of these rural disabled women leaders’ to commune council meeting would facilitate the translation of women with disabilities into political voice, increasing their visibility and credibility.

The Cambodian Government, donors and inclusive-development programmes continue to focus on people with disabilities solving their problems themselves. Whilst this is one side of the disability equation, greater attention needs to be given to changing the attitudes and practices of non-disabled others who hold key positions of social and political power, thus shifting the socio-spatial contexts of women with disabilities daily lives. The engagement of able-bodied people with disability issues is crucial as they effectively create disabling community environments. Rural women with disabilities have very few, if any, sources of support outside of family and those that are available rely upon pity as the dominant socio-cultural response to disability. Although feelings of pity may initially prompt non-disabled others to assist women with disabilities through acts of charity, recognition of their capabilities is integral to long-term socio-economic and political engagement with women with disabilities, not pity. Developing more positive attitudes about their potential through disability-awareness training and firsthand contact with women with disabilities in workplaces, schools and other community spaces, including commune councils are the keys to building more positive understanding and confidence to engage with and include women with disabilities.

Concluding discussion: gendering Australia’s disability-inclusive aid programme in Cambodia

International development donors and inclusive-development programmes are an integral component of the Cambodian landscape. Disability, since the ratification of the UN CRPD (2006), has become a priority of international donors and there is now a plethora of disability-inclusive development programmes operating across the Global South. Yet, in the post-conflict environment, these programmes have had a tendency to either focus upon the disability being a homogenised identity, denying its gendered and socio-cultural embodied spatial relations and processes. Issues of disability are therefore not necessarily seen for their full complexity around issues of gender, urban vs. rural, acquired and / or congenital, non-war-wounded vs. war-wounded, and so forth. Thus, the complexity of disability, as a social category of redress or a social category of identity, become even more murky due to the multiplicity of assumptions that surround impairment and the post-conflict context. The research findings from the Cambodian landscape suggest that for targeted disability development strategies to be fully realised, there needs to be deep understanding of the local political institutional context. This can only occur via provincial DPOs and self-help groups that have credibility within local villages and communes, particularly in relation to rural women with disabilities in the post-conflict environment. Despite global efforts, it is this very group that has been the most marginalised from international disability-inclusive development efforts and gendered peace-building efforts (for example, under the recent UN Peace Building Fund, there were no programmes offered to this very group). They appear to ‘disappear’ from either target group, and therefore, rarely receive careful funding, programmatic supports or training that they are seeking.
Even initiatives, such as the Australian Government’s Inclusive Development Platform, now in its second term, does not actively target rural women with disabilities, particularly locally driven initiatives, that have small-scale impact yet, are deep in terms of local-level transformation. These local-level forms of civil society engagement and mobilisation provide women with disabilities with emotional and socio-economic support, they also have important lessons and potentially significant impacts on the democratisation process in Cambodia.

Addressing the vulnerability of women with disabilities in post-conflict development contexts is an area of international priority. The United Nations Commission on the Status of Women (UNCSW) has mandated a range of policy platforms to advance the rights of women with disabilities, and this agenda is a central priority of the Sustainable Development Goals. The UNCSW noted that, although promising, disability-inclusive initiatives have been inadequate to effectively bring rural women with disabilities into the fold of the disability-inclusive development global mandate and effective pathways to address their poverty, marginalisation and vulnerability to violence have not been identified. Little is known of what development programmes and initiatives promote poverty alleviation for women with disabilities in rural, post-conflict contexts. Furthermore, the absence of reliable in-depth data on disability generally, and especially on rural women with disabilities, is a major difficulty in the implementation of effective disability-inclusive development.

Conflict-related poverty has forced women to be more economically active and many women in female-headed households are the principal income earners. This includes women with disabilities, who are often the primary household earners even several years after the conflict has ended. For rural women with disabilities, meeting their family’s needs is typically a constant struggle, particularly for those whose families and support networks are very fragile as they have been overburdened by the ongoing and long-term impacts of conflict and war.

As the findings of this research suggests, too often, broad-scale disability-inclusive development agendas within the post-conflict landscape do not give appropriate recognition to the roles of women with disabilities agency and their political practices of collective mobilisation to assert their authority in local-level decision-making. This study illustrates that broad-scale top-down initiatives tend to homogenise the disability experience, neglecting those ministries and governance structures that have been directly targeted towards women’s involvement as agents of peace. The resultant effects, whilst seeking to strategically situate disability as a national priority in post-conflict reconstruction, negate the vital role of women with disabilities within rural provincial communities and their responsibilities as socio-cultural and economic agents within the household. Thus, initiatives, such as the Australia Government’s Development for All Strategy, need to deepen local-level engagement, to address the localised progressive practices of disabled women’s mobilisation and activism for recognition through political practices of representation.

Notes
1. WHO and World Bank, World Report on Disability.
2. de Alwis, “The Intersections of the CEDAW and CRPD”; and UNCSW, “Rural Women and Girls with Disabilities.”


6. Ojendal and Lilja, Beyond Democracy in Cambodia; and McGrew et al., Good Governance from the Ground Up.

7. Ibid.

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20. Gleeson, Geographies of Disability.


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36. FAO, The State of Food and Agriculture.

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