Intersecting Marginalities: Physical Disability in the Context of Forced Migration

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Abstract

Forced migration has become a global crisis, with people displaced by conflict, environmental disasters, and socioeconomic instability. People living with physical disabilities are vulnerable among those who are displaced, yet their unique experiences often remain overlooked in migration and humanitarian responses. Through an intersectional lens, this paper critically examines the intersectionality of disability and forced migration, highlighting the compounded vulnerabilities they faced across origin countries, transitional spaces, and host nations. These include systemic exclusion, inaccessible infrastructure, economic and educational exclusion, and inadequate legal protections. The study uses a qualitative research methodology and a purposive literature search. This literature-based analysis identifies gaps in existing frameworks. It underscores the need for disability-inclusive practices at every migration stage by adopting comprehensive measures prioritising accessibility, equity, and

inclusion. The paper argues that addressing the plight of people with physical disabilities in forced migration is a humanitarian imperative and a critical test of global commitments to justice and human rights. By advocating for systemic reforms, this study calls for a paradigm shift to ensure that no one is left behind in the global migration agenda. For individuals with disabilities, forced displacement often results in heightened vulnerability and marginalisation. The intersection of physical disability and forced migration carries significant and far-reaching implications for individuals, humanitarian systems, legal frameworks, and societies.

Introduction

Forced migration has become one of the defining challenges of the modern era, displacing millions due to conflict, environmental disasters, and socioeconomic instability. Among those affected, people living with physical disabilities are vulnerable and are often left invisible in migration policies and humanitarian responses (Groce & Kett, 2014; UNHCR, 2020). Approximately 12 million people with impairments are displaced globally (International Organisation for Migration, 2019). While migration studies have explored general vulnerabilities, the intersectionality of disability and forced migration remains underexamined, leaving critical gaps in protection and support for this group (Kett & Twigg, 2017). Disability and migration intersect in ways that often deepen exclusion. Migrants with disabilities face barriers to healthcare, work, and mobility, worsened by limited accessible infrastructure and weak social protection. These challenges faced by people with physical impairment are experienced at every stage of forced migration. In countries of origin, they endure systemic exclusion, economic hardship, and heightened risks during conflicts. Transition spaces such as refugee camps further marginalise people with physical disabilities due to inaccessible infrastructure and neglect of their needs (Handicap International, 2015). In host countries, barriers to healthcare, education, employment, and legal protections prevent their full

integration and further perpetuate cycles of inequity for people with physical impairments (Lang et al., 2019).

Although awareness of the intersection between disability and migration is growing, the research remains limited. Most studies lack an intersectional approach, often failing to consider how disability interacts with race, gender, age, class, or legal status, which leads to an incomplete picture of the challenges faced by disabled migrants. Data on this population is scarce, as disability is rarely included in migration statistics, making disabled migrants largely invisible. Legal and policy frameworks are underexplored, with little research on implementing international conventions like the UNCRPD. The literature is also heavily centred on the Global North, with minimal attention to humanitarian settings like refugee camps. There is little understanding of how assistive technologies affect disabled migrants' journeys and resettlement. These gaps highlight the need for more inclusive, participatory, and context-sensitive research that reflects the diverse realities of disabled migrants.

This paper investigates the intersectionality of disability and forced migration, highlighting the urgent need for disability-inclusive practices and policies. It examines the roles of governments, international organisations, and local communities in addressing these systemic gaps. Addressing the challenges encountered by people with physical disabilities in a forced migration context is a moral obligation and serves as a demonstration of commitment to human rights for all. The paper begins by conceptualising the intersection of disability and migration. Various legislations exist at both the international and national government levels regarding the migration of people with physical disabilities. Challenges experienced in the host spaces include a lack of economic opportunities, discrimination, conflicts and poor healthcare. During the transition, there is a lot of uncertainty, transport challenges, temporary shelter, and food insecurity. In destination spaces, they face difficulties in power, healthcare, and residence; there is a lack of adequate education and skills, employment, and systemic projection. Recommendations for spaces of origin, transition, and destinations are then outlined to promote the intersection of disability and migration.

Conceptual Framework

Disability

Disability is an umbrella term for various impairments. It is a complex construct encompassing physical, sensory, intellectual, or mental impairments that hinder an individual's ability to function and interact fully in societal activities (WHO, 2019; Kaplan, 1999). According to the World Health Organisation & World Bank (2011), physical impairment is a disability that limits a person's physical capacity to move, coordinate actions or perform physical activities. Physical impairment can be congenital or acquired later in life due to injury, illness or ageing (Bloemen et al. 2015). These conditions limit mobility, physical functioning, participation and increase the risk of injuries or diseases. They may include cerebral palsy, stroke, spina bifida, muscular dystrophy, spinal cord injuries, and amputations (Ntsiebo, 2024). These conditions vary in severity and often require adaptive support and rehabilitation to help individuals maintain independence and participate fully in daily life.

Disability is shaped by the interplay between health conditions and environmental and attitudinal barriers (Oliver, 2013). The occurrence of disability can be described from numerous perspectives, often referred to as models of disability (Altman, 2001). The most common model is the medical and social model. From a rights-based perspective, disability is not inherent in individuals but is instead a result of societal structures that fail to accommodate diverse needs (Shakespeare, 2015). The rights-based model treats migrants as rights-holders, emphasising non-discrimination, dignity, and access to healthcare regardless of status. This failure in migration is depicted by a lack of disability-inclusive policies in spaces of origin, transit, and destination (UNCRPD, 2015). People with impairment in forced migration are further marginalised as they contend with systemic neglect, inaccessible infrastructure, and heightened exposure to violence and exploitation during crises (Migration Data Portal, 2020). Addressing these challenges requires embedding disability as a critical lens in migration to ensure inclusivity in interventions and policies (Groce et al., 2019).

Migration

Migration refers to voluntary and involuntary movements of people within and between countries driven by economic, social, political, or environmental factors (International Organisation for Migration, 2019). Push factors drive migration, and pull factors influence individuals' decisions to leave their homes and settle elsewhere (Urbański, 2022). Disability can amplify push and pull factors, often transforming the whole process into one related to necessity and survival. The distinct migration experiences of individuals with disabilities are frequently underrepresented in research, policy, and practice. Forced migration is an involuntary movement that involves displacement due to conflict, persecution, or disasters, creating vulnerabilities in affected populations (UNHCR, 2021). For people with impairments, migration entails compounded challenges as they face common disruptions experienced by migrants and unique barriers due to discriminatory practices and inaccessible systems (Pisani & Grech, 2015; Krause, 2020). Migrants with disabilities are often excluded from planning and support mechanisms during their journey, as well as in host communities, due to systemic failures to integrate disability considerations (De Beco, 2017). Their experiences highlight the critical need for inclusive migration policies that account for physical and socio-cultural barriers (Hughes et al., 2021). In this study, migration is analysed through the dual lens of displacement and intersectionality, reflecting how these systemic gaps exacerbate the plight of disabled migrants.

Intersectionality of Disability and Forced Migration

Intersectionality, a framework introduced by Kimberle Crenshaw in 1989, examines how overlapping identities such as physical disability and migration status create compounded vulnerabilities (Crenshaw, 1989; Rau & Baykara-Krumme, 2024). Other intersections that play a role in the experiences of migrants include gender, age, educational level and skills (Hultman et al., 2023). People with physical disabilities in forced migration face dual marginalisation: systemic neglect in migration systems and stigma due to their disabilities (Soldatic et al., 2020). This means that different migrants have different experiences. A disabled female who is educated and one with no education do not have the same experience. The more identities one belongs to, the more effects they experience. In spaces of origin, discriminatory practices, inadequate

healthcare, and conflict often create insurmountable challenges for people with physical disabilities, forcing them into precarious migration pathways (Groce & Kett, 2014). In transit, inaccessible transportation and shelters and a lack of disability-inclusive humanitarian efforts amplify risks (Krause & Hordijk, 2021). Destination spaces often present structural barriers to inclusion, including limited access to education, employment, and legal protections, leaving disabled migrants in a state of vulnerability (UNCRPD, 2019). This study emphasises the role of intersectionality in understanding and addressing the unique challenges faced by people with impairments across all migration phases (Meyer et al., 2016). Migration also intersects with gender, race and language. Women with physical disabilities face heightened risks, as they are likely to experience gender-based violence in overcrowded and poorly managed camps (Pearce et al., 2018). For example, a Black woman with a disability seeking asylum may face racial prejudice, patriarchal norms, and ableist exclusion simultaneously. Some migrants might even speak a different language from that spoken in a host country, creating challenges.

Legislative Framework

The intersection of disability and migration is addressed through international conventions and national policies. At the global level, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) obliges states to ensure equal rights for persons with disabilities, including in migration contexts. Though non-binding, the Global Compact for Safe, Orderly and Regular Migration (2018) promotes inclusive migration governance and calls for protecting all vulnerable groups.

Several countries have policies aligned with these global commitments. South Africa has implemented the *White Paper on the Rights of Persons with Disabilities (2016)*, which calls for accessible services for all persons with disabilities, including refugees and migrants, supported by the *Promotion of Equality and Prevention of Unfair Discrimination Act (2000)* and the *Refugees Act (1998)*. Despite these legislative frameworks, many countries face implementation challenges due to limited infrastructure, policy fragmentation, and insufficient coordination between migration and disability services. Strengthening inclusive national policies and

ensuring their enforcement remain critical to upholding the rights of migrants with disabilities.

Methodology

This paper is based on a qualitative approach, which involves reviewing existing literature to understand the experiences of people with physical disabilities forced to migrate. Utilising the intersectionality framework, it draws from academic research, reports, and international legal documents. The analysis highlights how disabled individuals often face unique challenges during displacement. By focusing on real-life experiences documented in the literature, this study aims to shed light on the human impact of overlapping systems of inequality and to support more inclusive responses to forced migration. Literature was selected using purposeful strategies to cover many important thematic areas. Sources were included if they addressed issues relating to physical disability, forced migration, displacement, or intersectionality. An analysis of a body of literature produced over time was conducted to identify historical continuity and contemporary developments. Although no rigid timeframe was imposed, priority was given to sources that provided insight into disability and migration identities.

The study employs a multi-method qualitative research design rooted in critical disability studies and intersectional feminist theory. It examines how structural inequalities and overlapping identities, such as physical disability and forced migration, shape marginalisation experiences. A decolonial framework underpins this approach, prioritising voices from the and critiquing dominant Western paradigms.

An academic and grey literature review was conducted to gather data for this study. The sources included peer-reviewed journal articles, institutional reports, international legal instruments, NGO publications, and national policy documents. The selection criteria focused on sources that addressed the intersection of physical disability and forced displacement across the three migration phases: the country of origin, the transitional phase, and the destination country. An intersectional lens was employed to analyse how multiple forms of oppression, such as ableism, xenophobia, patriarchy, and economic exclusion, interact to exacerbate vulnerability among migrants with impairments. The study examines how these structural dynamics operate across time and space, drawing on historical trends and current developments. This study identifies gaps in service provision, policy, and mechanisms by which disabled migrants are

systematically rendered invisible within humanitarian, legal, and migration contexts.

Challenges Experienced In Spaces of Origin

Lack of Economic Opportunities

In many countries, economic opportunities for people with physical disabilities are restricted by social attitudes, structural inequalities, and inadequate policies (Grech & Soldatic, 2016). People with impairments are often excluded from formal labour markets due to employer bias and misconceptions about their disability (ILO, 2020; Shakespeare, 2015). Studies have shown that in sub-Saharan Africa, only 20–30% of disabled adults participate in the workforce compared to 60–70% of their non-disabled counterparts across different types of disabilities (Banks & Polack, 2014). In South Asia, cultural stereotypes further hinder economic inclusion, as many families prioritise support for non-disabled members (Mitra et al., 2017). Financial initiatives that foster economic independence often exclude migrants with impairments due to assumptions about their creditworthiness and capabilities (Groce & Mont, 2017). Furthermore, people with physical disabilities living in rural areas face compounded challenges, such as a lack of accessible transportation and lower access to vocational training programs due to their location (Kuper et al., 2018). Mitigating these barriers requires comprehensive policies promoting inclusive education, workplace accessibility, and mobility (UNDP, 2019). Lack of economic opportunities depicts the financial discrimination.

Discrimination

Discrimination against migrants with impairments refers to any distinction, exclusion or restriction based on disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. (UNCRPD, 2006). Multiple forms of discrimination may be direct or indirect, including social stigma, systemic exclusion, and cultural marginalisation (Sarker, 2020). In many low- and middle-income countries, disability is often perceived as a punishment from the gods,

leading to isolation of migrants with impairments within their families and communities (Meekosha & Soldatic, 2016). These societal attitudes often manifest as exclusion from education, employment, and healthcare systems (Mitra et al., 2017). A study in Southeast Asia found that disabled children were four times less likely to attend school compared to their peers (UNICEF, 2019). This is due to other socioeconomic factors, such as poverty, lack of resources and attitudes. Institutional discrimination is another critical aspect, as legal systems fail to protect migrants with impairments from exploitation or even neglect (De Beco, 2017). For instance, despite international frameworks like the UNCRPD, only a fraction of countries effectively enforce disability rights laws (Lang et al., 2019). Countries such as South Africa have policies; however, their implementations are still challenging. In conflict-affected regions, discrimination is often compounded by displacement, as humanitarian systems fail to incorporate disability-inclusive practices, leaving migrants with impairments more vulnerable to exploitation and neglect (Handicap International, 2017). Discrimination often leads to further isolation during conflict.

Conflicts

Conflicts impact people with physical disabilities due to their limited mobility, dependence on assistive devices, and social exclusion. Research has shown that people with impairments in conflict zones face higher mortality rates because evacuation plans often fail to accommodate their needs (UNHCR, 2020; Pearce et al., 2018). For example, during the Syrian civil war, many people with impairments were left behind due to inaccessible evacuation routes (Kett & Twigg, 2017). Moreover, humanitarian aid systems frequently neglect disability-specific needs, such as accessible shelters, rehabilitation services, and mental health support (Groce et al., 2014). The breakdown of healthcare infrastructure in conflict settings further compounds these challenges, as people with physical disabilities lose access to essential medications and rehabilitation (Handicap International, 2015). Conflicts also perpetuate systemic exclusion, as post-conflict reconstruction efforts often fail to address the needs of disabled populations, leaving them marginalised in recovery processes (Krause, 2020). They usually experience poor access to healthcare and other essential services during conflict.

Poor Healthcare

Healthcare systems in many countries of origin are ill-equipped to address the needs of people with impairments, particularly in low- and middle-income countries. A significant proportion of migrants with impairments lack access to essential healthcare services, with global estimates indicating that nearly 50% of disabled people cannot afford healthcare (WHO, 2019). Barriers include physical inaccessibility of healthcare facilities, lack of trained medical professionals, and insufficient availability of assistive devices (World Bank, 2020). For instance, healthcare facilities in parts of Africa and Asia are often far from rural areas, making them inaccessible to poor individuals with impairments (Kuper et al., 2020). Additionally, healthcare providers frequently lack training in disability-sensitive care, leading to misdiagnosis or neglect of disabled patients (Bright et al., 2018). For example, in 2015, South Africa's Life Esidimeni case patients with psychosocial impairment experienced at least 144 deaths linked to neglect, starvation, dehydration, and lack of medical care. Conflict zones exacerbate these issues, as infrastructure destruction and resource scarcity leave people with physical disabilities with no access to rehabilitation or emergency care (UNHCR, 2021). Addressing these systemic issues requires integrating disability considerations into the health policy and strengthening healthcare delivery systems to ensure equitable access (Lang et al., 2019).

Challenges Experienced in Transitional Spaces

Uncertainty

For people with physical disabilities, uncertainty in transitional spaces is exacerbated by inadequate planning and a lack of adequate support directed to their needs. The unpredictability of migration routes, delays in resettlement, and fear of exploitation can cause psychological stress for people with physical disabilities (Krause, 2020). This is particularly worsened in individuals with intellectual disabilities, who often struggle to understand rapidly changing circumstances (Pearce et al., 2018). Due to inaccessible communication formats, limited access to information leaves migrants with impairments uninformed about their rights and available options (UNHCR, 2020). For example, people with speech impairments might not be able to communicate their needs effectively or

be heard, as most people do not use sign language. Additionally, during the Rohingya crisis, individuals with impairments were not aware of available services due to ineffective dissemination of information (Kett & Twigg, 2017). This uncertainty doubles their vulnerability, contributing to higher rates of anxiety, depression, and feelings of helplessness compared to their non-disabled counterparts (Groce et al., 2014). The uncertainty affects their mobility and transportation to the right host spaces.

Transport

Transport remains the most significant barrier for people with physical disabilities in the transitional places of migration. Most emergency evacuation programs are not accessible, therefore, leaving many disabled refugees stranded (Handicap International, 2017). In the Venezuelan migration crisis, people with physical disabilities were unable to travel due to the lack of affordable and accessible transport (World Bank, 2020). Overcrowded buses pose additional risks, as people with mobility-oriented impairments often face physical harm during transit (Lang et al., 2019). Research highlighted how the cost of transport affects migrants with physical impairments, who are frequently economically disadvantaged (Bright et al., 2018). In cases where transport is accessible, caregivers are usually excluded due to capacity limitations, forcing people with physical impairments to travel alone (Groce & Mont, 2017). These factors highlight the need for coordinated efforts to ensure accessible and affordable public transportation systems during forced migration. Transportation also affects their access to temporary shelter during transition.

Temporary Shelter

Temporary shelters often fail to provide suitable accommodations for people with physical impairments. Reports from the Syrian refugee crisis revealed that over 75% of refugee camps lacked accessible facilities, such as ramps, toilets, and pathways (Kett & Twigg, 2017). Similarly, in Bangladesh, disabled refugees were often confined to their shelters due to inaccessible communal areas (Pearce et al., 2018). Overcrowded living conditions further exacerbate health risks for people with physical impairments, as they are susceptible to secondary infections (UNHCR, 2020). Privacy and safety are significant concerns, especially for women and girls with impairments, who are at higher risk of sexual violence in

poorly secured shelters (Handicap International, 2015). Integrating universal design principles, such as designing products and services that are equitable in use, flexible, and low in physical effort, into emergency shelter planning and allocating resources for disability-specific accommodations, may assist in addressing these challenges (Lang et al., 2019). The temporary shelter might have different issues, such as a lack of food security and adequate water.

Food Insecurity

Food and water insecurity affect people with physical disabilities in transitional spaces due to systemic neglect in distribution processes. Food distribution points are often inaccessible, forcing people with physical disabilities to entirely rely on others (World Food Programme, 2020). A study in Jordanian refugee camps found that disabled refugees were 60% less likely to receive regular food supplies compared to their peers (Kuper et al., 2018). Similarly, water access is often problematic, as migrants with impairments might be unable to navigate long distances to communal water points (UNICEF, 2019). Safety concerns further compound these issues; migrants with impairments are often excluded from safety protocols, leaving them vulnerable to violence, theft, and exploitation (Krause, 2020). Advocacy for inclusive distribution systems and improved security measures is essential to address these disparities affecting people with physical impairments (Groce & Mont, 2017).

Challenges Experienced in Destination Spaces

Poor Healthcare and Residence

Access to quality healthcare and adequate housing remains a critical challenge for disabled migrants in their host destinations. Healthcare services often fail to address disability-specific needs, as facilities are rarely equipped with necessary assistive devices (WHO, 2018). For instance, disabled refugees in Germany reported long waiting periods for rehabilitation services due to the high demand and limited capacity of specialised facilities (Murray et al., 2021). Studies also indicate that language barriers and a lack of culturally competent care further hinder access to healthcare for people with physical disabilities in host countries (Krause & Hordijk, 2021). Sign language is not universal; therefore, it is a

challenge for people with physical impairments who come from different countries.

Temporary accommodations provided to refugees and asylum seekers in host countries often fail to consider accessibility needs, leaving migrants with impairments in unsafe living conditions (UNHCR, 2020). For example, a study in Greece revealed that wheelchair users were frequently assigned to multi-story accommodations without elevators or ramps (Pearce et al., 2018). The lack of disability-specific housing policies exacerbates these challenges, leaving disabled migrants reliant on poorly maintained shelters (Lang et al., 2019). Policies that include migrants with impairments would guide their inclusion. Integrating disability-inclusive strategies into healthcare systems and housing frameworks to ensure equitable access to services and safe living conditions is necessary (Handicap International, 2015).

Education and Skills

Disabled migrants face barriers in accessing education and skill-building opportunities in host countries, which are critical for integration and self-sufficiency. Educational institutions are not designed to accommodate migrant students with impairments, lacking ramps, accessible teaching materials, and trained staff to support diverse learning needs (UNICEF, 2019). For example, a study of Syrian refugees in Turkey showed that disabled migrant children were excluded from education, as schools lacked both the physical infrastructure and the inclusive policies (Kett & Twigg, 2017).

Vocational training programs overlook the specific needs of migrants with impairments, such as providing assistive technologies and adapted teaching methods (Mitra et al., 2017). Furthermore, language classes and resettlement programs rarely offer accommodations for individuals with impairments (Groce & Mont, 2017). Efforts to improve education access and skill-building for disabled migrants must prioritise inclusive practices, including training for educators and policymakers to recognise and address the unique challenges faced by refugees with disabilities (Kuper et al., 2020).

Employment

Employment opportunities for physically disabled migrants are scarce due to structural barriers and pervasive discrimination in host countries.

Many employers perceive migrant people with impairments as less productive and more expensive to employ due to the required accommodations. This leads to their exclusion from the labour market (ILO, 2020). A study in Sweden found that only 15% of disabled refugees were employed within two years of arrival, compared to 40% of non-disabled refugees (Lang et al., 2019).

Even when employment is available, disabled migrants are often given low-wage, informal jobs, where they lack social protections and benefits (World Bank, 2020). Restrictive immigration policies in many host countries prevent asylum seekers, including those migrants with impairments, from working legally, exacerbating economic dependency and poverty (Pearce et al., 2018). The importance of including migrants with impairments is a humanitarian obligation. Gender-based inequalities further complicate things as women with disabilities face compounded barriers due to intersecting forms of discrimination (Krause & Hordijk, 2021). Inclusive labour policies, along with targeted initiatives to provide training and support for disabled migrants, are essential to address these challenges and foster economic empowerment (Handicap International, 2017).

Systemic Protection

The absence of systemic protection in host countries often leaves disabled migrants vulnerable to exploitation, discrimination, and neglect. Many legal and social systems fail to account for the specific needs of migrants with impairments, creating barriers to accessing asylum procedures, legal aid, and social welfare programs (Groce & Kett, 2014). For instance, asylum application processes are mostly inaccessible, with forms and interviews conducted to exclude individuals with visual, auditory, and cognitive impairments (UNHCR, 2020).

Social protection systems, such as disability benefits and housing subsidies, often exclude migrants entirely or impose restrictive eligibility criteria that many cannot meet (Lang et al., 2019). This lack of inclusion forces disabled migrants to rely on non-governmental organisations or informal networks for support (Kett & Twigg, 2017). Weak enforcement of anti-discrimination laws in host countries leaves disabled migrants susceptible to abuse in housing, employment, and public services (Mitra et al., 2017). Strengthening systemic protection requires integrating disability considerations into migration and social policies, alongside

robust enforcement mechanisms to ensure equitable access to services and justice (Krause, 2020).

Recommendations

Governments in countries of origin can be vital in mitigating forced migration and reducing vulnerabilities for migrants with impairments. Conflict Prevention and Resolution: Governments must actively resolve conflicts, exacerbating the plight of migrants with impairments. For example, in Syria, people migrants with impairments were impacted due to inaccessible evacuation routes and the destruction of healthcare infrastructure (Kett & Twigg, 2017; Krause, 2020). Governments must integrate disability-inclusive practices into peacebuilding and reconstruction efforts. Strengthening Disability Rights means ratifying and implementing the UN Convention on the Rights of Persons with Disabilities (CRPD). Evidence from countries like South Africa shows that inclusive policies significantly reduce vulnerabilities and improve access to education and healthcare (Lang et al., 2019; Mitra et al., 2017). However, the implementation is still a great challenge.

Economic and Social Development: Governments should focus on poverty alleviation programs tailored for migrants with impairments, as economic exclusion often forces migration. Microfinance programs in Bangladesh, for instance, demonstrated positive outcomes when designed inclusively (Groce & Mont, 2017; Kuper et al., 2020). Disaster Preparedness: Inclusive disaster risk reduction frameworks are essential, especially in regions prone to natural disasters. Accessible evacuation routes, early warning systems, and disability-specific emergency plans have effectively reduced casualties (Handicap International, 2015; UNHCR, 2020).

Governments of Destination Countries. Host governments must implement robust policies to accommodate and integrate disabled migrants. Inclusive Legal Frameworks: Legal frameworks must ensure accessibility to asylum processes. In Europe, countries like Germany have begun adapting asylum procedures to include disabled applicants, though gaps remain (Murray et al., 2021). Streamlined systems should incorporate accessible communication formats, interpreters, and reasonable accommodations (Groce & Kett, 2014).

Accessible Healthcare and Housing: Healthcare services must address the specific needs of disabled migrants, including mental health and rehabilitation services. Research in Jordan and Lebanon highlights the

urgent need for accessible healthcare services in refugee camps (Krause & Hordijk, 2021). Housing policies must prioritise accessibility, as seen in Sweden's efforts to design inclusive accommodations for disabled refugees (Lang et al., 2019). Education and Employment Opportunities: Host governments should invest in inclusive education and vocational training for disabled migrants. For example, Canada's focus on inclusive education for refugee children has improved integration outcomes (UNICEF, 2019; Kett & Twigg, 2017). Employment opportunities must include anti-discrimination laws and incentives for employers to hire disabled migrants (ILO, 2020).

Strengthening Protections: Host countries must enforce anti-discrimination laws and provide social safety nets. Evidence from Italy shows that integrating disabled migrants into national welfare systems reduces their reliance on humanitarian aid (Pearce et al., 2018).

International Non-Governmental Organisations (INGOs). INGOs must play a proactive role in filling gaps in service delivery and advocating for disability-inclusive policies. Service Provision: INGOs must ensure all humanitarian programs are accessible and inclusive of migrants with impairments. Handicap International, for instance, has integrated rehabilitation services into emergency responses in Lebanon and Bangladesh (Handicap International, 2015).

Advocacy and Awareness: INGOs should amplify the voices of disabled migrants and advocate for increased funding and policy changes at national and international levels (Mitra et al., 2017).

Collaboration with Local Actors: Partnering with local organisations enhances cultural sensitivity and ensures the sustainability of programs. Successful collaborations have been documented in Uganda and Kenya (Pearce et al., 2018; Lang et al., 2019). This means that if one stakeholder fails, the next is able to cover.

Research and Data Collection: INGOs must prioritise research to identify the specific challenges disabled migrants face. Data from the World Bank underscores the need for targeted interventions based on evidence (World Bank, 2020).

In addition to disability and migration identities, other intersecting identities can shape a person's experiences and deepen their exclusion. These may include gender, sexual orientation, age, race, education and religion. Intersectionality helps us understand how these multiple identities interact to produce unique forms of oppression. Women and girls with disabilities who migrate often face heightened risks of gender-

based violence (GBV), trafficking, and exploitation (Moodley & Graham, 2015). Homophobic LGBTQAI+ migrants with disabilities may experience homophobic attitudes and challenges in accessing services (Thompson et al., 2023). Children and older people, children with disabilities who migrate, may be denied access to education or placed in inappropriate care settings (Bixby, 2024). Limited education can restrict access to services, rights, or information. Migrants may struggle to access faith-based spaces that are physically or socially accessible (Thompson et al., 2023).

Implications

People with physical disabilities who are forced to migrate face unique challenges. They often struggle to access basic services and lack support. Humanitarian systems are usually not equipped to meet their needs, leading to exclusion. Policies frequently overlook disability, and legal protections are poorly enforced in refugee contexts. Social integration is also more complex due to stigma and inaccessible systems. Addressing these issues requires inclusive planning, legal reform, better data collection, and collaboration between refugee and disability advocates.

Conclusion

In conclusion, the intersection of disability and forced migration is often overlooked as a humanitarian crisis of our time. People living with physical disabilities are among the most vulnerable in forced migration contexts, due to compounded challenges of systemic neglect, discrimination, and exclusion. From their displacement in original spaces to the uncertainties of transit and the barriers to integration in host spaces, they are rendered invisible in migration and humanitarian efforts. Governments in countries of origin have a profound responsibility to address the root causes of forced migration, such as poverty, conflict, and social inequities, while enshrining disability rights within their national policies. Host nations must go beyond temporary measures and adopt inclusive frameworks that prioritise accessibility in healthcare, education, housing, and employment. The United Nations and international organisations must leverage their influence to champion disability-inclusive migration policies and ensure global accountability, while mobilising resources to bridge systemic gaps. Local communities, often the first point of contact for displaced individuals, hold the power

to foster acceptance, reduce stigma, and build environments where disabled migrants are not just accommodated but valued and empowered. Addressing the plight of people with impairments in forced migration is about transforming systems to uphold the principles of dignity, equality, and human rights. By placing disability at the forefront of global migration and humanitarian agendas, we affirm a collective commitment to inclusivity and justice. The international community cannot afford to delay; every failure to act compounds the suffering of millions already left behind.

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