TECHNICAL BRIEF

ANALYSIS OF ISSUES RELATED TO MASCULINITIES AND DISABILITY IN CONFLICT AND POST-CONFLICT SETTINGS
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SECTION 1

INTRODUCTION
This technical brief synthesizes current research and stakeholder understandings of the intersections of masculinities and disabilities in the contexts of conflict and post-conflict settings, with the goal of improving disability-inclusive approaches to engaging men and boys in gender equality.

Any armed conflict inevitably increases the prevalence of disability through newly acquired impairments and trauma. It also highlights and augments social and structural inequalities present in pre-war times and exposes the most vulnerable populations to increased hardships. As such, the impact of armed conflicts on persons with disabilities, who make up around 15 per cent of the world’s population, is disproportionately high and has largely remained unaddressed. While compromised infrastructure, interrupted delivery of vital services, lack of access to information and communication, and the breakdown of societal support structures increase the vulnerabilities of persons with disabilities, their general invisibility and lack of participation in conflict prevention and resolution strategies often result in their needs being overlooked.

Field observations show that the experiences of persons having acquired a disability during a conflict — whether in combat or as a civilian — will be vastly different from the experiences of those with pre-existing disabilities. Furthermore, persons with disabilities are also at risk of obtaining secondary disabilities as a result of individual attacks; landmines; disruption in food, water, medical and rehabilitation supplies and services; lack of (accessible) housing; compromised water, sanitation and hygiene facilities; and psychological trauma (United Nations, General Assembly, 2021, para. 31).

The gendered dimensions of war are also undeniable. Women and girls are particularly vulnerable in contexts of conflict and war, having to navigate displacement, food scarcity, economic uncertainty, human trafficking, sexual and other forms of gender-based violence, and a lack of critical health services, all while caring for children and others in need (UNFPA, 2022). Women who wish to take part in combat — and later in peace and rebuilding efforts — are often denied the opportunity to do so (Equal Everywhere, 2022).

The gendered dimensions of war also impact men yet are often left unspoken. War is driven primarily by male leaders, fought primarily by men (by choice, coercion or force), and supported by a masculinist culture that promotes dominance and violence. The costs of war include men and women who love each other — as parents, children, spouses, lovers, siblings — and who have to say goodbye to one another, uncertain of whether they will ever see each other again or of how the traumatic events of war will impact them. That is, the gendered dimensions of war are individual, cultural and relational.

As one of the results of intersecting identities, women and persons with disabilities find themselves at an even higher risk of exposure to war-related crimes: disabled women and [quote]

“
The issue is not men against women. It’s patriarchy against human rights.

— Key informant interview, Bosnia and Herzegovina

“

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girls are more vulnerable to domestic abuse, family-based violence and human trafficking than the general population, while persons with disabilities living in rural and remote areas as well as those displaced by conflict struggle to secure equitable access to essential resources, information and shelter (United Nations, General Assembly, 2021, para. 34; UNDP, 2022).

When a conflict recedes and gives way to peacebuilding, reconstruction and, eventually, reconciliation work, the intense motivation to return to “normal” and rebuild nations can often lead to a renewed emphasis on traditional gender norms that reinforce gender inequalities. Nation-building and peacemaking can be imbued with problematic concepts and stereotypes concerning gender — for example, that women belong in the home; that men must “return” to the role of breadwinner; that women are peacemakers and men are not (though in reality women are often denied participation in peacemaking efforts, and men lead in decision-making and enforcement related to peace).

Masculinist nation-building is not inevitable, nor is it particularly effective. Building a resilient country equipped to thrive in the long run requires a more nuanced vision and gender-equitable culture and set of practices. Research shows, in fact, that a disability- and gender-inclusive approach is key to ensuring sustainable and lasting progress. Post-conflict rebuilding and social inclusion are mutually supportive: inclusive foundations for addressing collective and individual trauma, rebuilding infrastructures and services, and delivering community support mean more equitable societies in the future. Equitable and inclusive societies in their turn have a positive effect on reducing and de-escalating conflicts (United Nations, General Assembly, 2021, para. 35).

In recent years, a lot of helpful research and guidance has been developed to support gender-and disability-inclusive conflict prevention, resolution and reconciliation (IASC, 2015; IASC, 2019). The purpose of the present research is to complement these tools as well as the earlier technical report commissioned by the United Nations Population Fund Regional Office for Eastern Europe and Central Asia on how to mainstream disability inclusiveness in work with men and boys for gender equality (Pascoe and Arsenjeva, 2023), by highlighting and further developing a specific angle relevant to UNFPA’s work: the engagement of men and boys on the issue of gender equality and disability, particularly as it relates to conflict and post-conflict settings.

Indeed, the ability of men and boys to see their vested interest as co-beneficiaries, allies and agents of change in ending violence and discrimination is a necessary building block for gender equality and is particularly important in sensitive conflict and post-conflict situations (UNDP, 2022). Research continues to confirm the benefits of living in gender-equitable societies for all people, including for men and boys. For example, men living in gender-equitable societies are more satisfied with life, sleep better, and take better care of themselves and others (Karpf, 2020; WHO, 2018).

This technical brief provides evidence-informed strategies for meaningful engagement with men and boys to promote gender and disability inclusion in conflict and post-conflict contexts. Drawing from both a systematic review of the literature as well as interviews with key stakeholders, this report clarifies how we can better meet men where they are and equip them with the skills necessary to contribute to peaceful and gender- and disability-inclusive societies, particularly in conflict and post-conflict environments.
Specifically, our research responded to the following questions:

1. How does conflict/war impact expectations and experiences of masculinity, and what does this mean for people with disabilities?
2. What is currently known about the intersections of engaging men, masculinities, conflict/war/humanitarian contexts and realities, and disability-related issues?
3. What are the current approaches and practices that work with men affected by disabilities (themselves or their child/partner) as a result of conflict, and where are the key entry points and levers of change for engaging these men towards gender equality?

1.1 Methodology

The research was conducted using a combination of primary and secondary methods: desk research and key informant interviews followed by cross-corroboration of the findings.

For the desk review, a systematic search strategy was employed to identify relevant literature. Two searches were completed, one to capture the global literature and one to ensure that all relevant literature on conflicts, post-conflict settings and wars in countries in the Eastern Europe and Central Asia region was identified. The academic database used was EBSCO, including all its research databases, such as CINAHL and Academic Search Complete. Grey literature was obtained through both Google and Google Scholar searches using relevant terms.

Literature was included if it met the following criteria:

- It was a peer-reviewed article or grey literature.
- It was published in English or Russian.
- It was published between 2010 and 2022.
- The publication discussed men/boys and disabilities in relation to conflicts, post-conflict settings or wars, such as disabled veterans or male refugee children, or it discussed gender differences in experiences of having a disability and living in or through conflict.
- The publication had to include sex-disaggregated data so that it is clear how the impacts of disability and conflict vary by gender.

Publications that examined comorbidities between mental health and physical disabilities were included. Priority was given to publications based on populations in Eastern Europe and Central Asia, but publications could come from anywhere in the world.

Publications on disabled veterans that focus only on medical treatment for physical injuries (e.g. surgical management for pain, management of combat-related vascular injuries) were excluded, and publications on veterans, including disabled veterans, were excluded if they were so specific to military institutions from beyond the Eastern Europe and Central Asia region that they could not be generalized.
Following screening, the removal of duplicates and a full text analysis, a total of 50 publications were identified as matching the inclusion criteria.

The study of the academic literature was complemented by research into international authoritative guidance on disability, gender and conflict. Specific attention was paid to UN bodies, including treaty bodies, special mandate holders and specialized agencies.

The key findings from the desk review served as the basis for the qualitative key informant interviews. The pool of interviewees was established in consultation with the UNFPA Regional Office and Country Offices, which identified the countries that had experienced or were experiencing a military conflict at the time, or those that had been impacted by an influx of refugees from neighbouring conflict areas. Altogether, six in-depth interviews were conducted in English and Russian with stakeholders from Bosnia and Herzegovina, the Republic of Moldova, Tajikistan, Türkiye and Ukraine, representing organizations for persons with disabilities, feminist organizations and service providers working with the refugee and veteran populations. All interviewees were women; although they were not asked to do so, one self-identified as a person with a disability.

1.2 Limitations

This report has limitations. One of the most pertinent is that, due to situations of conflict, crisis and uncertainty in the region, as well as the online nature of the assignment, it was challenging to get responses from key stakeholders and carry out all of the interviews we initially anticipated. In line with the “nothing about us without us” call from the disability movement, we continue to consider the voices and priorities of the rights holders, namely persons with disabilities, to be of utmost importance, and we hope that additional consultations will take place in close partnership with organizations led by persons with disabilities (particularly those run by women, given their historical underrepresentation in decision-making spaces) and that future efforts to advance this work will also involve persons with disabilities.

It was also somewhat challenging to determine the scope of the research, in that we sought to understand the intersections of men, masculinities, disabilities and conflict and post-conflict settings for the purposes of advancing disability-inclusive gender equality, which is a severely underresearched area of inquiry and action. That is, the research on men, masculinities and disability in conflict and post-conflict settings brought us to a lot of literature on the experiences, needs, interventions and outcomes for male disabled veterans; there is also research on how conflict and post-conflict settings impact women and girls and the need for gender equality from that angle. Finally, we know how conflict exposes and augments inequalities experienced by women, men and children with disabilities. But there was little literature on what is known about key entry points or on tested interventions to engage men in conflict and post-conflict settings towards disability-inclusive gender equality. As such, our work was to understand key gender dynamics and specifics relating to militarized masculinities and disability, as well as issues that male disabled veterans face, in order to develop a foundation from which to offer guidance on how to better engage men and boys with respect to disability-inclusive gender equality in conflict and post-conflict settings.
Other areas of interest that did not show up in the literature include the following:

- Specific interventions for promoting peace and advancing gender equality among young people in conflict and post-conflict settings
- Fathers of children with disabilities in conflict and post-conflict environments
- Partners of persons with disabilities in conflict and post-conflict environments
- Men with disabilities who are nonetheless drafted into military service (e.g. in Ukraine, men who must remain in the country and may not have appropriate documentation for their disability, so they are expected to be ready to fight; this applies particularly to those with undiagnosed or unregistered psychosocial disabilities)
- Work with men and boys in refugee and post-conflict environments
- Evidence-based mental health service models for conflict and post-conflict settings, such as community-based mental health services (note that a few references to this are included in the section “Conclusions and recommendations”, but this is a valuable area of research, particularly as it relates to ex-combatants with disabilities)
- The role of gender and masculinities in nation-building and peacemaking or peacebuilding (there is some literature on this, but it was outside the scope of this research; however, this literature would add valuable insight into how to centre post-conflict peace- and nation-building around disability-inclusive gender equality rather than gendered nationalism, which entrenches gender inequalities)
SECTION 2

KEY FINDINGS
Before diving into the key findings on how to engage men and boys in conflict and post-conflict settings to advance disability-inclusive gender equality, it is important to situate these findings within the broader context of gender inequalities and war. We want to be clear: women and girls (and those who are gender-nonconforming and/or non-heterosexual) are by far the worst hit by the impacts of conflict and war. This is true in the short term and the long term. Women and girls are more likely to experience domestic and sexual violence, exploitation, food insecurity and a lack of access to key health services, including sexual and reproductive health services (Bendavid and others, 2021; Mlaba, 2022; UN Women, 2022).

Women are more likely to carry the burden of caring for children and other family members (such as those with disabilities), including as part of being displaced and in refugee camps; with men in their communities either dead, away in combat or disabled through conflict, women in these contexts are also often the sole breadwinners for their families.

So, why a report on men and boys related to disability and conflict and post-conflict settings? There are three key reasons. First, the gendered dimensions of war are often silent around how war is driven and shaped by men, militarized masculinities and masculinist culture. This reality is often left out of conversations on war and State-driven violence (Ferguson, 2021). As Hugo Slim writes,

> The cultures and institutions that prepare for and deliver organized armed violence on behalf of the State or non-State armed groups are predominantly constructed by men, led by men and filled with men. (2018)

The above is true not because men are biologically predisposed to violence or to have a propensity for war. Instead, it is about the social and cultural norms (and the institutions that uphold them) that are embedded in all of us from birth onwards. Dominant, or “traditional”, notions of masculinity, which are designed to support and perpetuate patriarchy and other systems of oppression, refuse men and boys emotional expression or regulation other than through anger and violence, equate vulnerability with weakness, train men to dominate and systematically discourage men from developing meaningful relationships with others. This breeds disconnection and isolation, which drives an increasingly large wedge between men and those they are told are “inferior” to them — women, racialized populations, persons with disabilities. This process not only distances men from their own humanity, but it severs their connections with others, which can lead to dehumanization, a prelude to violence and war (Greene, 2021). Thankfully, most men reject this trajectory and do not become violent, but it is an immersive experience that leaves many men at risk for resorting to violence and the perpetuation of, or at least complicity with, war. For this reason, we cannot hope to reduce conflict and prevent future wars if we do not change our institutions, support men in changing the expectations of what it means to be a man, and develop robust and evidence-based alternatives for resolving and positively navigating conflict.

Second, the gendered dimensions of war also have a devastating impact on men and boys and their relationships with others. Yes, men power the war machine. But many do not do so willingly, and they are traumatized by their separation from loved ones, events they witness while at war and the limited options they have, if they make it back from war, to redefine their masculinity and reconnect with loved ones through the wall of trauma and loss they are told...
to bury inside themselves. This has been described as “gender-based violence inflicted on men by political leaders” (Wojnicka, Mellström and de Boise, 2022, p. 85). For women and children, war also means having to part with men in their lives who they love — fathers, brothers, friends, sons, lovers, husbands. War is not only about loss in terms of which “side” is winning or losing; it is also about men having to say goodbye to those they love, and women and children having to say goodbye to the men they love. Many women also face guilt for being allowed to leave or a sense of invisibility for their service if they choose to take part in combat.

Third, in the process of rebuilding in the aftermath of war there is often a push to rely on masculinized culture and a gendered nation-building process that seeks to “reconstruct” traditional gender roles in efforts to return to “normal” (Anderson, 2020; Naujoks and Lawn, 2018; Salvante, 2020; Sünbüloğlu, 2022). This is because gender norms inherently shift in contexts of war: men are expected to serve in the military, and many do not come home or are permanently disabled; meanwhile, women are expected to run households and businesses and to step into jobs previously reserved for men. In the aftermath of war, then, the drive is often to “fix” this reconfiguration of gender roles — irrespective of the women who were involved in combat or the men who are uninterested in taking on such leadership roles. Nevertheless, the pretence here is that men deserve positions of status that respect their contributions to war, such as being the head of their household and leaders in their chosen occupations. Women, meanwhile, are expected to relinquish the independence and capabilities they gained while leading non-war efforts, both to “return” these positions to men as well as to prioritize their reproductive role in replenishing and raising the next generation. As the researcher Marta Verginella notes,

In post-war times, women are often confronted with marginalisation, disempowerment and exclusion from the political, socio-economic and cultural spheres, as well as from the collective memory. (2020)

This drive to reinforce traditional gender norms is not the only response to restoring demographic balance and national stability — nor is it the most effective. With many men typically in positions of power in governments, corporations and other spheres of influence, it is imperative to make the case to them, clearly and persuasively, why reinstating traditional gender norms is bad for everyone, what the disability- and gender-inclusive and equitable alternatives are, and how they can use their power to help create inclusive and equality-centred nation-building. Additionally, and as we have heard from the ongoing war in Ukraine (and the following pattern is common in other contexts of war), many women have newfound freedoms and get a sense of empowerment in joining the military, running their own households, working outside the home, and building networks of other like-minded and strong women, and they have little interest in going back to more domestic, passive and/or submissive roles in relation to men. Without work with men to understand these new realities and motivations, there is likely to be a backlash — and women will bear the brunt of this. Additionally, there are many men who want to resist and refuse this reversion to harmful gender norms, and these nuances within male populations must be located, supported and nurtured. We must get men onboard so that they can support and help create a more equitable and liberated world for all.
Finally, men comprise the majority of veterans disabled by war. As will be discussed below, these men experience a host of challenges as they transition back to civilian life and adjust to life as a person with disabilities. At this key transitional moment, these men can be engaged in an effort to achieve disability-inclusive gender equality. For example, how a government assesses disability and confers status and/or benefits on ex-combatants and other people who have acquired an impairment in a war plays a huge role in determining the degree to which the post-conflict environment is marked by a concerted effort to “restore” traditional and harmful gender norms or whether it provides an opportunity to change and make possibilities for gender norms more flexible and, in doing so, create more avenues for gender equality to flourish and become the new norm. There are also immense opportunities in developing a sense of solidarity among disabled veterans and other persons living with disabilities that are often untapped, which can lead to animosity and tensions across these groups. Efforts to develop solidarity and a collective movement among veterans with combat-acquired disabilities and other persons with disabilities have their challenges, but doing so could be mutually beneficial and advance both gender equality and the rights of all persons with disabilities.

The following section delves into what we found in the literature and through conversations with key stakeholders about important issues and potential entry points for engaging and mobilizing men and boys in an effort to achieve disability-inclusive gender equality.
Making and unmaking militarized masculinities

To understand the relationships between men and war, it is helpful to start with the making and unmaking of “militarized masculinities”. Militarized masculinities “refers to the assertion that traits stereotypically associated with masculinity can be acquired and then proven through military service or action, and combat in particular” (WILPF, 2022). Put another way, “men are soldiers, and soldiers are men” (Njung, 2020).¹ Different countries engage in military recruitment in various ways (conscription, pseudo-voluntary recruitment — e.g. on the books it is voluntary, but in reality false accusations are made against men to arrest them, and then they are offered military service in exchange for expunging their record — and voluntary recruitment), and a few countries (such as Israel) expect everyone, regardless of gender, to serve. However, the vast majority of countries consider war, combat and military service to be the epitome of manhood. This creates challenges and contradictions in how disability, including war-inflicted disability, is conceptualized, internalized and engaged with. For instance, most militaries do not expect those with a disability to serve, and this reinforces the notion that being a man (i.e. militarized masculinities) requires one to be “able-bodied” — for example, “military service operates as a masculine rite of passage that seals an ableist and hetero-patriarchal contract between the state and the male citizenry” (Açıksöz, 2020, p. 79). It also illuminates complex questions about what is required for service and whether having a disability should amount to an immediate and automatic denial of the right to serve in the military (Schwartz, 2018).

However, this is where the contradictions and unrealistic expectations around militarized masculinities become clearer:

» One may not be allowed to enlist or serve in the military if they have a disability, but if they become disabled as a result of combat, the military often tries to accommodate them so that they can return to service (Schwartz, 2018). These inclusive efforts for disabled veterans could therefore be expanded for others with disabilities who would like to serve, which could contribute to a more inclusive and healthier version of masculinity associated with the military.

» Disabled veterans are faced with a challenging contradiction, between achieving the ultimate form of masculinity (militarized masculinity) and what is perceived as its opposite: disability (stereotyped as feminine and dependent). One clear example of the military trying to make sense of this is the following slogan, which can be found in veteran hospitals: “man made here” (Sünbüloğlu, 2022, p. 38). The slogan is also referenced in an article on blind veterans in Czechoslovakia after World War I:

In Czechoslovak society, as throughout Europe, the war itself was gendered, with the masculine sacrifice for the creation of the state privileged above all else. And, as elsewhere in Europe, the masculine ideal in Czechoslovakia was able-bodied. As we shall see, disability meant a potential diminishment of masculinity, the “feminization” of men through loss of capacity and through loss of social status. (Luptak and Newman, 2020, p. 606)

¹ Note how the association of the male sex with courage is reflected in the language: just as English uses the word "manly", there are similar terms in Kyrgyz (erdik), Lithuanian (vyriskumas), Russian (muzhestvennyi) and Ukrainian (muzhnyy).
A military that is made up predominantly of men is likely to be representative of the traditional gender and disability norms that exist in the society and to perpetuate the cycle of exclusion and discrimination unless provided with support and training on how to identify vulnerabilities experienced by persons with disabilities, especially women and girls, as well as the harms to men themselves when they adhere to militarized masculinities (e.g. mental health crises, substance use, suicide, homicide). In the same vein, the lack of disability-inclusive and gender-transformative training in the military is among the many reasons sexual and gender-based violence often fails to be prevented, identified and addressed during conflicts.

This historical perspective is contrasted with more recent observations from the ongoing war in Ukraine that strongly point to shifting perceptions of militarization: both women and persons with disabilities serve in the armed forces of Ukraine and are visible as such. Combatants wounded in action are often impatient to return to active service even when their medical condition is valid grounds for demobilization. It has been reported that people feel a moral duty to return to combat, particularly since large numbers of veterans injured at the start of hostilities in 2014 have done so. Up to 50,000 women serve in the Armed Forces of Ukraine on par with male combatants, and women have taken on civilian leadership positions as well, organizing logistical and relief operations (Slavinska, 2022). Organizations for persons with disabilities, both in Ukraine and abroad, are fully mobilized and vocal about the inclusion of persons with disabilities and other traditionally invisible communities in humanitarian relief efforts. Often led by women with disabilities, these organizations address the accessibility of evacuation protocols and the delivery of essential goods and services for persons with disabilities, including social support, rehabilitation and education services, and advocate disability-inclusive international partnerships. For example, the European Disability Forum had by the end of August 2022 reached more than 11,800 persons with disabilities and their families in Ukraine and seven neighbouring countries.

### 2.2 Ex-combatants with disabilities

An increase in the number of persons with acquired disabilities is an inevitable consequence of any military conflict. Returning ex-combatants may experience a combination of short- and long-term challenges, including the following:

- the immediate medical and rehabilitation needs related to their physical injuries and resulting impairment (in conflict and post-conflict environments that experience an interruption in supply chains for goods and services, fragile infrastructure and increased demand on public services, ex-combatants with acquired disabilities may struggle to access care and rehabilitation beyond basic life- and health-saving medical interventions)

- the lasting psychological impact of participation in warfare, including post-traumatic stress disorder (PTSD), which may exacerbate other conditions, including physical injuries, substance use disorders and intimate partner violence (Curry and others, 2019; Gerlock, Grimesey and Sayre, 2014; MacGregor and others, 2020)
adaptation to civilian life with a newly acquired disability (unlike people who were born with disabilities or had acquired them prior to hostilities, disabled ex-combatants may struggle with both the practical elements of integration — environmental barriers to transport, infrastructure, information, housing — and its interpersonal aspects, such as tensions with family and friends, societal stigma, fear or, on the contrary, reverence)

barriers to inclusion in an open labour market and, as consequence, vulnerability to economic dependency on family, friends and the state

As Ward documents in relation to all veterans transitioning from military life, “General barriers include mental health issues, limited availability of transition programs, lack of skills and misconceptions, and disability benefits. Discrimination barriers include lack of equal employment opportunities, racial discrimination, gender-based discrimination, disability, and severe disability” (2020, p. 60).

While the discourse on ex-combatants traditionally focused on the male population, more recent research — mostly focused on the United States — points to the need to understand differences in the experiences of female and male veterans. It has been suggested that women experience a more detrimental effect from past military service and a less beneficial effect from ongoing military service (Wilmoth, London and Parker, 2011, p. 333). This detrimental effect includes different manifestations of military trauma in women and non-white ex-combatants, including PTSD and difficulties in having it officially recognized (Murdoch and others, 2021; Redd and others, 2020),² as well as discrimination in employment and lack of social support (Koren, Bergman and Katz, 2015).

Finally, it cannot be overstated how critical a focus on addressing mental health is in the aftermath of conflict or war, including but not limited to PTSD. As detailed below, unprocessed or untreated PTSD and other mental health issues among disabled veterans can lead to a host of negative interpersonal, health and economic challenges (including intimate partner violence, increased experiences of pain, comorbidities and unemployment). We know from evidence elsewhere that men’s mental health suffers from adherence to harmful gender norms. Specifically, we know that subscribing to hegemonic masculinity is associated with an increased likelihood of depression, substance abuse and other risky behaviour, sexual harassment and violence against women, and suicide (Ragonese, Shand and Barker, 2019). For male disabled veterans, living in such extreme contradictions between hegemonic and/or militarized masculinities and one’s embodied experience either reaches a breaking point for re-examining these norms and embracing others that are more gender-equitable, or it may result in exacerbated negative impacts on themselves and those around them. If adequate and integrated mental health services, including screening for PTSD, are not available, and if concerted efforts are not taken to destigmatize mental health issues for all, not only will men suffer, but the burden of caring for them and dealing with the harmful coping mechanisms they resort to (e.g. alcohol and substance use, intimate partner violence) will land on women, families and public health-care systems.

² Importantly, the denial or dismissal of claims of pain or PTSD on the part of persons of colour and women is a well-researched area backed up by solid medical evidence (e.g. Hoffman and others, 2016, on racial bias in pain assessment and treatment), and this is something to think about in terms of how to promote more equality and inclusion in disability benefits.
Observations in the Republic of Moldova, a country that still has a substantial population of ageing veterans from various conflicts and emergencies,³ confirm that, although some support services, including mental health support, for veterans do exist in each of the 32 districts of the country, these are not easily accessible due to the dispersed population in the countryside, a lack of digital solutions (although the 2020 COVID-19 pandemic triggered some developments) and, most importantly, the significant stigma associated with mental health and the regulations in force that prevent men from asking for help anonymously. The lasting negative impact of past conflicts usually extends to veterans’ family members, who may be experiencing heightened levels of economic deprivation, trauma and violence.

2.3 Increasing inequalities in conflict and post-conflict societies

Despite the encouraging observations from Ukraine, the loss of previously earned positions in the fight for gender equality is indeed often observed in the aftermath of military conflicts. For example, the Committee on the Elimination of Discrimination against Women expressed its concern to Tajikistan in 2007 about the “resurgence of patriarchal attitudes subordinating women and of strong stereotypes regarding their roles and responsibilities in the family and society in the context of the breakdown of the previous political system, the civil war (1992-1997) and rampant poverty” (CEDAW, 2007, para. 19).

The relative financial independence that women gain during conflict when they take on roles that in peacetime are traditionally held by men in the formal employment sector is sometimes lost after the conflict, as demobilized men become the priority for employment in the formal sector, and women return to the household or the informal sector. Women with disabilities as well as other women in vulnerable situations (refugees and internally displaced women, older women, women belonging to minorities) are at a particular disadvantage for accessing economic opportunities (CEDAW, 2013, para. 49). Women in precarious economic situations are sometimes coerced into marriage for financial security and housing, particularly when they lose legal titles to land after losing their husband and male relatives in hostilities (CEDAW, 2013, para. 62). Girls whose education is interrupted due to hostilities (or other emergencies, such as the COVID-19 pandemic) are more likely than boys to withdraw from schooling altogether due to early marriage, supposedly for “their own protection”.

The rise of polygamy in Tajikistan was noted in the aftermath of the Tajik civil war (1992–1997) due to the post-war scarcity of men and economic migration, and the legalization of polygamy was even raised in the national parliament at one point. Although today polygamy remains outlawed in the country, unofficial data suggests that it is practised by as much as 10 per cent of the country’s male population (Rukhullo and Abdullo, 2014); the practice has been strongly condemned by the UN’s Committee on the Rights of the Child (2010, para. 60).

In the same vein, tolerance for early marriages tends to increase in post-conflict societies: the marriageable age in Tajikistan was raised to 18 years old only in 2010, with the law

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permitting child marriages in undefined “exceptional circumstances”. National research shows that the judicial interpretation of these exceptional circumstances usually veers towards allowing child marriage, with girls affected much more than boys: out of 507 court cases analysed in 2018, 506 concerned girls and 1 concerned a boy.⁴

Many argue that this violence against and subordination of women and girls are carried out in the name of “restoring stability” and “replenishing” a nation’s population: the evidence makes clear that not only are these practices violations of human rights that lead to long-term damage for the whole population, but they exacerbate social, political and economic instabilities (Hall, 1934; Koch, 2008; Neal, Stone and Ingham, 2016; Save the Children, 2022).

The situation of women and girls often further deteriorates due to the wartime breakdown of health-care structures and interrupted access to contraception, safe pregnancy services as well as support and counselling services for victims of family violence.

The impact of a military conflict on women and men with disabilities is often perceived and addressed differently, and marginalized populations, including people with disabilities from ethnic minorities, also tend to experience poorer treatment regardless of how their disability was acquired (Njung, 2020). In Bosnia and Herzegovina, there are three categories of persons with disabilities: war veterans, civilian victims of war and civilians with disabilities unrelated to war. Even when their impairment and support needs are comparable, their entitlements are not. The Bosnia and Herzegovina Institution of the Human Rights Ombudsman (2020) notes as an example that a completely blind war veteran is entitled to a disability payment, a carer’s allowance, an orthopaedic aid allowance, priority in employment and housing, a free parking space, subsidies for importing a car and priority when waiting in line. At the same time, a person who was born blind is entitled only to a carer’s allowance. In the same vein, ex-combatants with war-related trauma acquired on the battlefield in Bosnia and Herzegovina receive preferential treatment compared with women who experienced a comparable type of trauma through, for example, wartime sexual violence.⁵ Women who are survivors of wartime rape are expected to “stay sane”, “hold themselves together” and “remain a lady”, while men with combat experience are met with more compassion. These discriminatory practices — also observed in other post-conflict countries — were declared discriminatory by the Committee on the Rights of Persons with Disabilities in 2017 (United Nations, Committee on the Rights of Persons with Disabilities, 2017, para. 10).

Another aspect of differential treatment is how disability is treated differently depending on where it originated — in combat or a civilian setting, or even in one conflict and not another.

In the Kingdom of Serbs, Croats, and Slovenes, for example, different disability laws—one for disabled veterans of the Serbian army, based on Serbian prewar and wartime arrangements, and another for the formerly Habsburg South Slav territories—continued to be used until a single “Invalid Law” was passed in 1926. This led to notions of unfair or uneven treatment on the part of disabled veterans. (Luptak and Newman, 2020, p. 605)

⁴ These figures come from a 2019 UN Women report on a survey concerning judicial formulations permitting the registration of early marriages in Tajikistan. The report was prepared in Russian and is on file with the authors.

⁵ According to different sources, up to 50,000 Bosnian women were subjected to rape as a tactic of war during the 1992–1995 hostilities (OHCHR, 2020).
While it is understandable for governments to honour some conflicts and not others (such as internal conflicts, depending on who is in office), and many disabled veterans place a great deal of importance on acquiring their disability in combat as part of making sense of their experience and their relationship to their sense of “being a man”, this differential treatment can prove problematic on a number of fronts and certainly appears to diminish the ability to build solidarity among disabled veterans and the broader population of those with disabilities.

In Türkiye, challenges in how disabled veterans are venerated (or not) can be seen in the example of the use of the term *gazi* (Sünbüloğlu, 2022), which was originally a title conferred by the state on all disabled veterans but later taken away from those disabled in combat against the PKK (they were referred to as “duty-disabled” instead). After that, *gazi* was again used to refer to all disabled veterans, before subsequently taking on a broader meaning and being interpreted as a term that covered civilians disabled as a result of conflict (Sünbüloğlu, 2022). Disabled veterans in Türkiye described this change as resulting in a loss of privilege for them and a struggle in trying to make sense of their identity as they transitioned from military to civilian life (Sünbüloğlu, 2022). Another example that highlights the contradictions in how disabled veterans are treated is the case of disabled Nigerian veterans who fought for the British in World War I and were then poorly cared for upon returning home — a reality exacerbated by the ingrained and intense notions of men as warriors in the Nigerian context (Njung, 2020).

It is important not to underestimate the long-term detrimental impact of these differences in treatment of various categories of people in terms of gender and disability equality. Instead of focusing on solidarity, unity and upholding the universal human rights of all persons with disabilities, differential treatment based on disability and gender creates an unnecessary ranking between groups who are equally deserving of respect and protection of their rights and incites unfair competition for resources and services.

CEDAW’s 2019 concluding observations on Bosnia and Herzegovina (paras. 15–16) note the insufficient resources allocated for the realization of various objectives related to women and peace, including the limited representation of women in decision-making processes in post-conflict reconstruction policies and the slow pace of prosecutions for war crimes, including sexual crimes, as well as the limited support provided to victims and witnesses of war crimes. These observations echo to some extent an earlier concern on the part of the Committee on the Rights of Persons with Disabilities, which noted that “there is almost no record of” political participation of women with disabilities in the country (United Nations, Committee on the Rights of Persons with Disabilities, 2017, para. 12).

The concern about the lack of women in decision-making processes in post-conflict reconstruction policies has been echoed across the globe: between 1992 and 2019, women constituted on average 13 per cent of negotiators, 6 per cent of mediators and 6 per cent of signatories in major peace processes. Furthermore, there has not yet been any explicit recognition of the contributions of women with disabilities to peace processes, for they have been systematically excluded from participation despite their significant vested interest in conflict prevention and resolution as the party that is the most disproportionately affected by conflict (Ortoleva, 2010).
2.4 **Sexual and gender-based violence**

The incidence of physical, psychological, economic, and sexual and gender-based violence, particularly perpetrated against women, always increases during military conflicts and in their immediate aftermath. These kinds of violence may include practices such as violations of bodily and mental integrity, intimidation and harassment, forced and early marriage, rape and forced impregnation, trafficking, denial of essential services (including sexual and reproductive health services) or targeted economic deprivation. The escalation of gender-based violence in armed conflict has been well documented⁶ (United Nations, Security Council, 2008; OHCHR, 2014). The CEDAW Committee (2013) specifically lists “internally displaced and refugee women; women’s human rights defenders; women belonging to diverse caste, ethnic, national, religious or other minorities or identities who are often attacked as symbolic representatives of their community; widows; and women with disabilities”, as well as female combatants and women in the military. The Committee reminds us that adolescent girls are also more likely to be at risk of wartime early marriages and to experience family violence than adult women who were previously married. Women and girls with disabilities, particularly those with intellectual and psychosocial disabilities, are more often subjected to sexual violence than women without disabilities, due to barriers in communication, personal mobility, access to support or justice, while women from ethnic minorities are at a heightened risk of rape and forced impregnation motivated by ethnic cleansing and eugenics-driven political agendas.

In the same vein, gender norms attributed to traditional masculinity may expose men and boys, especially those who are not considered masculine enough, to sexual harassment, assault and rape in conflict settings, with such violence occurring most frequently in places of detention (IASC, 2015, para. 11). While sexual and gender-based violence in the context of armed conflict has received increased attention in recent years in relation to both women and men, violence against men and boys is still less documented and, as a consequence, poorly addressed — if it is addressed at all — in legislation, data collection methodologies and service coverage. Research points to the linkages between the experiences of sexual trauma and physical impairments leading to disability among men, meaning that the consequence of experiencing sexual trauma may exacerbate or hasten other disabilities, particularly when the trauma is not dealt with. Indeed, military-related sexual trauma is the most common type of trauma leading to service-connected disability alongside combat-related trauma (Redd and others, 2020). The research finds a significant association with ill health that extends beyond the victim’s military career and requires dedicated prevention and remediation strategies (Millegan and others, 2016).

As a result of the extreme stigma associated with violence against men, particularly sexual violence and isolated or systemic incidents thereof are often sensationalized and used as the sole premise for calls to address wartime gender-based violence. While it is uncontested that all genders deserve equitable attention and resources in the fight against gender-based violence, some commentators rightly warn against focusing too much on violence against

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⁶ Please see annual reports (https://www.un.org/sexualviolenceinconflict/digital-library/reports/sg-reports/) of the United Nations Secretary-General.
men lest people fail to recognize that women and girls, particularly those with disabilities, are still more at risk of gender-based violence, as are non-binary, trans, lesbian and gay individuals (Touquet and others, 2020).

Field experience illustrates the concern that human rights violations solely experienced by women and girls do not always trigger an adequate response: in 2006, the CEDAW Committee noted with concern the lack of legal recognition of the plight of women victims of sexual violence of the 1992–1995 Bosnian war, highlighting their double burden as heads of household and internally displaced persons. The Committee called on Bosnia and Herzegovina to “explicitly recognise and adequately protect women who are civilian victims of sexual violence through a State law and as well as through the allocation of financial resources for adequate provision … at a level comparable to that applicable to military victims of war” (CEDAW, 2006, para. 38). By 2019, both entities of the country, the Federation of Bosnia and Herzegovina and the Republika Srpska, had adopted or reviewed legislation recognizing victims of rape and sexual violence as a special category of victims of war-related torture and awarded them material compensation and granted them access to targeted rehabilitation and assistance programmes (CEDAW, 2019).

2.5 Refugees and internally displaced persons

The United Nations High Commissioner for Refugees (2022) estimates that around 12 million persons with disabilities were forcibly displaced in 2020, although the real figures could be even higher given the increased concentration of persons with disabilities in conflict areas due to reduced mobility, barriers, invisibility and lack of support.

The plight of refugees with disabilities has been well documented, including the disproportionate effect on groups such as women and children with disabilities and persons in need of a high level of support (United Nations, General Assembly, 2021). Unfortunately, however, little research was identified that provides guidance on disability-inclusive gender-equality efforts with men and boys in refugee settings.

Nevertheless, work with refugee communities in Türkiye has generated a wealth of telling observations about the situation of refugee households. A large proportion of the refugee population exhibits a combination of physical and psychological signs of having gone through a war-related trauma that include physical impairments as a result of shrapnel, scarring, untreated wounds or sexual trauma, as well as PTSD.

Academic findings echo the concerns over the unmet needs of refugees with disabilities. A population-based survey of Syrian refugees in Istanbul found that households were generally more likely to be female-headed as a result of the conflict in Syria, but that “female-headed households were more common among households with a member with a disability” (Polack and others, 2021, p. 11).

Not surprisingly, the survey also found that men with disabilities were less likely than men without disabilities to have found paid work (Polack and others, 2021).
Another article on Syrian refugees in Türkiye examined the psychosocial and cultural needs of children with intellectual disabilities and their families and found that one of the most important gaps is a need for more Turkish proficiency and/or quality and consistent translation services to help people navigate the various support and treatment services they need (Oner and others, 2020).

One article on Syrian refugees in Jordan tested the effectiveness of a “brief group behavioral intervention for common mental disorders” and found that it showed promise in reducing “depressive symptoms, personally identified problems, and disciplinary parenting compared to usual care, and this may have indirect benefits for refugees’ children” (Bryant and others, 2022, p. 1) but that the limited impact on reducing “PTSD, disability, or children’s psychological problems points to the need for development of more effective treatments for refugees incamp settings” (Bryant and others, 2022, p. 1).

Two articles with the same lead author (Marshall, Barrett and Ebengo, 2017; Marshall and Barrett, 2018) shed light on the vulnerabilities of refugees with communication disabilities to sexual and gender-based violence in the context of Rwanda. They emphasize that “barriers are likely to occur at each step of preventing and responding to SGBV” (Marshall and Barrett, 2018, p. 44), and in addition to better inclusion in SRH (sexual and reproductive health) and formal education, they recommend training and capacity-building for service providers in the following areas:

understanding and identifying communication disabilities, awareness raising and sensitisation among communities, developing materials to help people with communication disabilities to disclose SGBV (for example, by using picture symbols or objects for people to show what they experienced, rather than having to use only spoken words) and to access medical and legal services. (Marshall, Barrett and Ebengo, 2017, p. 3)

A piece of grey literature was particularly helpful: a rapid assessment in Myanmar of how conflict impacts gender and expectations of masculinities for persons with disabilities (both disabled veterans and broader populations of persons with disabilities) (Naujoks and Lawn, 2018).

Importantly, this rapid assessment was undertaken because “gender-blind approaches to provide services to persons with disabilities (PWDs) may miss important dynamics, and because the voices of PWDs have been missing from discussions around peace and conflict” (Naujoks and Lawn, 2018, p. 2). And, indeed, they found that current services were in no way informed by either a gender or “a socially created disabilities perspective” (Naujoks and Lawn, 2018, p. 2). Their rapid assessment offers a few key insights related to our research:

Psycho-social issues: Men with disabilities and their families reported common mental health problems, depression, despair, in the face of the economic challenges and inability to live up to masculinity expectations. The interviewers heard frequently about challenges related to family unity and threats of family breakdown under the pressures. Tailored and dedicated support to address these are needed.
Veterans with disabilities face specific struggles: As soldiers, they would have been living up to the ultimate masculinities ideals of protecting their family and community. They may be used to the social respect accorded to this position, or to their guns. For former combatants who lost limbs in sacrifice to the greater ethnic good, the change in status to somebody requiring support may be especially challenging, particularly where their service and sacrifice may not be sufficiently recognised. While they continue to receive salaries, their mental health was a particular concern requiring support. (Naujoks and Lawn, 2018, p. 3)

This rapid assessment shows, once again, how men with disabilities (and in particular disabled veterans) struggle with their limitations to live up to traditional expectations relating to manhood and gender roles, and that this leads to more depression, despair, family breakdown and a struggle to find work.

Those who cannot embrace more flexible gender roles can experience grave frustrations due to their inability to meet gender expectations. These frustrations can lead to mental health issues, sometimes manifesting in negative coping mechanisms including alcohol and substance abuse and linked to increases in domestic violence. In the most severe cases, this failure to cope with the situation has led to suicidal tendencies. The interviewees reported cases of suicide of PWDs, particularly among the veteran PWDs. (Naujoks and Lawn, 2018, p. 17)

However, this assessment critically shows that, for those who are able to challenge these notions of masculinity and break out of the restraints of rigid and harmful gender norms, they are much more likely to thrive, including being able to keep their families intact. The authors write the following:

in some cases, men with disabilities were able to overcome the traditional gender expectations, and adapt successfully to the new situation. One male group member explained how he reviewed his role in the family after the conflict, saying, “We no longer make distinction between husband and wife’s family roles and responsibilities. I also help my wife in doing household chores and other family works.” This transcendence of divisions created by gender roles seems to have been key to finding accommodation with the new situation. (Naujoks and Lawn, 2018, p. 17)

This rapid assessment also highlights the faults in the practice of segregating disabled veterans from other refugees, namely how it amplifies isolation and trauma for these veterans, and how this should be shifted towards a more integrated and inclusive approach that can help everyone adjust and support one another. On ways to overcome discrimination against all persons with disabilities and strategies to implement, they explain:

Civil society but also church and education institutions should play a key role in this. This effort should involve transforming rigid gender norms around masculine and feminine roles to focus more on individual qualities of tolerance for diversity, inclusion, compassion, kindness, courage, mutual support and continuous learning from each other. For those who can overcome the conventionally accepted gender roles and expectations by embracing more open gender roles, the family environment has become more stable and harmonious, despite a lack of income opportunities and the challenges of displacement. (Naujoks and Lawn, 2018, pp. 3–4)
Communities affected by conflict

Field observers recommend early intervention programmes to support families in the aftermath of a conflict. Having experienced war-related trauma and possibly having acquired physical injuries and lost the notion of a “safe home”, families may not be able to transition to a peaceful life in a straightforward way. Women’s roles in society as primary breadwinners and community organizers, newly acquired during wartime, and their ensuing autonomy and economic independence make it hard or impossible to return to pre-war traditional roles as homemakers or to accept previously widespread discrimination in economic, social and family life.

Women’s desire to be active and equal participants in all post-war peacebuilding and recovery efforts can also be met with resistance from men at home and society at large, who may not be prepared for a rapid shift in post-war gender dynamics. The individual trauma of war veterans, military spouses and their family members, compounded by the collective trauma of societies recovering from the horrors of conflict, calls for support interventions that target individuals, family units and society as a whole. This again makes very clear the need to refuse the assumption that a return to traditional gender norms ensures stability and prosperity, and instead makes a compelling argument for centring reconstruction and post-war efforts around inclusive and equitable practices, policies and norms so that everyone can benefit from and contribute to a thriving, stable and prosperous post-war culture, economy and political environment.

The literature identified in the review provides some valuable insights into possible entry points for reaching men and boys for gender equality. Randeree’s article (2014) on a faith-based gender justice intervention in an area of Iraq affected by conflict was the only community-based intervention identified in the literature. The intervention was a three-phase project focusing on empowering women, and in particular women with disabilities (phase 2 with deaf-mute women) as part of combating gender-based violence against and the vulnerability of women in conflict (2003–2011 Iraq conflict). The article does not specifically talk about men but does include “specialist pastoral support”, which may well involve men, and raises the matter of bringing in male gatekeepers to be on board and support such projects.

Other articles help readers to get a sense of the characteristics and unique realities of those with disabilities living in areas affected by conflict, which can clarify where and how to reach men. A large study (Barth and others, 2020) examining the demographic and clinical characteristics of the users of 38 rehabilitation centres worldwide run by the International Committee of the Red Cross offers these key takeaways: rehabilitation centres can be great entry points to engage men in gender equality and violence prevention work, as they are more likely to use these centres, and are often compelled to do so for rehabilitation so they can work. However, there are serious concerns about women and girls being underrepresented at these centres, where they are likely denied services, and this is an area that should be addressed.

Research in Palestine found that the majority of civilians at risk for serious conflict-related injury, including amputations, are men (92 per cent) — primarily young, well-educated
and often the primary breadwinners in their homes (Heszlein-Lossius and others, 2018). Amputation has serious consequences for the men physically, as well as repercussions in terms of employment, which also negatively impacts the family. The traumatic loss of limbs also leads to increased pain and more mental health issues among this population, which will place a greater burden on the women in their lives who care for them.

The only article identified on Ukraine focuses on the experiences of older persons living with disabilities (one third of whom were men) in eastern Ukraine in 2019, specifically the prevalence of and possible associations between psychological distress and disability among this population; the article considered the degree of dependency. Sadly, the authors found that “over 75% of persons in our study who were moderately/severely dependent experienced serious psychological distress” (Summers and others, 2019, p. 8) and argued that “the presence of serious disability could serve as one simple and sensitive screening criterion to be added to a screening tool used by community workers who work with and support older persons” (Summers and others, 2019, p. 8). It is important to note that women in this sample were more likely to experience serious psychological distress than their male counterparts.

Raslan, Hamlet and Kumari (2021) looked at Syrian children registered in a mental health and psychosocial support project to determine protection concerns and intervention outcomes, and not surprisingly they found that children of all genders had a high chance (74.5 per cent) of at least one form of psychosocial deprivation. They also found that, among other concerns, adolescents were more likely to “exhibit aggressive behaviour and educational decline” (Raslan, Hamlet and Kumari, 2021, p. 1). They further identified that “male gender was associated with child labour and aggressive behaviour while female gender was associated with the presence of potential mental health problems, especially depression, and loss of caregiver, and poor socialisation” (Raslan, Hamlet and Kumari, 2021, p. 1). The authors also linked child labour with decreased chances of success in the treatment programme. While child labour may be a challenging and entrenched problem that is difficult to address, this research highlights the need to proactively address and treat, through a trauma-informed approach, the roots of aggressive behaviour among children and adolescents (particularly boys and young men) living in conflict environments in order to promote gender equality and envision and practise healthier, positive and gender-equitable alternative ways to be a man.

It is also important to emphasize the long-term and devastating impacts of losing a parent to conflict. A survey of children who had lost their father during the Kosovo war, conducted a decade after the war to examine the long-term impact of that loss, found that the loss had had a devastating impact on the children and made it more likely that they would struggle:

This study provides evidence that war-related loss of the father during childhood or adolescence uniquely contributes to distress and disability into adulthood over and above the experience of other war-related trauma. Results demonstrate that war survivors whose fathers had been killed during the war were significantly more likely to suffer from MDE [Major Depressive Episode], PTSD, and Panic Disorder as compared to non-bereaved war survivors. Accordingly, the majority of bereaved war survivors met criteria for either MDE or an anxiety disorder a full decade after the war. (Morina, von Lersner and Prigerson, 2011, p. 7)
SECTION 3

CONCLUSIONS AND RECOMMENDATIONS
Contexts of war, conflict and their aftermath come with uncertainty, instability and devastation — but also hope, inspiration and new possibilities. The most powerful takeaway from this research is that countries rebuilding in the aftermath of war and conflict have a choice: they can rely on masculinized nation-building that reinforces traditional gender norms and masculinized culture that equates stability with the reinstatement of patriarchal structures and norms dominated by “able-bodied” men, or they can resist imbuing national identity with problematic gender norms and instead leverage this transitional moment to create an equitable, just, caring and inclusive culture that is resilient and set to thrive in the short and long term. Importantly, the research also led to three other key takeaways: it is essential (1) to surface and address all of the gender dimensions of war, including the devastating impacts war also has on men and boys and those who love them, as well as the important and necessary role that men play in the peacebuilding process; (2) to intentionally cultivate solidarity across groups and organizations working with disabled veterans, and those working with and led by other persons with disabilities; and (3) to invest in and prioritize the education, resilience, social and emotional learning, healing, leadership opportunities and economic empowerment of young people. Young people equipped with the motivation and skills to contribute to a peaceful, prosperous, inclusive and equitable society are any country’s greatest asset.

The following recommendations are based on the research carried out regarding conflict and post-conflict settings, and they also complement recommendations provided in the first technical report on disability-inclusive development with men and boys (Pascoe and Arsenjeva, 2023), which can be referred to for additional information and examples.

Encouragingly, many of the recommendations provided in this report are aligned with or reflect work already being carried out by UNFPA. For example, investing in young people, building demographic resilience, prioritizing gender-responsive and family-friendly workplace policies, and supporting fathers to increase their positive involvement with their children are all areas where UNFPA is already working.

3.1 Actively promote gender- and disability-inclusive recovery and sustain progress towards a more inclusive society in the aftermath of a conflict

As made clear in this report, policies need to create the conditions for all people, regardless of gender or disability (or race, class, sexual identity, etc.), to realize their full potential and lead whole and meaningful lives that contribute to peace, equality and justice. Specifically, this means the following:

» Supporting the adoption of laws and policies that do not indirectly discriminate between women and men based on the origin of their disability and that provide everyone affected by war impairment or trauma equitable and person-centred support.
Supporting inclusive and gender-responsive demographic resilience policies, including the following:

- Economic empowerment programmes for women. Evidence shows, for example, that cash or food transfers, particularly when combined with group discussions or other means of social connections, are effective for preventing women’s experiences of intimate partner violence (Kerr-Wilson and others, 2020).

- Gender-responsive family-friendly policies, including equal, paid, non-transferrable parental leave for all parents. This kind of leave is particularly important for parents of children with disabilities, who may face additional barriers in early bonding and struggles in navigating health and care needs. Other gender-responsive family-friendly policies include increased paid sick leave and flexible hours.

- Support for male economic empowerment while advancing gender-equitable policies. Pathways for men to train and work in paid care work, including early childhood education, personal support, counselling and social work, should be identified and facilitated. This is particularly important given the shortage of male counsellors and social workers. Where possible, the salaries for these jobs should be increased to incentivize men and advance the economic empowerment of women.

- Available and accessible childcare.

- Pension reform policies that recognize and reward unpaid care work.

- Immigration policies that welcome and support the success of refugees and immigrants from other countries and regions to contribute to demographic resilience.

Promoting equal care work and positive fatherhood involvement: women are left with the majority of unpaid care work, and paid care work tends to be female-dominated, undervalued and underpaid. This is true at the best of times and is exacerbated in conflict settings and also often in post-war settings, particularly where harmful gender norms are emphasized. When women are limited in their career potential and are undervalued, everyone suffers. On the flipside, we know from global and regional research that men want to spend more meaningful time with their children than they currently do. In addition to the gender-responsive family-friendly workplace policies listed above, to get to more balanced and equitable care work, we need to

- promote positive fatherhood: fatherhood is the best entry point for engaging men and ending cycles of harm. Promoting positive fatherhood includes involving fathers early and often, building fathers’ capacity to cope with stress and care for their children (particularly with children with disabilities), investing in father-friendly support groups such as fathers’ clubs and actively encouraging the participation of fathers of children with disabilities, and carrying out mass media campaigns that promote and normalize an overall ethics of male care, including as positively involved fathers.
• encourage and incentivize more men in paid and unpaid care work: this includes identifying and incentivizing pathways for men to train and get involved in paid care work, as well as improving compensation in typically female-dominated fields for the benefit of all. For more recommendations on achieving equality in care work, see *State of the World’s Fathers 2021* (Barker and others, 2021) and recommendations from the first technical report on engaging men in disability-inclusive gender-equality efforts (Pascoe and Arsenjeva, 2023).

» Investing in children and adolescents: investing in young people and building the next generation of resilient people committed to and equipped with the skills to advance an equitable, just, inclusive and caring world for all. It is absolutely essential to support and empower children and youth in conflict and post-conflict settings. This includes the following:

• investing in education and school-based efforts to support children and their families, including fairly compensated and supported teachers and school staff, free school lunches, peer-led groups that create fun and engaging learning environments through a gender-transformative approach (e.g. theatre, music, outdoor adventures), parent–child programming, social emotional learning and menstrual dignity for students (including free menstrual products)

• strengthening social systems that help protect children from violence and other adverse childhood experiences: this includes family economic supports, free and secure public transport, increased green spaces in neighbourhoods, etc.

• helping the next generation to heal from their experiences of conflict (including mental health services), including efforts to destigmatize mental health and encourage health-seeking behaviour, particularly among men and boys

• creating and encouraging spaces for men to connect in meaningful and pro-social ways with other men, including spaces for men to practise and envision healthier and positive versions of masculinities

• providing leadership opportunities for young people as part of rebuilding and peacebuilding efforts

• leveraging peer groups and networks to identify, nurture and promote non-violent pathways for their own futures

• providing youth-friendly evidence-based sexual and reproductive health services for all

• collaborating with existing youth empowerment organizations and groups working directly with youth, and investing in additional opportunities to strengthen these groups and extend their reach among youth populations

» Designing and implementing evidence-based mass media campaigns that challenge and redefine traditional gender norms. Such campaigns need to make a persuasive case for how gender equality advances everyone, and there should be an explicit celebration of all types of family units rather than implicitly or explicitly promoting gender-inequitable practices such as child marriage and polygamy or assuming that men should be primary breadwinners in their families. For example, a social marketing
campaign could focus on how many men missed their families during the war and want to spend more time with them as part of rebuilding the nation and the next generation.

» Leveraging male role models and champions to promote clear gender-equitable and disability-inclusive messaging around nation-building. For example, Volodymyr Zelensky’s “man of the people” approach (compared with Putin’s “strong man” masculinist approach).

» Developing counselling services for ex-combatants and their spouses to support post-conflict recovery, relationships (including intimacy) and parenting skills. Particular attention should be paid to couples affected by long-term psychological or physical impairments, including PTSD, traumatic brain injury, spinal cord injury, amputation or other kinds of injuries. Community-based peer-led support groups and community-based counselling opportunities are particularly valuable here, both to expand access and to increase empowerment at the community level.

» Remaining alert to harmful traditional practices, such as child marriage and polygamy, that sometimes increase in post-conflict societies with the pretext of protecting girls and restoring the national demographic balance.

» Investing in health services for all. This includes conducting a gender- and disability-inclusive analysis of all health services to ensure that they meet the needs of all constituents. For example, online mental health services have been shown to be particularly helpful for men and mitigate barriers relating to stigma; sexual and reproductive health services need to make it easy for women and men with and without disabilities to access them.

» Designing support services that take into account the fact that, when seeking help, men may tend to seek help for themselves as the family breadwinner first, while women tend to seek help for themselves last.

» Including as a condition for donor investments in post-conflict reconstruction efforts compliance with the accepted accessibility standards for the built environment, transport, infrastructure and communication technologies.

» Introducing alternative forms of justice, such as community-based transformative justice practices, that focus on accountability, healing and transformative learning rather than on punishment. These forms of justice could create opportunities to talk about disabilities produced by conflict.
3.2 Address mental health issues and psychosocial disabilities across civilian and military populations and invest in efforts to destigmatize mental health and make it easier for people to access needed services

It is absolutely imperative that the mental health of all those recovering in the aftermath of conflict and war be taken seriously. This is central to taking seriously the devastating impact that war also has on men and boys, and working to end cycles of violence, including intimate partner violence, which is known to increase as a result of war (Shand, 2022). Stigma surrounding mental health issues and the normalization of denying mental health crises are unfortunately common in the Eastern Europe and Central Asia region, no doubt in part because of the immense trauma many parts of the region have experienced. Nevertheless, the evidence makes clear that not addressing or effectively responding to mental health issues leads to poor health outcomes, more intense experiences of physical pain, unemployment, an uptick in risky and detrimental coping mechanisms such as alcohol and substance use, intimate partner violence, crime, and increased rates of depression and suicide. For example, unprocessed or untreated PTSD and other mental health issues among disabled veterans leads to a host of negative interpersonal, health and economic challenges (including intimate partner violence, increased experiences of pain, comorbidities and unemployment).

Building a resilient nation in the aftermath of war requires a comprehensive mental health strategy. This includes the following:

» Investing in community-based psychosocial services, to increase both access and community empowerment (Castillo and others, 2019). Increasing access and community empowerment includes using lay community members to deliver interventions (Al-Tamimi and Leavey, 2021), organizing community events and programmes to increase social connection such as Men’s Sheds, and employing peer support models such as buddy systems that build on informal support networks and have been shown to increase hope, decrease PTSD symptoms and reduce stigma around mental health (Greden and others, 2010; Morley and Kohrt, 2013).

» Developing text-based mental health support. This type of support can increase access to mental health services, reduce barriers for those hesitant or unable to attend in-person services (including those whose disabilities may make it challenging to do so) and provide a cost-effective option in contexts where mobile phone use is common and resources are limited.

» Ensuring that persons with psychosocial disabilities are recognized as such in legislation on par with those with physical and sensory disabilities and that they have access to timely disability determination procedures and to the best available treatment, support and rehabilitation.
» Introducing a mechanism that enables early identification and early intervention for people, both combatants and civilians, who manifest acute symptoms of mental ill health unknown prior to the outbreak of hostilities and that could compromise their coping strategies.

» Introducing appropriate modalities enabling temporary or permanent exemption from military service for people who act as the primary carer for a family member with a psychosocial disability.

» For veterans, including but not limited to disabled veterans, creating opportunities and programmes for gender-transformative networking and peer support, particularly buddy ing up with other veterans (Sheffler and others, 2016; Ward, 2020). For example, “increased social support acts as a buffer against pain intensity in individuals with a functional disability” (Sheffler and others, 2016, p. 1209). Opportunities should be provided for men to safely explore and critically examine the constraints and harms of patriarchal attitudes, norms and culture, and to practise new, healthier and more equitable ways of being, healing and relating to others.

» Integrating gender-transformative and evidence-based mental health services, including screening for PTSD, into other health services, and increasing veterans’ access to appropriate mental health treatment as well as transition services to help them manage the challenges of returning to civilian life (Bond and others, 2022, p. 291).

» Destigmatizing mental health issues. This includes policy changes (above) and increasing the availability of services, providing capacity-building to help health providers identify and effectively address mental health issues in caring and non-judgmental ways, carrying out mass media campaigns that support efforts to address mental health and leverage leaders and key influencers to broadcast that message, and introducing gender-transformative psychosocial programming that engages people in their own internal transformation and motivates them to embrace and promote inclusivity, equity and belonging for all.

3.3 Recognize and address gender-based violence as a tactic and an inevitable result of a military conflict

While everyone is at risk of being subjected to gender-based violence, the patterns of violence vary depending on the person’s gender and, as such, must be met with gender-responsive action. Disability, alongside other characteristics, is a factor that increases a person’s vulnerability further. The UN Human Rights Council (2021) reiterates the need to engage with all stakeholders, including persons with disabilities and their organizations, as well as men and boys, alongside women and girls, as agents of change, to tackle the underlying causes of gender-based violence against women with disabilities. Measures include addressing gender inequalities, ableism and ageism, as well as the socioeconomic inequalities and negative social norms (such as harmful gender norms) that allow and perpetuate gender- and disability-based violence in wartime.
Recommendations for recognizing and addressing conflict-related gender-based violence including the following:

» Destigmatize survivors’ experiences of sexual assault and help policymakers and clinicians better understand how sexual assault and combat are linked in other populations and settings (Murdoch and others, 2014, p. 9). It is important to note, however, that US-based research shows that women are more likely to have their PTSD claims denied, likely due to the denial of claims relating to sexual trauma (Murdoch and others, 2021). As such, caution should be exercised when disability is assessed, when self-reported (as opposed to corroborating) evidence is required (e.g. for sexual trauma), and when determining how to ensure that gender is not a mediating factor in the approval of disability claims.

» Integrate gender-transformative sexual health programming with a focus on consent and healthy relationships into rehabilitation services for male disabled veterans where possible, such as those with a spinal cord injury (Brundage and others, 2020).

» Ensure that war-related gender-based violence is recognized in the national legislative framework, and that its victims and survivors are entitled to a level of protection, redress and compensation comparable to that of ex-combatants; determining a list of protected characteristics, such as disability, age, race, sexual orientation or religion, that increase a person’s vulnerability to gender-based crime.

» Take into account the need for more and better services for everyone who has experienced sexual violence, while recognizing that sexual violence against men and boys is more common during times of war, including in but not limited to detention settings (Touquet and others, 2020), and must be addressed. Providing better services for everyone does not necessarily mean making services “gender-neutral”, for this may inadvertently make the services not friendly or welcoming to women and gender-nonconforming individuals (Touquet and others, 2020). Services that are tailored specifically to women and girls (including trans women and non-heterosexual women) in addition to services tailored to the needs of men and boys (including trans men and non-heterosexual men) need to continue to be available.

» Ensure that the justice and recovery systems for victims and survivors of gender-based violence are gender-sensitive, accessible and inclusive. It is particularly important to invest in transformative justice approaches in order to create generative and healing spaces for those affected by gender-based violence.
3.4 **Make all programmatic interventions across the peace continuum gender-transformative and disability-inclusive**

Measuring donors’ programmatic interventions against objective indicators and guidelines (United Nations, 2019; IASC, 2019) is essential for making sure that UN funds, programmes and specialized agencies are used to reach out to populations that are often forgotten or overlooked in emergency situations.

The Special Rapporteur on the Rights of Persons with Disabilities (United Nations, General Assembly, 2022, paras. 16–19) reminds us that the notion of “protection” of civilians in armed conflicts should go beyond merely safeguarding their personal safety and include a meaningful attempt to understand and address the reasons behind the accumulated disadvantages experienced by persons with disabilities, such as exclusion from education resulting in difficulties during evacuation and relocation, or accepted practices of segregating persons with disabilities resulting in mass casualties in case of a targeted attack.

It is also important to emphasize that, particularly in the aftermath of war, many people experience heightened alertness and sensitivity to perceived danger. This is our brain’s clever mechanism to protect us, and it is understandable after living through such precarity, chronic fear and uncertainty. However, heightened alertness and sensitivity to perceived danger can also quickly manifest as defensiveness in the face of being challenged and resistance to change, particularly for men transitioning from military to civilian life. As such, it is all the more imperative that programmatic interventions to advance disability-inclusive gender equality be framed and approached in ways that make space for and validate the challenges of change, help people process and productively overcome their internal resistance, and make clear how gender equality and advancing the rights of persons with disabilities benefits everyone; that they be supported by targeting settings and norms and supporting and reinforcing behaviour change; and that they provide specific ways that men and boys can become involved in helping create an equitable, just, caring and inclusive world for all.
3.5 Ensure the direct participation of women and of persons with disabilities in the peace continuum, and develop specific recommendations for how men can contribute to the gender-transformative peace and security agenda

The need to increase the representation of women and traditionally marginalized groups, such as persons with disabilities (including ex-combatants with acquired disabilities), in all decision-making levels at all stages of the peace continuum, including in field-based operations and as military observers, was first voiced at the highest level in 2000 (United Nations, Security Council, 2000). It has since been reiterated repeatedly (Ortoleva, 2010; CEDAW, 2013; IASC, 2019; United Nations, General Assembly, 2021) and is more relevant today than ever. Importantly, these groups should be involved not as passive recipients of rehabilitation and social aid measures but as active participants in their design, delivery and monitoring, and the different needs of female and male ex-combatants and their dependents should be accounted for (United Nations, Security Council, 2000, para. 13). At the same time, it is also imperative to not further the stereotypes that men are responsible for violence and women for peace, and thus it is also important to ensure a “a broader conceptualisation of gender in the context of peace and security in which all sexes and gender identities find their place” (Shand, 2022, p. 25).

Recommendations to ensure the direct participation of women and persons with disabilities in the peace continuum include the following:

- Provide ongoing training for military personnel on gender and disability awareness and the specific vulnerabilities experienced by women and persons with disabilities in conflict. This training should focus on being gender-transformative, meeting men where they are along the continuum of male engagement, and helping men and boys see their own vested interest as co-beneficiaries of a gender- and disability-inclusive society rather than engaging men only insofar as they should be allies to women and persons with disabilities. For example, research has shown that part of the “warrior hero” identity many young military recruits connect with also includes “qualities that are more inclusive and egalitarian, such as empathy, collegiality, and caring” (Shand, 2022, p. 24). These common qualities could be leveraged and programming organized around them to minimize defensiveness and to support men in building more equitable and inclusive identities and practices.

- Implement interventions that seek to address, disrupt and displace harmful social norms in military and paramilitary institutions and encourage the adoption of desired pro-social norms. For example, norms that are in line with values such as leaving no one behind (a value often taught to those going into combat) and standing up for what is right could be embedded in social and cultural norms about how to treat all people.
Facilitate sustained dialogue between military and civilian counterparts, including civil society and humanitarian relief associations across the peace continuum, and make these dialogues fully accessible, inclusive and safe for everyone to take part in.

Include women in key roles in conflict prevention, resolution, peacekeeping and peacebuilding efforts.

Preserve women’s economic empowerment and autonomy achieved during war. Programmes to promote women’s leadership and entrepreneurship would be key to preserving gains made towards more equitable gender dynamics, with a particular emphasis on underrepresented groups, such as persons with disabilities and young people, the future leaders of their country.

Work with male gatekeepers and leaders, including those in faith communities, to support and promote the direct participation of women in the peace continuum.

Conduct a feminist-informed gendered analysis, specifically the four pillars of the agenda — prevention, protection, participation, and relief and recovery — and develop from this process a set of recommendations for how to specifically engage men, from a gender-transformative approach, as decision makers and resource-holders in the women, peace and security agenda, and also as allies and co-beneficiaries as non-violent men who want to participate along the peace continuum.

3.6 Promote disability- and gender-inclusive and equitable humanitarian responses

Humanitarian responses are often gender-blind or gender-neutral, which means they miss important dynamics, particularly given the disproportionate numbers of women and children with disabilities and persons in need of a high level of support among refugee populations. It is thus imperative to utilize a gender analysis not only to meet the needs of people of all genders but also to ensure that the specifics relating to persons with disabilities — including what services they need and who their primary caregivers are and how to support them — are also addressed. In addition to the recommendations above on engagement across the peace continuum, recommendations for promoting disability- and gender-inclusive and equitable humanitarian responses include the following:

Involve national and local organizations for persons with disabilities, including those led by women, in the provision of humanitarian relief and refugee support services in order to design activities that are inclusive and accessible, and that help build bridges between the host country and the refugee community (Leenknecht, 2020).

Support making mainstream population services, including health care, social protection, education, justice and victim protection, fully accessible, and invest in expanding them to account for migrant and refugee populations using them.
While designing support services, consider that, when seeking help, men more often seek help for themselves as the family breadwinner first, while women tend to ask for themselves last.

In the design and delivery of refugee support services, as well as advocacy and communication work, involve representatives of the refugee community, including women, people with disabilities, LGBTI people and others at risk of being overlooked.

Collect data on humanitarian relief and refugee support activities that is disaggregated by gender and disability.

Integrate wounded and disabled combatants into the broader refugee community and encourage these individuals to connect with and find support among other ex-combatants, rather than isolating or segregating them.

Implement gender-transformative programming that helps refugee populations (people of all genders but men in particular) on how to challenge and redefine gender norms so that they see the benefits of and are equipped with the skills to embrace more fluid and equitable gender norms and roles.
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