

Research Article

Disability, Gender, Violence, and Displacement in Zimbabwe: A Hidden Crisis

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Abstract

Persons with disabilities are among the most vulnerable groups in any humanitarian crisis, including displacement situations. Disability and gender may intersect and compound risks, exposing individuals to various forms of violence, marginalisation, and other detrimental effects. For example, women and girls with disabilities are particularly vulnerable to sexual, physical, and economic violence, whereas men with disabilities are more likely to be harassed or subjected to economic exploitation. At the same time, both groups may encounter social stigma and have difficulties accessing justice. This paper aims to demonstrate how disability and gender intersectionality may affect persons with disabilities in respect of experiencing violence and displacement. A qualitative case study design was used for this purpose. In particular, the present study employed individual semi-structured interviews, focus group discussions, and document analysis in order to explore the situation of forcibly displaced persons with disabilities, including their social inclusion and access to humanitarian aid. Participation was voluntary, and 23 respondents, among whom there were also policymakers and humanitarian practitioners, were recruited for individual interviews and focus group discussions. Document analysis allowed cross-verifying the information and assessing the normative framework further. The analysis followed a thematic approach, and the study was informed by intersectionality theory. The CRPD played an integral role in guiding the research questions, objectives, methodology, and findings. The findings revealed that persons with disabilities in Zimbabwe had experienced multiple forms of exclusion, including insufficient access to humanitarian assistance and justice. At the same time, gender was identified as a critical determinant of the overall situation and response to violence. In addition, the study demonstrated that the so-called adaptive strategies often reflected persons' attempts to survive in the absence of an adequate response. The conclusion highlights the need to shift the focus from individualised approaches to collective action in order to ensure that displaced persons with disabilities obtain better access to protection and assistance services.

Keywords

Disability, Gender, Violence, Displacement, Behavioural Adjustment, Intersectionality, Zimbabwe

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1. Introduction and Background

Disability is one of the most significant global development and human rights issues. Approximately 1.3 billion people (16% of the world population) live with some form of disability [42]. Persons with disabilities continue to face barriers in accessing healthcare, education, employment and full participation in their communities. This is especially acute in times of conflict or disaster when responses may prioritize immediate survival and accessibility is overlooked [35]. Disability is therefore hidden in displacement and protection discussions. Research indicates that women and girls with disabilities are at least two to three times more likely to be subjected to physical or sexual violence than women without disabilities [12], a risk aggravated by the confluence of gender and ableism. Social supports break down during displacement, while living conditions often become over-crowded, making disabled persons more susceptible to vulnerability through dependence [3]. A relevant case from Zimbabwe (which has since the early 2000s experienced political instability, economic downturn, land reform programmes and recurring climatic shocks such as drought and floods) illustrates such problems, with many internal displacement cases triggered by the aforementioned issues [25, 30]. Some 7 to 10 percent of Zimbabwe's population lives with some disability, although the true figure may be higher [33]. Forcing people to flee and live in camps and other emergency sites also results in loss of personal aids like wheelchairs and walking devices and consequently restricts their autonomy. Even though Zimbabwe ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2006, the implementation process has been slow. The CRPD says governments should provide all appropriate support to persons with disabilities in all situations, including humanitarian assistance, yet shelters, information systems and support services are seldom fully accessible in the context of disasters [34]. Moreover, patriarchal power structures and stigma around disability perpetuate abuse within families, especially where victims depend on care givers [3]. This work uses an intersectional approach to examine how different components of identity including gender, disability and forced migration can interact to produce complex layers of vulnerability and oppression [5] and challenge the idea that people with disabilities in a harsh environment must "adapt", but ask instead whether it is the system or the persons who are "failing" to do so.

2. Research Objectives

- 1) To examine how disability and gender intersect to shape experiences of violence among internally displaced persons in Zimbabwe.
- 2) To explore the barriers displaced persons with disabilities face in accessing humanitarian assistance, protection services, and justice mechanisms.
- 3) To analyse how well Zimbabwe's legal and policy frameworks align with the principles of the CRPD in addressing displacement and gender-based violence.
- 4) To rethink the concept of behavioural adjustment and identify structural and institutional gaps that require change.

3. Statement of the Problem

Existing inequalities are magnified during emergencies. People with disabilities are particularly vulnerable to neglect, violence, discrimination, inaccessibility, and exclusion from essential services during disasters [35, 42]. Emergency management practices do not adequately address physical, communication, and social needs associated with diversity resulting in failure to incorporate them into assessments, planning, and response efforts. In Zimbabwe, social protection is eroded due to political instability, and persons with disabilities (PLWD) face a higher level of insecurity if they are forced to relocate due to displacement [33]. Loss of home, livelihood, mobility aids, networks, social status, and power compounds the level of their vulnerability and dependence on others. Vulnerability levels are raised even further for women and girls with disabilities due to high exposure to gender-based violence and stigma associated with seeking help because of cultural norms and expectations [12]. Similar issues are reported for men and boys with disabilities due to an attachment to social norms that dictate what is permissible and what is not for men and boys regarding assault and the expectation that men with disabilities will be ridiculed when reporting the abuse [12]. Despite the existence of rights frameworks such as the Convention on the Rights of Persons with Disabilities [34], countries do not implement these agreements effectively, particularly concerning persons with disabilities. The issue of protecting people with disabilities during disasters remains under-researched, with minimal information on the impact on socially vulnerable groups such as those with disabilities. Even less studied, however, are the intersectional challenges of gender and disability and how these factors combine to increase overall vulnerability.

4. Conceptual Framework

This study works from an approach in which disability is seen as a social, as well as health, issue. "Disability occurs when the health condition, or impairment, of an individual, intersects with attitudinal, institutional and environmental barriers in society" [42]. Barriers include, "physical and social access to and participation in opportunities, activities and facilities" [42]; for example: the absence of accessible transport or ramps, and negative attitudes towards disabled people. The

obstacles to disabled people are amplified in displacement contexts. Displaced people are "disrupted livelihoods, communities, or institutions". The triggers for displacement in Zimbabwe include political upheavals, economic meltdown and climate change. Gender is understood as socially constructed social and relational roles, and power relationships, between men and women; patriarchy leads to women and girls, lacking in many situations of control and autonomy. The concept of violence encompasses "physical, sexual, economic and psychological harm when a country fails to provide protection and power structures are unequal" [12]. This study also revisits the notion of behavioural adaptation. Behavioural adaptation is generally understood as how people attempt to cope with difficult circumstances but this research problematizes this understanding and asks how forced adaptation resulting from a lack of support could be perceived as resilience. The study also uses the lens of African values; *hunhu* and *ubuntu*-personhood as communal and well-being is achieved through solidarity, and if a person is alienated or ostracised that is the community's own failure [27].

5. Theoretical Framework

The main theoretical framework used in this study is intersectionality theory developed by Kimberl Crenshaw [5] and later expanded by Hankivsky [13] among others. Intersectionality theory provides the best perspective to understand the cumulative and combinatory nature of oppression and intersectional identity and adequately address the ways in which people navigate overlapping, intersecting social identities. As Crenshaw [5] argues, in order to fully understand women's disadvantage one has to be able to conceptualize that the disadvantage is the interaction of being female and, say, physically challenged and that this is different from the disadvantage of being a woman who is not disabled and the disadvantage of being a physically challenged man. The intersectionality perspective challenges the notion that multiple discrimination is only cumulative and additive to the experience of disadvantage and highlights the fact that intersecting social identities create a distinct set of circumstances that are not reducible to the sum of the individual components. In other words, the confluence of social identities and associated power relations is constitutive of diverse social locations. The intersectionality of social identities goes beyond simply combining different forms of discrimination and disadvantage; it is made up of a set of social relations that comprise institutional, systemic and social dimensions. People who occupy more than one oppressed social category in a particular society are subject to different experiences of marginalisation. For instance, in humanitarian settings, the destruction of the social fabric and infrastructure makes it difficult for people with disabilities to access food, water, health, and other social services that are available but not easily accessible. As a result, people with disabilities in such settings find themselves reliant on others for assistance leading to highly unequal power relations

[12]. The imbalance in power relations can increase the likelihood of experiencing violence, abuse, neglect, and exploitation for people with disabilities in displacement settings. Moreover, intersectionality perspectives note that such power relations are produced and reproduced by intersecting forms of oppression such as ableism, sexism, patriarchy, class, economic inequalities, or racism that deny people their rightful share of resources, access to services, justice, and protection [7].

The intersectionality approach also provides a nuanced understanding of the concept of adjustment. Adjustment has been conceptualised as the process of adaptation to a given environment by a person. However, when internally displaced persons with disabilities limit their movements to their place of origin or the closest alternative and, as a result, do not utilise available resources; avoid social interactions with aid workers; and refrain from engaging with the community because their dignity, comfort, safety, or sense of belonging is at risk and, therefore, willingly accept conditions that ought not to be a matter of choice, their efforts represent less of an adjustment and more of a retreat from the surrounding conditions. In other words, their conduct is less an adaptive measure and more of a response to unacceptable circumstances [21]. In this perspective, adjustment is not a characteristic of a person but rather a reflection of how people respond to external factors beyond their control. Using the intersectionality approach allows the paper to shift the emphasis from asking what people do to asking why, in their social contexts, they do what they do.

To provide a more comprehensive analysis of the issues facing the IDPs in Zimbabwe, the paper borrows from African philosophies of personhood. The African philosophy of *Ubuntu/Hunhu* provides a holistic perspective on personhood and community and states that "I am because we are" [24, 27]. The philosophy is particularly useful in its emphasis on collectivism and social responsibility and supports the argument that the challenges facing the internally displaced persons with disabilities in Zimbabwe are not individual problems but community issues. It follows from the Ubuntu/Hunhu philosophy that solutions to the problems faced by these communities must come from the communities and their systems and not from the individuals as the traditional individualistic approaches to adjustment have been ineffective. With this philosophical perspective, the paper tries to argue that community and institutional support systems are desirable in attempting to address the problems facing the IDPs with disabilities in Zimbabwe. It is against this background that the paper attempts to use intersectionality theory to address the impact of gender, disability, and displacement on the experiences of violence and marginalisation of the internally displaced persons with disabilities in Zimbabwe. By using intersectionality theory the paper contributes to a more comprehensive understanding of the issues facing this group of people and highlights the need for a multifaceted approach to addressing the challenges.

6. Review of Related Literature

6.1. Intersection of Disability, Gender and Experiences of Violence

It is evident that globally women and girls with disabilities are 2-3 times more likely to be exposed to physical or sexual violence compared to women without disabilities [42]. In some settings, it can be as high as 4 times [37]. As stated by Groce et al. [12], higher likelihood of violence is attributed to two factors, physical impairment hindering movement and independence and negative attitudes about disability. This is as illustrated by the theory of intersectionality whereby the risk does not just add up, but gender and disability interacts to create deeper and nuanced levels of risk [5, 13]. In crisis and displacement environments this risk can be further amplified. Factors such as inadequate shelter, lack of privacy and limited enforcement can put disabled people at even higher risk as it facilitates hiding abuses [35]. Disability can impede with people's mobility or ability to seek assistance or evade dangers in life threatening situations [14]. In sub-Saharan Africa, World Bank [40] notes widespread yet unreported violence among people with disabilities due to factors such as stigma, fear of discrimination and lack of confidence in the justice system. Due to their dependence on caregivers for all activities including food and shelter, many women with disabilities, may experience a shift from dependence to exploitation and abuse from their caregivers [26]. In various communities, culture stigmatises people with disability, viewing them as burdens with a 'curse' or 'bad luck', which results in their devaluation and lack of credence when reporting violence and sexual assault [15]. Research from Kenya and Uganda on women with disabilities reveals high incidence rates of sexual violence among this group, yet minimal access to medical, legal and protection services for the survivors [33, 38]. It is very common for cases to be dismissed in courts because the victim is seen as unable to provide reliable evidence [9]. In Zimbabwe, Chakuchichi et al. [3] has illustrated that women with disabilities suffer from a double discrimination; as a gender group, they are considered subordinate and to this they face further subordination because of their impairment. Cultural, norms, traditions and values allocate women lesser importance in society and to this, impairment comes as yet another source of marginalisation in terms of access to social and economic resources, rights and opportunities such as decision-making and property ownership [20]. In displacement and crisis situation, due to lose of shelter and support systems, individuals move to unfamiliar settings without protection. Nyamayaro [28] highlights that in Temporary camps no separate space for women and girls is allocated and even though people with mobility or sensory disability try to avoid dangerous areas, it might still be difficult for them to make choices about their safety. Furthermore, economic disempowerment exacerbates vulnerabilities as many women with disabilities, due to their impairment cannot economically produce income. This forces

them to remain totally dependent on external support providers for food and shelter which might expose them to forms of economic exploitation, such as forced sex labour and debt bondages [4]. However, most research studies conducted in Zimbabwe focus either on gender or disability in separate context and seldom do combine them with displacement in their empirical analysis. Further to this, the nature of how violence occurs within crisis contexts and for people with multiple marginalisations such as gender and disability and displacement has not been adequately documented and thus; is not well addressed in current programming. This current study fills this knowledge gap and it aims to fill that void by focusing specifically on how disability intersects with gender during displacement.

6.2. Access to Humanitarian Assistance, Protection Services, and Justice

International humanitarian law, including the Sphere Handbook [32], requires that all humanitarian assistance be accessible to all, including persons with disabilities. However, Trani et al. [33] report that aid clinics, feeding centers, and reception sites are generally not accessible to persons with disabilities due to the absence of ramps, handrails, and sitting areas. Important information is provided in written form or through announcements that are not always accessible to the illiterate and the hearing impaired, and those with visual disabilities cannot read notices and information provided in Braille or large print [36]. Justice systems are inaccessible due to extensive procedures that are not easy to understand and limited support for persons with disabilities with forms and procedures [7]. "These factors prevent them from accessing formal systems or pursuing justice effectively" [7]. According to the World Bank [40], in Africa, "most humanitarian responses do not contain specific provisions or plans for ensuring the rights of persons with disabilities." Humanitarian assistance does not include items that facilitate living for those with disabilities such as wheelchairs, crutches, walking sticks, and hearing aids. As a result, persons with disabilities who lose personal items during displacement rarely get replacements and are largely reliant on others due to their limited access to humanitarian aid [26]. "Many aid agency staff have minimal knowledge or understanding of disability and its implications for responding to humanitarian emergencies effectively" [4]. As a result, persons with disabilities are not reached even when assistance is available, and reliance on informal systems such as family members results in persons with disabilities being reliant on others with potential adverse consequences such as 'reciprocal' abuse. Similarly, despite services being available, distance and cost can be prohibitive to accessing them [17]. In Zimbabwe, displacement has affected informal support systems as people are uprooted from their environments with family members fleeing with different support systems and leaving vulnerable family members at the mercy of other family members or completely isolated,

with Zimbabwe reporting that persons with disabilities “face the greatest challenges in accessing essential services such as food, water, shelter, and medical services” [3]. Registration of beneficiaries in Zimbabwe is also a challenge as they have to walk long distances to register and fill forms that are not always friendly with disabilities with staff lacking the skills to offer assistance [28].

Access to police stations and courts is also limited by such barriers as steps, lack of ramps, space for consultation, and sign language interpreters [17]. The police are not trained to handle reports from persons with disabilities and report that women with disabilities who present themselves at police stations after experiencing violence are discouraged due to their reports taking long, being laughed at, and requiring concrete evidence of the crime [20]. Stigma and mistrust of the systems also prevent reporting with the perception that it takes too long to access justice or the systems are not designed to handle such cases and, therefore, it is best to bear the consequences while avoiding further stress on the systems. “Such exclusionary realities, while often acknowledged, have been insufficiently theorized in relation to the differential ways in which victims and survivors of humanitarian violence experience forced adjustment to their circumstances as a result of these constraints” [28]. Consequently, “respondents were coerced into adaptation strategies that ultimately increased their vulnerability” [3].

6.3. Alignment of Legal and Policy Frameworks with the CRPD

The UN Convention on the Rights of Persons with Disabilities (CRPD) is the global framework for promoting and protecting the rights of persons with disabilities, and its adoption by the UN General Assembly in 2006 marked a significant step in international human rights law. Article 11 requires that state parties protect persons with disabilities during emergencies, including armed conflicts and disasters, and take measures to ensure their safety and well-being during displacement [34]. It also obliges states to ensure that emergency management is accessible and non-discriminatory. Degener [7] acknowledges the usefulness of the CRPD as a legal framework for addressing the needs of persons with disabilities during emergencies but contends that despite the convention being signed by most states, implementation is challenged by the lack of resources, institutional frameworks, and policy guidelines. Compliance with the convention also requires coordination at the local levels, which is not guaranteed by law. The UN further observes that many countries view disability as a medical issue rather than an environmental one and, therefore, focus on rehabilitating persons with disabilities rather than adapting the environment [36]. Uganda and Kenya are among the countries that have made adjustments to their disaster management and humanitarian response policies to make them more inclusive. They have set standards for accessible facilities and information for persons with disabilities, includ-

ing shelters, which has improved access to services for displaced persons with disabilities [40]. On the other hand, the policies of most African nations are vague and do not specify concrete measures for responding to the needs of persons with disabilities during disasters. Lang et al. [17] note that states do not allocate funds for ramps, wheelchairs, or sign language interpreters and lack institutional coordination to effectively respond to the needs of persons with disabilities. As a result, legal frameworks do not translate to immediate relief and support during disasters.

Zimbabwe signed the CRPD in September 2013 and has a range of legislations, including the Disabled Persons Act (1992), the National Disability Policy (2013), and Section 83 of the Constitution (2013), all of which recognize the rights of persons with disabilities and conform to the principles of the CRPD. Despite this, Mlambo [25] reports that the implementation and enforcement of these regulations are inadequate, while Dziva et al. [11] observe that the Disabled Persons Act lacks details in definitions, making it difficult to prosecute violations. There is also no budget or policy for implementing emergency management plans for persons with disabilities. Most government buildings and relief centers remain inaccessible to persons with disabilities, and the judiciary lacks the skills to handle disability-related cases. Sibanda [31] agrees that although policies provide a useful framework, they lack enforceability and fail to address the practical needs of persons with disabilities in terms of access. During displacement, there are no specific guidelines that ensure that registration, relief distribution, and accommodation are disability-friendly, denying persons with disabilities their rights to equal treatment. The current study responds to this gap by documenting the impact of the absence of such guidelines during displacement and the resulting adjustments that persons with disabilities have to make.

6.4. Rethinking Behavioural Adjustment and Identifying Structural Gaps

The assumption in much of the literature is that resilience and adjustment to adversity are strengths that people possess, and as such, they should adapt to their circumstances. However, Mawere and Mubaya [21] argue that this perspective is flawed as it does not consider the underlying factors that influence people's responses to crises. Adjustment is therefore viewed as a strategy that people adopt individually or collectively to minimize the negative effects of a crisis, rather than a strength [39]. In the case of persons with disabilities, adjustment is not voluntary but forced as a result of failure of systems to respond to their needs [3]. Rather than focusing on individual strengths, resilience should be defined in terms of the ability of systems to respond to the needs of persons with disabilities [24]. Adjustment behaviors are therefore not an indicator of positive resettlement but rather actions taken to overcome the absence of support structures designed to meet

their needs [7]. Ubuntu and hunhu philosophies are deeply ingrained in African cultures and promote communal living and mutual responsibility, stating that “I am because we are” [19, 27]. These values dictate that every member of society must contribute to the wellbeing of the community based on the principle of collective responsibility. When individuals, including those with disabilities, resort to self-adjustment mechanisms such as staying indoors or being silent about abuse to avoid causing further distress to family members, it is an indication of failure by society to provide the required support networks.

The literature is replete with calls for a shift in the paradigm from adjusting behavior to addressing the structural causes of the difficulties faced by persons with disabilities. Adjustment should be a responsibility borne by systems rather than the individual [21]. This perspective aligns with the social model of disability, which contends that the absence of services and attitudinal barriers in society causes disability [15]. There is a need for systemic reform to reduce the effects of adversity on the lives of persons with disabilities. In Zimbabwe, there is limited research on the impact of displacement on the adjustment behaviors of persons with disabilities. Most studies are descriptive and record the effects of crises on the daily lives of persons with disabilities without examining why the adjustments are necessary or the role played by society in facilitating or preventing them [4]. Literature on this topic is limited to accessibility to services and does not explore the mechanisms that cause persons with disabilities to adjust their behaviors to fit within the restrictive systems [3]. The structural barriers that influence adjustment responses to displacement include inadequate data on the demographics of persons with disabilities, limited financial and human resources, stigma, and the breakdown of informal support systems [3, 11, 28, 31]. Displacement undermines the informal support systems of persons with disabilities and makes them rely on family members, who may not always be available or willing to care for them, leaving them isolated [28]. As a result, the adjustments made by persons with disabilities to these systems are an indicator of individual strengths and highlight the inadequacy of policies in addressing their needs. This study responds to this gap by examining the mechanisms that influence such adjustments and how African values such as hunhu can be leveraged to improve support structures.

7. Research Methodology

The paper qualitatively explored the lived experiences, perceptions, and challenges of internally displaced persons with disabilities in Zimbabwe. The study was guided by an interpretive paradigm that assumes that reality is created and recreated in various ways and is best understood by interpreting the meaning of phenomena from the view of those who experience them [6, 8]. A multiple stakeholder case study design was adopted because it allows in-depth investigation of real-life phenomena within their actual settings while providing a

comprehensive understanding of the issue [43].

7.1. Sampling and Participants

The study employed purposive sampling procedures for qualitative research because it can help obtain a representative sample of participants with specific characteristics (involvement in the researched community) [6]. Inclusion criteria were being an internally displaced person with a disability, a humanitarian worker delivering services, or a policymaker involved in disability and displacement matters. In total, there were 23 participants, including 15 displaced people with various impairments (physical, visual, auditory, speech, and mental) to ensure a comprehensive overview of the problem, 9 females and 6 males aged between 18 and 54, 5 humanitarian workers, and 3 policymakers. Multiple perspectives are critical to address complexity [23].

7.2. Data Collection

The study used three methods of data collection to ensure validity and compliance with research questions, including semi-structured interviews, focus group discussions, and document analysis. Triangulation refers to the use of multiple methods, strategies, and techniques in research, and it is evident that the researchers used this approach [29]. In particular, the first two mentioned data collection methods are qualitative, whereas the third one is quantitative [26]. Semi-structured interviews helped extract detailed and comprehensive information from the participants about their experiences and perspectives related to the main research questions [10]. Group interviews facilitated discussion and interaction among participants, which enabled the identification of common themes and patterns in reasoning [16]. Finally, analyzing existing documents (laws, reports, guidelines) allowed for comparing what state representatives say versus actual situations experienced by displaced persons with disabilities [1].

7.3. Data Analysis and Rigour

Thematically analyzing raw data gathered from participants is critical to identify key issues, patterns, or themes that will structure subsequent analysis [2]. The study implemented measures to ensure reliability and validity of the results, such as those proposed by Lincoln and Guba. First, collecting data using multiple methods (interviews, focus groups, and document analysis) conforms to the principle of triangulation [18]. Second, member-checking procedures were undertaken with some participants to verify that their responses captured their perspectives accurately. Finally, an audit trail was maintained throughout the research process to document all procedures performed and decisions made.

7.4. Ethical Considerations

The study followed ethical guidelines, including obtaining

informed consent from all participants and ensuring that they could withdraw at any moment without negative consequences [8]. The research team guaranteed confidentiality and anonymity of respondents, which is particularly important in this study since it involves vulnerable populations facing violence and abuse [41]. Furthermore, the study adhered to ethical principles of privacy and confidentiality when sharing results. In particular, providing support resources for people who may experience distress during the study or when reading about others' experiences is an ethical way to ensure the well-being of participants.

7.5. Limitations of the Study

The study has a few limitations that should be considered when interpreting results and generalizing conclusions. First, the sample was relatively small and came from specific settings (displacement camps), which might impact the representativity of results for the broader population of Zimbabwe [43]. Second, although the study attempted to recruit participants with various disabilities, there are still marginal populations (complex impairments) that were insufficiently covered by the research. Thus, despite addressing some ethical concerns related to vulnerable populations, the study cannot claim that its results are completely generalizable to all internally displaced persons with disabilities in Zimbabwe [22].

8. Findings

8.1. Intersection of Disability, Gender, and Experiences of Violence

The study found that disability and gender combine to create higher risk of violence. Women and girls with disabilities faced the greatest danger. Their limited movement meant they could not fetch water, collect food, or move around freely without help. This dependence put them in weak positions.

One woman with a mobility impairment said:

"I cannot walk long distances. I have to rely on people to take me or fetch for me. The worst is when men take this as a chance to harass you or ask for something. In case one refuses them, they abandon them and move on. I always tell people that I face these problems because of my disability, but they assume it is a pretense."

Another woman with a visual impairment added:

"When I am picked by someone, I do not know who the person is, and I cannot tell whether they will help or take something. One cannot always run away from an unknown person to avoid being harassed, robbed, or assaulted."

Men with disabilities also faced abuse, but in different forms. They were often seen as unable to protect themselves. Their property or aid rations were taken by others.

A man with a hearing impairment shared:

"People believe that since I cannot hear, I am less of a man

and act accordingly. They steal my maize or blanket and walk away. I do not like telling people because they will laugh at me, thinking the disability makes me weak."

Participants agreed that abusers target those who seem defenceless. Violence happens not only because of disability, but because of how society values or ignores them.

8.2. Access to Humanitarian Assistance, Protection Services, and Justice

Participants faced many barriers when trying to get help. Physical access was the biggest problem. Roads in settlements were rough, muddy, and full of stones. Distribution points and clinics were often far away.

A man with a visual impairment explained:

"I know the centre is there, but without someone to guide me, I cannot find my way. I have fallen many times and hurt myself. So I stay home and go without food some days."

Shelters and toilets also had no ramps or handrails. A woman who uses crutches said:

"The shelter has only steps. I cannot climb them. I sleep outside near the door. It is cold and I am afraid at night, but there is no other place."

Communication was another major issue. There were no sign language interpreters, and information was only given in writing or through loudspeakers.

A humanitarian worker admitted:

"We post notices on walls and make announcements. But those who cannot see or hear never know what is happening. We do not have the tools or staff to reach them properly."

Access to justice was almost impossible. Police stations were hard to reach, and officers did not understand their needs.

One woman reported:

"I went to the police to report abuse. They asked me to write a statement, but I cannot read or write. They said if I had no one to speak for me, they could not help. I left feeling worse than before."

Most participants said they stopped trying to get help because the process was harder than the problem itself.

8.3. Alignment of Legal and Policy Frameworks with the CRPD

Findings showed a clear gap between laws and real life. Zimbabwe has signed the CRPD and has its own disability policies. On paper, these promise equal rights and protection. But in practice, they are not working.

A senior government official stated:

"We have good policies. We have the Disability Act and the Constitution. But we have no money to build ramps, no budget for interpreters, and no clear rules for emergency situations. We know what should be done, but we lack the means to do it."

Participants saw this difference clearly. A woman with a physical disability said:

"They say we have rights, but where are they? The law says

buildings must be accessible, but every office I visit has steps. They tell me to come back another time. My rights are only words on paper."

Another participant added:

"During the floods or when we moved here, no one asked what we needed. They gave the same help to everyone. It does not work for us. The system is built for people without disabilities."

This confirms that laws alone do not change conditions. Without funding, training, and planning, the CRPD remains unfulfilled.

8.4. Rethinking Behavioural Adjustment and Structural Gaps

The study found that what is often called "adjustment" is actually forced survival. People changed their daily habits not because they chose to, but because the environment left them no other option.

Many said they limited their own movement. One woman explained:

"I used to go out and visit people. Now I stay inside the tent all day. It is safer. If I go out, someone may harass me or I may fall. I am not adjusting to a better life; I am just trying to stay safe."

Others stopped speaking up or accepted unfair treatment. A man with a speech difficulty said:

"When they take my share, I do not argue. It takes too much energy to explain, and people get angry. I keep quiet so there is no trouble."

Participants made it clear that these changes are not signs of strength. They are responses to a system that does not support them.

A community leader noted:

"We call it 'coping,' but it is not coping. It is suffering in silence. The community expects them to fit in, but we have not changed anything to make it easier for them. The real adjustment should come from us, not from them."

This is demonstrating how change comes down on the individual unfair. Structural gaps; facilities, resources and information are the cause for that people to change their behavior.

9. Discussion of Findings

The study provides evidence that the risk of disability and gender occurs together rather than separately to produce combined, mutually reinforcing and amplified risks of vulnerability and violence. Contrary to addition, "disadvantage is multiplicative, producing its own patterns of risk that are not captured by individual category-level factors" [5, 13]. This was the case for women and girls with disabilities, the majority (77 percent) of whom reported that their need for assistance made them dependent on others. It is this dependence that "creates an uneven distribution of power and thus provide the basis for

exploitation and abuse" [12]. Similarly, to other research, evidence from the African region suggests that women with disabilities are two to four times more likely to be a victim of violence than women without disabilities [37, 42]. Moreover, social attitudes in Africa such as the belief that people with disabilities are "not worthy" or are "unreliable" mean that "the report of injury or harm [i.e., abuse] is frequently disbelieved" [15]. Such views, combined with already embedded gender inequalities in Zimbabwe, lead to a greater disadvantage for women and girls with disabilities, a situation exacerbated further when they are displaced from their homes and livelihoods, and therefore lose traditional support networks [3, 20, 28].

Even men with disabilities were subject to violence that was mediated through specific cultural understandings of masculine identity, demonstrating the way violence is social as well as physical and symbolic, thus reinforcing the need for an intersectional framework. The study also provides strong evidence that individuals' inability to access services is not the result of their personal circumstances, but due to systemic and structural failures. The vast literature on humanitarian programming acknowledges that most aid and development is designed for people without disabilities [32, 33] meaning that it is, by definition, inaccessible to those with disabilities.

For many of the participants, their attempts to access basic services including food, shelter and healthcare were hampered by a lack of access points such as ramps, uneven or muddy ground conditions and a lack of transport options. Some of the participants even opted out of receiving humanitarian assistance as "trying to access" help felt too challenging. These findings align with work conducted throughout Africa, where aid and relief initiatives often lack the provision of assistive devices or communication aids or accessible documentation formats, leaving those who lose their devices during displacement even more vulnerable to their dependents [17, 40].

Access to justice for those with disabilities was also problematic, due to an underlying structure to legal and justice systems which is not built to "consider the communication, the social care or physical needs of persons with disabilities" [7]. An example was a woman who could not report abuse as she lacked the support to give a statement, which is in line with findings by Mavundla and Netshikweta [20] that "as the cost to seek assistance outweigh(s) the benefit, people will move away from systems of formal assistance". Clearly access to assistance and protection is not determined by the individual's capacity but by the institution's design of their systems. The tension between legal obligations and real life application was also clearly evident, demonstrating the "gap between policy and practice" in Zimbabwe and further afield [7].

Zimbabwe has ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and has adopted a National Policy on Disability (2013) and included a number of rights regarding disability in its Constitution (2013) [34]. However, as Degener [7] noted, laws and policies need to be properly implemented through appropriate regulations, funding and trained personnel in order for people to access and enjoy their

rights. Like other countries on the continent, Zimbabwe's legislative frameworks are generally broad and lack the specific guidelines and punitive measures required to ensure accountability [11, 25]. In times of crisis or displacement, therefore, there is no regulatory framework to ensure accessibility of shelters, inclusivity of registration or distribution processes in accessible locations. One participant clearly articulated this gap, stating that they "just know their rights on paper", which reflects observations that "policies without implementation guidelines and resources can remain purely theoretical" [31]. As Mawere and Mubaya [21] suggest, in such situations it is the individuals with disabilities who are forced to adapt their lifestyles to fit the existing environment and systems.

The prevailing narrative surrounding "adjustment" highlights individual capacity for resilience, or the ability to navigate hardship through coping strategies or behavioural changes [24, 39]. However, the study finds that most what is considered "adjustment" by individuals is not an active or voluntary adaptation, but rather a passive and sometimes forced response to the inherent inaccessibility, exclusion and stigmatisation of the systems designed around them [21]. As the current study finds, when an individual with a disability changes their behaviour, such as limiting their physical mobility, refraining from seeking out community engagement, or suppressing the expression of harm, they are not demonstrating failure to adapt, but rather a pragmatic attempt to survive in unequal power structures and system exclusion [7, 13]. Such understanding is supported by African philosophies, like ubuntu and hunhu, which stress the collective and interdependent nature of human existence ("I am because we are") [24, 27], implying that when individuals need to adjust their lives to exist safely, the community and the systems that govern people are failing them [4, 15]. As Chataika and McKenzie [4] found in Zimbabwe, this "recasting behaviour as adjustment places the burden on the victim, not on the system which created the barrier".

10. Conclusions and Recommendations

The article concludes by stating that the problem of displaced persons who have disabilities in Zimbabwe is multifaceted and complex. It emphasizes that the situations of violence and suppression that these people face are not the result of their personal characteristics or behavior. Instead, it points out that the idea of behavioral adjustment makes them responsible for circumstances that appear to be uncontrollable for them. Finally, the article proves that despite legislative and policy measures at the level of the Convention on the Rights of Persons with Disabilities (CRPD), Zimbabwe has a long way to go in ensuring the rights of its disabled population. Thus, the article concludes that the current situation can be improved by adjusting policies and attitudes rather than adapting behavior to the challenges.

10.1. For Government and Policymakers

Develop clear guidelines and budgets to enforce disability rights during emergencies.

Ensure all shelters, offices, and facilities meet basic accessibility standards.

10.2. For Humanitarian and Aid Organisations

Design services to include people with disabilities and provide assistive devices.

Gather data on disability to plan support properly and avoid exclusion.

10.3. For Communities and Traditional Leaders

Promote positive attitudes and reject stigma against people with disabilities.

Include them in meetings and decisions to ensure their safety and needs are heard.

10.4. For Future Research

Study how disability, gender, and displacement combine to shape experiences.

Focus on groups with multiple impairments and those in remote areas.

Abbreviations

CRPD	Convention on the Rights of Persons with Disabilities
IDP	Internally Displaced Person
IDPs	Internally Displaced Persons
WHO	World Health Organization
UN	United Nations

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Conflicts of Interest

The authors declare no conflicts of interest.

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