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Beyond the Promise of Inclusion: Violence, Exclusion, and Collective Political Responsibility towards Women with Disabilities

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Abstract

Despite Indonesia's ratification of the CRPD and the enactment of Law No. 8/2016, women with disabilities continue to experience widespread gender-based violence. This article analyzes the structural causes of such violence through an intersectional feminist lens, drawing primarily on Iris Marion Young's Social Connection Model of political responsibility. Employing a feminist perspective grounded in the advocacy experiences of civil society organizations (Pusat Rehabilitasi YAKKUM and SIGAB), as well as data from the 2024 National Assembly of Women with Disabilities, this article argues that such violence is rooted in systemic exclusion and the failure of state and society to transform unjust structures. The findings call for collective political responsibility and inclusive governance that centers the knowledge, voice, and agency of women with disabilities—not as passive beneficiaries, but as active political subjects.

Keywords: gender-based violence, women with disabilities, political responsibility, intersectionality, inclusive governance

Introduction

Over the last century, advocacy for the rights of persons with disabilities has undergone a major transformation. This has been driven by shifting social attitudes and transnational political mobilisation. Historically, disability was viewed through a medical lens that normalised stigma and isolation. This model positioned persons with disabilities as 'patients' who needed to be cured or hidden from public spaces. This perspective has led to discriminatory practices such as institutionalisation and forced sterilisation, shaping social structures that exclude persons with disabilities from fundamental rights, including education, employment, and political participation (Moser 2023; Mulyanyuma 2025).

A paradigm shift began to occur in the mid-20th century, known as the 'Social Model of Disability'. Within this framework, as emphasised by Susan Wendell, disability is understood not merely as an attribute of the individual body, but as the result of a social design that fails to accommodate human diversity. This concept will be examined in depth in the analysis section and is crucial for understanding the experiences of women with disabilities in Indonesia, particularly in relation to other identities such as gender, class, and age.

Global and national data reinforce this, showing that the exclusion of women with disabilities is not merely the result of individual incidents but rather a systemic consequence of social designs that disregard bodily diversity and life experiences. Globally, it is estimated that 1.3 billion people, around 16 per cent of the total world population, have a disability (WHO 2023). Data also shows that the proportion of women with disabilities is higher than that of men, potentially influenced by factors such as women's longer life expectancy and the high prevalence of disabilities related to reproductive roles and social responsibilities. In Indonesia, 22.5 million people have a disability, accounting for around 8.5 per cent of the total population (BPS 2020). However, this figure is not matched by equal rights and protection, particularly for women. They are often marginalised in the formulation and implementation of public policies, despite facing a double burden in that they are both women and persons with disabilities.

Indonesia has demonstrated its normative commitment through the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), as well as through enacting Law No. 8 of 2016 on Persons with Disabilities. This Law guarantees the right to education,

health, employment, accessibility, protection from violence, and political participation, with specific articles relating to women and children with disabilities as vulnerable groups. This commitment aligns with the 'no one left behind' principle of the Sustainable Development Goals (SDGs).[3]

Nevertheless, these normative commitments have not altered institutional practices or social norms, which continue to marginalise women with disabilities from decision-making processes that affect their lives. The discrepancy between legal affirmation and concrete experience highlights a significant structural disparity. This situation is reinforced by the results of a policy brief from YAKKUM Rehabilitation Centre and SIGAB (2024), compiled based on focus group discussions in 21 regions. The report reveals that violence against women with disabilities is not an isolated incident, but rather a widespread geographical and systemic issue. In 14 of the 21 regions, violence was reported as a frequent problem, including sexual and physical violence, confinement, and neglect. This is particularly prevalent among women with mental and sensory disabilities and results in their exclusion from the workforce due to limited access, discrimination, poverty, and skill barriers. Komnas Perempuan (2023) also recorded 105 cases of violence against women with disabilities, most of which affected those with mental and sensory disabilities. This group faces significant barriers in communication, representation, and access to justice. However, this number is believed to only reflect the tip of the iceberg, given that many cases go unreported due to social pressure, ignorance of procedures, or the unavailability of accessible services.

At a minimum, every woman with a disability who has experienced violence has encountered two to six forms of violence simultaneously (FORMASI 2022). According to the SAPDA Annual Report (2021), 81 cases of violence were reported, the majority of which occurred among people with hearing impairments (31 cases). This was followed by people with intellectual disabilities (22 cases) and people with mental health conditions (14 cases). Disability-based violence was the most common form of violence in this dataset, accounting for 39 cases. This was followed by sexual violence/rape (18 cases) and psychological violence within the household (15 cases). Therefore, women with disabilities are highly vulnerable to multiple forms of violence, even on an annual basis.

Consequently, violence against women with disabilities must be recognised as a manifestation of deeply rooted and institutionalised social structures in physical, symbolic, and policy forms, rather than a personal issue. These structures create vulnerability and limit women with disabilities' ability to present their experiences as legitimate political knowledge. This paper is based on the authors' experience of participating in civil society movements and organisations, and their commitment to feminism, revealing how marginalised bodies embody the most pressing political issues that require attention.

Research Methodology

This study adopts a feminist approach, drawing on the collective experiences of civil society organisations working with women with disabilities. Particular focus is given to YAKKUM Rehabilitation Centre and SIGAB. As participants in the gender justice movement for women with disabilities, the authors do not position themselves as external observers, but as individuals directly involved in advocating for, documenting, and defending the rights of women with disabilities in various regions of Indonesia. This enables the authors to access contextual knowledge that cannot be obtained through external observation methods.

Data was obtained from various sources, including documentation of cases of violence and discrimination, internal strategic discussions within the organisation, reflective interviews with SIGAB representatives in March 2025, policy briefs from the 2024 National Conference on Women with Disabilities, and internal documents from YAKKUM Rehabilitation Centre and SIGAB. The feminist perspective adopted here rejects the notion of neutral and androcentric objectivity in the social sciences (Hesse-Biber 2014; Smith 1987). Instead, it emphasises the importance of researcher reflexivity, alignment with the research subjects, and recognition of bodily experience as a source of knowledge (Haraway, 1988). Within this framework, the community of women with disabilities is understood to be active political subjects who produce knowledge through collective work (Collins 2000), rather than passive objects of observation.

Data analysis was conducted using a critical thematic method, framed by Iris Marion Young's (2006) model of social responsibility. This model of social connection views injustice as arising from social structures formed and perpetuated collectively through intricate networks of relationships. Thus, responsibility for inequality is not retrospective or individual, but rather prospective and collective. Young's framework was the primary analytical

tool for interpreting the focus group discussions (FGDs) and interview data, and for linking the experiences of women with disabilities to a broader network of social responsibility. Through this lens, the vulnerability of women with disabilities is seen to arise from unequal social structures, while also emphasising the strategic role of organisations such as YAKKUM Rehabilitation Centre and SIGAB in breaking and dismantling the cycle of injustice.

Justice and Social Responsibility: Reading the Vulnerability of Women with Disabilities through a Feminist Lens

To understand the violence and exclusion experienced by women with disabilities, we must reject the assumption that vulnerability stems from the individual body. As Susan Wendell (1996) emphasises, disability is a social construct. It arises from society designing the world only for 'normal' bodies. When infrastructure, public services, and social norms fail to accommodate bodily diversity, vulnerability becomes a consequence of structural failure rather than a natural state of being.

Within this framework, Young (2006) broadens our understanding of responsibility for structural injustice. She rejects individualistic approaches that seek a single perpetrator or malicious intent as the source of the problem. In her proposed social connection model, all socially connected actors — whether individuals, institutions, or states — have a political responsibility to participate in changing unjust structures. This responsibility is both prospective and collective. In other words, it does not depend on past errors, but rather on a current commitment to addressing inequality.

Young asserts that disability is not a deviation from 'normality', but part of human diversity. When this diversity is used as a basis for exclusion and is not included in the norm of justice, social structures will create injustice. Injustice occurs when individuals or groups are systematically prevented from participating equally in social life. For women with disabilities, these barriers are layered and arise from the intersection of gender, disability, class, and heteropatriarchal norms that permeate state institutions, families, and society.

Young's model provides a key framework through which to understand the power relations, privileges, interests, and collective capacities of the various actors — direct or indirect — involved in the inequalities experienced by women with disabilities in Indonesia. This paper uses the four main parameters of Young's model — power, privilege, interest, and collective ability — to analyse how responsibility for structural violence and exclusion can and should be distributed among various actors, including the state, legal institutions, public service providers, civil society organisations, and affected communities.

Firstly, according to Young, power is defined as the capacity of a person or group to influence social conditions and decisions affecting the lives of others. In the context of injustice, those in power can maintain or change oppressive structures. Secondly, privilege is the advantage or benefit that a person gains because of their higher social position, which is often unrecognised by the person themselves. This privilege allows easier access to resources and opportunities. Thirdly, interest refers to the motivation that drives individuals or groups to maintain or change certain social structures, which are usually related to personal or group gain. Finally, collective ability is the shared capacity of a group of people to act collectively and change unjust social conditions, especially when there is a common interest and organised power (Young 2006; McLaren 2019). In the context of women with disabilities, these four factors are interconnected. When privilege and power are used to maintain the status quo, collective ability is required to dismantle it. This is where the political responsibility of each individual is tested.

Although Young does not explicitly use the term 'intersectionality', she acknowledges that injustice becomes more complex when it intersects with other social categories. This aligns with Crenshaw's (1989) approach, which shows that women with disabilities from disadvantaged backgrounds experience multiple forms of exclusion because they are at the intersection of various systems of oppression. Meanwhile, feminist thinkers such as Garland-Thomson (2002) and Oliver (2010) reject the medical model of disability, which considers it an individual disorder. They argue that injustice stems from social structures that recognise only homogeneous subjects — those who are healthy, productive, and independent — meaning that anyone who does not fit this mould is deemed 'disabled'.

Therefore, violence against women with disabilities is not an anomaly, but a logical consequence of a social system constructed without consideration for the diversity of bodies and experiences. Ableism, or the structure of thinking that equates 'normal humans' with 'ideal humans', works hand in hand with patriarchy and capitalism to demean, erase, and exclude women with disabilities from social and political spaces.

Table 1.
Issues that frequently arise in relation to women with disabilities in 21 regions

Region	Main Issues
Gunung Sitoli, Nias	Poverty, Working Women
Tangerang City, Banten	Female Workers
Wonogiri Regency, Central Java	Working Women, Economy
Sukoharjo Regency, Central Java	Working Women, Violence against Women, Child Marriage
Purworejo Regency, Central Java	Working Women, Women's Leadership and Participation
Kebumen Regency, Central Java	Violence against Women
Banjarnegara Regency, Central Java	Violence against Women, Women's Health
Bantul Regency, DIY	Violence against Women, Women's Health, Working Women
Gunungkidul Regency, DIY	Child Marriage, Violence against Women, Women's Health, Working Women
Kulon Progo Regency, DIY	Poverty, Working Women
Sleman Regency, DIY	Poverty, Working Women, Women's Leadership and Participation, Violence against Women
Situbondo Regency, East Java	Poverty, Working Women, Women's Leadership and Participation, Women's Health, Violence against Women
Probolinggo City, East Java	Poverty, Working Women, Women's Health, Violence against Women, Women and Children in Conflict with the Law
Samarinda City, East Kalimantan	Poverty, Women's Health
Balikpapan City, East Kalimantan	Poverty, Women Workers, Gender-Responsive Economics, Women's Leadership and Participation, Women's Health, Violence against Women, Women and Children in Conflict with the Law
East Lombok Regency, NTB	Poverty, Child Marriage
Southwest Sumba Regency, NTT	Poverty, Health, Violence against Women
Kupang Regency, NTT	Poverty, Women and the Environment, Women Workers, Women's Leadership and Participation, Health, Violence against Women, Women and Children in Conflict with the Law
Rote Ndao Regency, NTT	Poverty, Women and the Environment, Violence against Women
Mamuju Regency, West Sulawesi	Violence against Women, Women's Health
Sorong City, Southwest Papua	Women and the Environment, Gender-Responsive Economics, Women's Health

Source: Compiled from the FGDs database in 21 regions by YAKKUM Rehabilitation Centre and SIGAB (2024)

Data from Focus Group Discussions (FGDs) in 21 regions, compiled in the 2024 National Conference on Women with Disabilities, shows a consistent pattern: the problems faced by women with disabilities are closely intertwined with social, cultural, and legal structures that fail to accommodate their needs. Two issues that almost always arise in every region are poverty, women's involvement in the workforce, and violence against women. In-depth interviews with YAKKUM Rehabilitation Centre and SIGAB (April 2025) also reveal that the issue of women with disabilities not being recognised as legal subjects is complex.

As Young concludes, injustices that appear 'normal' or 'neutral' are often the most powerful in reproducing oppressive structures. Therefore, the responsibility to effect change must be understood not as an individual burden, but as a collective and transformative project requiring the political involvement of all parties.

Structural Violence against Women with Disabilities

Violence against women with disabilities cannot be understood as an individual problem, but rather as a manifestation of society's and the state's failure to provide a safe and accessible environment. Findings from YAKKUM Rehabilitation Centre and SIGAB identified nine key issues, ranging from poverty and limited access to employment and health services to child marriage and exclusion from decision-making processes. These issues are intertwined and form a cycle of vulnerability. This confirms that these barriers

are not a natural consequence of physical conditions, but rather the result of biased social designs that label certain bodies as 'abnormal'. This bias gives rise to stigma: people with disabilities are viewed as a disgrace, a deficiency, or even a 'punishment' for the sins of their families. This exacerbates psychological wounds and restricts the living space of women with disabilities (Masduqi 2010).

In the context of violence, social failure is evident in the way families and law enforcement agencies ignore the accommodation needs of women with disabilities. These various forms of violence do not exist in isolation. Reports note that sexual and domestic violence often occur simultaneously, creating a cycle of domestic domination that traps women with disabilities in a position of dependence and silences them. Often, the violence is ignored or considered normal because the perpetrator is a family member or because the victim is deemed incapable of providing valid testimony (Manalu & Arivia 2016; Hendrastiti & Wardhani 2021).

> "The more severe the disability, for example, an intellectual disability, or multiple disabilities such as deaf-blindness or visual impairment, the further away they are from access to justice. The more severe the disability, the more layers of discrimination there will be" (Purwanti, SIGAB 2025, Interview 1 May).

Many law enforcement officials still lack sensitivity to gender and disability issues. This statement also reveals the reluctance of legal institutions to provide accommodation for people with severe disabilities, as well as the weak collective ability of legal actors to design inclusive procedures. Oliver and Barnes (2010) emphasise that impairment can be limiting, but that disability itself is created by discriminatory cultural, social, and environmental barriers.

Therefore, violence against women with disabilities must be understood as a form of structural violence that cannot be resolved on a case-by-case basis. Instead, systemic transformation and collective redistribution of political responsibility are required, as emphasised in Iris Young's social connection model. We are all connected to the structures that produce this violence — the state, civil society, and individuals — and therefore we all share responsibility for dismantling them. One of the most obvious manifestations of structural violence is economic exclusion. Inequality in the labour market and limited access to resources impoverish women with disabilities, narrowing their life choices and perpetuating the cycle of dependency.

The Feminisation of Poverty as An Implication of Economic Exclusion

In Indonesia, for example, the poverty rate among persons with disabilities is 13.81 per cent, far above the national average of 9.36 per cent (SUSENAS 2023; World Bank 2024). The government has set a target for 60 per cent of persons with disabilities to be employed in the formal sector by 2024. However, only 0.55 percent of the total national workforce — approximately 763,925 people — are currently employed. This indicates a structural failure to provide fair access to work. The recruitment system remains very ableist, lacking adequate work accommodations such as flexible hours, physical accessibility, and adaptive training.

The majority depend on the informal sector, such as agriculture or self-employment. Meanwhile, participation in the formal sector — including state-owned enterprises (SOEs), private companies, and government agencies — remains minimal. For example, data from 2021 shows that only 5,825 persons with disabilities are employed in the formal sector, of whom 1,271 work in SOEs and 4,554 work in private companies. Even more concerning is that around 35.9 per cent of persons with disabilities choose to become entrepreneurs or work in the informal sector, indicating structural barriers to accessing formal employment. Their labour force participation rate also remains low, ranging from 21 to 46 per cent — far below that of non-disabled groups. These facts reveal the gap between policy and implementation. Although employment inclusivity targets have been set, real challenges such as discrimination, a lack of accessibility, and limited training remain major barriers for persons with disabilities in Indonesia.

The above data shows that women with disabilities often experience a disproportionate impact of poverty compared to men with disabilities. In order to meet their basic needs and participate in the workforce, they face multiple barriers (Chant 2006; Humphrey 2016). The concept of the feminisation of poverty encompasses the causes of women's limited access to productive resources, such as land, credit, and education; their overrepresentation in low-paid and insecure jobs; the burden of unpaid reproductive work; and barriers to socioeconomic mobility resulting from discriminatory cultural norms, laws, and labour markets.

Adopting an intersectional approach reveals that the vulnerability of women with disabilities is interrelated and interlocking. Wendell (1996) and Anita Ghai (2015)

demonstrate that disability is a deeply rooted social construct involving body norms, accessibility, and discriminatory structures. The feminisation of poverty is a social and economic condition that traps women in a cycle of poverty due to their unequal access to economic resources (Arista et al. 2020). Therefore, it is crucial to consider this condition when analysing the interconnected vulnerabilities of women with disabilities. This is important because women with disabilities often experience the feminisation of poverty in multiple ways, facing limited access to education and employment, cultural stigma, and the invisible burden of double care work. Therefore, the feminisation of poverty is not only a gender issue, but also intersects with disability, placing women with disabilities in an extremely vulnerable position in relation to structural poverty.

It traps women with disabilities in a cycle from which they cannot escape due to their lack of access to resources and services (UN Women 2000). This is consistent with SIGAB's case assistance data, which records numerous cases of violence against women with disabilities. From 2020 to 2021, SIGAB recorded 16 cases of sexual violence, 6 cases of domestic violence, 2 cases of human trafficking, 1 case of prostitution, and 1 case of violence against women. From 2021 to 2022, there were 12 cases of sexual violence and 14 cases of domestic violence. From 2023 to the present, there have been 40 cases of sexual and domestic violence against women with disabilities. This data clearly shows that the violence experienced by women with disabilities is closely linked to poverty.

YAKKUM Rehabilitation Centre and SIGAB (2024) have emphasised the urgency of this situation. Poverty drives violence and remains a priority issue for women with disabilities in Probolinggo and Situbondo (East Java), Samarinda and Balikpapan (East Kalimantan), Gunungsitoli (North Sumatra), Rote Ndao, Southwest Sumba and Timor Island (East Nusa Tenggara), Sleman, Bantul and Kulon Progo (Special Region of Yogyakarta), and East Lombok (West Nusa Tenggara). This is consistent with Kabeer and Sweetman's (2015) view that women's experiences of poverty can manifest as violence and abuse within marriage and the family, increased hunger due to norms that prioritise others over women when eating, and other forms of gender-based suffering.

One example can be seen in Sleman Regency, as evidenced by data from YAKKUM Rehabilitation Centre and SIGAB. Many women with disabilities in this region were born and raised in poverty. In 2023, Sleman's poverty rate was recorded at 7.52 per cent. It is estimated that there were 7,162 persons with disabilities in the region the previous year. If we assume that 50.34 per cent of these were women, there would have been at least 3,581 women with disabilities. However, this is likely an underestimation, given that many families do not report having disabled children as they consider it shameful.

Unfortunately, the difficulty of working in the formal sector is not offset by support for disabled people who want to start a business. In an interview with SIGAB, it was revealed that a person's disability can affect a bank's decision to grant a loan. Banks tend to be reluctant to provide business loans, only offering services for opening and managing regular savings accounts.

> "A friend who is visually impaired wanted to apply for a loan at a bank. He had savings of around 10 million rupiah, if I recall correctly. He wanted to borrow around 10 million rupiah as well, as he thought it would be a good source of business capital — he would borrow the money while keeping the 10 million rupiah in savings, just in case of any sudden expenses. Moreover, he does not have health insurance or anything else. The bank's response was very simple. They said, 'Well, sir, just use your savings. You already have savings; why borrow?' This highlights the stigma that disability can affect one's ability to make instalment payments and meet other requirements. Therefore, within our disability community, we have started setting up community-managed cooperatives" (Purwanti, SIGAB 2025, Interview 1 May).

This case reveals ableist privilege: non-disabled people have unhindered access to credit, while women with disabilities are forced to prove their economic eligibility and combat the stigma surrounding their bodies. The banking sector is clearly not neutral here, as it perpetuates the 'ideal body' norm when assessing credit risk. This means that the financial market functions as a mechanism for reproducing ableism. Some people believe that providing resources for people with disabilities is merely charity or philanthropy, but in fact, it is the responsibility of the state, the market, and society to provide resources that address the situation of disability.

Assuming that persons with disabilities are 'unproductive' puts them in a double bind: they have limited access to resources because they are excluded from the labour market or only work in the informal sector, where wages are low. At the same time, they are excluded from decent work because they lack the resources to contribute fully (Matthews, 1983; Hannaford, 1985). This creates a structural trap that positions women with disabilities as a burden rather

than as legitimate economic and social actors. It is this view of productivity, measured only by non-disabled standards, that causes the banking sector to reject people with disabilities as legitimate economic actors. In Indonesia, Law No. 8 of 2016, Article 9, which regulates the right to justice and legal protection, including equal opportunities without discrimination in all aspects of state and community administration, fails to guarantee access to economic opportunities.

This situation exacerbates the feminisation of poverty experienced by women with disabilities. Their efforts to escape poverty often result in them being denied access to resources, including credit, land, and inheritance (UN Women 2000). The intersection of gender and disability creates multiple layers of marginalisation. Women with disabilities experience the feminisation of poverty (Pearce 1978; UNIFEM 2005; Kabeer & Sweetman 2015) as well as disability-based discrimination, which exacerbates their vulnerability. Patriarchal norms exacerbate this further: men with disabilities are recognised as having the potential to work or marry, whereas women with disabilities are viewed as weak and have a lower social status (Begum 1992; Gerschick 2000). Consequently, unemployment rates among women with disabilities remain high (Priestly 2001) and are exacerbated by social stigma and economic exclusion.

Barnes (2017) and Oliver (1996) emphasise the importance of an intersectional approach in disability politics, as accessibility issues are becoming increasingly complex for marginalised groups. ILO data from 2023 shows that women with disabilities are twice as likely to be unemployed as women without disabilities. Unfortunately, this situation is difficult to measure accurately due to weak data systems. Irwanto et al. (2010) estimate that over 4.5 million persons with disabilities are not recognised by the state, and data collection remains inadequate to this day. The stigma surrounding disability as a disgrace makes many families reluctant to report it, resulting in many women with disabilities not being administratively registered and being denied access to social protection services.

This has systemic implications, as they are unable to access various social protection services even though they meet the substantive beneficiary criteria. Social security policies must be sensitive to the differences among vulnerable individuals and communities. The state is responsible for ensuring that the basic needs of women with disabilities are met, which can only be achieved if the state actively and fairly recognises and responds to the diversity of conditions. Economic exclusion is intertwined with legal vulnerability; poverty and stigma limit women with disabilities' access to legal protection when they are victims of violence.

Legal Vulnerability and Gender-Based Violence

The violence experienced by women with disabilities is not an isolated incident, but rather a reflection of social and legal structures that actively produce vulnerability. These structures fail to recognise the diversity of bodies and abilities, instead reinforcing norms that treat certain bodies as the standard for citizenship. The high rate of gender-based violence against women with disabilities is inextricably linked to the intersectional vulnerabilities they face, such as limited access to communication and mental health services, and unequal power relations within families and wider society. Often, women with disabilities are not considered to have the authority to report violence they have experienced. They are excluded from the justice system not due to a lack of evidence, but because the system was never designed to hear their voices.

According to the policy brief from the 2024 National Conference on Women with Disabilities, regions that have documented violence against women and children with disabilities include Timor Island and Southwest Sumba (East Nusa Tenggara), Bantul, Gunungkidul, Sleman, and Kulon Progo (Special Region of Yogyakarta), Balikpapan (East Kalimantan), Situbondo and Probolinggo (East Java), Mamuju (West Sulawesi), and Kebumen and Banjarnegara (Central Java). However, these conditions can certainly occur in all regions of Indonesia. A lack of documentation from local governments regarding the vulnerability of women with disabilities to violence hinders the efforts of non-governmental organisations (NGOs) and civil society organisations (CSOs) to mitigate the issue.

> "When access to legal aid, legal protection, and paralegals is unavailable in their neighbourhood, women with disabilities do not know where to seek help when such situations arise. Ultimately, the solutions that are often adopted are to accept it as bad luck, to marry the victim of sexual violence to the perpetrator, or to impose a fine on the perpetrator. This is a challenge at the community level" (Purwanti, SIGAB 2025, Interview 1 May).

The absence of responsive legal access is a clear expression of institutional exclusion. Within the framework of Young's social connection model, this failure is not merely a matter of individual or institutional negligence, but a form of institutionalised

and perpetuated structural injustice. The state, communities, and legal systems collectively reinforce exclusion when no serious efforts are made to create a legal infrastructure that accommodates women with disabilities.

Article 1320 of the Civil Code defines a legal subject as someone with a 'sound mind', which is an example of how the law can exclude certain people. The term 'sound mind' is often used to deny the legal validity of women's experiences of sexual violence if they have intellectual or psychosocial disabilities. In cases of sexual violence, those who are unable to verbally or physically refuse are deemed not to have experienced violence. This legal logic completely ignores the diversity of bodily expression and capacity.

> "There are no legal policies related to how disability is dealt with in the legal system. This sometimes causes law enforcement officials to struggle, leaving them uncertain about which references to use and how to handle cases" (Purwanti, SIGAB 2025, Interview 1 May).

The absence of policy harmonisation, training for law enforcement officials, and legal provisions for persons with disabilities creates an exclusive legal ecosystem. If it is not accompanied by practical structural changes, Law No. 8 of 2016 is merely symbolic. According to a report by YAKKUM Rehabilitation Centre and SIGAB (2024), women with disabilities continue to face legal discrimination due to low structural capacity and non-inclusive legal policies.

Young argues that justice lies not in formal equality that treats differences neutrally, but in recognising positional differences and collectively committing to dismantling exclusive social systems. When the state fails to provide accessible reporting mechanisms for deaf women or the legal system requires 'perfect bodily expression' to acknowledge violence, this is not neutral; it is actively produced by a biased social design that only accommodates privileged groups. In this case, these are able-bodied women.

Inclusive Participation: Between Tokenism, Power and Marginalised Knowledge

Policies that recognise the rights of persons with disabilities do not automatically change social structures. In many public forums, the participation of women with disabilities remains tokenistic: they are invited to attend, but lack the power to determine the agenda or direction.

As discussed in the YAKKUM Rehabilitation Centre FGD, health barriers, access barriers, and biases in the definition of 'expertise' limit the opportunities for women with disabilities to contribute meaningfully. As Manalu (2021) argues, mainstream theories of justice often fail to recognise the layered injustices resulting from the intersection of social identities because they depart from the assumption of a gender-neutral 'abstract subject' detached from historical context. Feminist critiques of this model emphasise the importance of interactive universalism (Benhabib 1992), which combines the principle of universal justice with the ethics of care in order to nurture differences. This approach ensures the participation of women with disabilities is equal and dialogical, and recognises their experience-based knowledge as valid.

In the 21 areas assisted by YAKKUM Rehabilitation Centre and SIGAB, the exclusion of women with disabilities is not an anomaly but a recurring pattern. They are not only excluded from decision-making processes, but also marginalised socially and politically. As noted in the YAKKUM Rehabilitation Centre FGD:

> "If they have specific medical needs, the obstacles increase. Access to health facilities is very low. Families are often reluctant to take them for check-ups or to buy medicine" (YAKKUM Rehabilitation Centre 2025, FGD 6 May).

In this context, the state's invitation to the disability community to participate in public forums is merely tokenistic. It resembles a legitimisation procedure rather than a democratic practice. Involvement remains at the level of tokenism. As Purwanti stated on 1 May 2025:

> "We, the grassroots, are usually only involved at the public consultation stage. As a result, our voices are often only heard briefly and not loudly enough to influence policy content. Public consultation forums tend to be formalities."

This situation reflects the state's power to control the participation agenda while maintaining a structure that does not provide equal access to experience-based knowledge. Even when women with disabilities are present, their voices are drowned out by a system that defines 'expertise' narrowly based on formal education alone. Experience, activism, and embodied knowledge are viewed as inferior. This creates a systematic form of epistemic exclusion.

> "The problem is that the criteria for being considered an 'expert' in Indonesia are still very narrow. In fact, there is

> no academy or formal discipline that specifically studies disability rights. If community involvement, especially that of women with disabilities, is so important, then these individuals should be included in the drafting team from the outset" (Purwanti, SIGAB 2025, Interview 1 May).

From a feminist perspective, the knowledge of women with disabilities who experience oppression on a daily basis should inform policy transformation rather than being marginalised. When community activists, advocates, and survivors are only involved symbolically, the state fails to understand the roots of injustice and also misses out on the most authoritative source of change. Unfortunately, in many forums and policy processes, CSOs — especially disability organisations — and feminists and women's rights activists are still often strategically absent. The experiences of women with disabilities cannot be reduced to disability issues alone; they are also closely related to patriarchal power relations, the erasure of bodies from public spaces, and layered marginalisation.

Meaningful participation is not merely a matter of quantitative presence or representation quotas. It is a matter of power and structural change. In other words, it is not just about sitting on committees, but also about forming political alliances that ensure power is redistributed, knowledge is legitimised, and there is genuine access to decision-making processes. As long as policy-making is dominated by technocratic 'experts', while the voices of women with disabilities and feminist disability CSOs continue to be marginalised, structural and transformational approaches will continue to fail. Broad involvement is needed, but it must also be informed and recognise marginalised groups as active participants in the fight for justice.

According to Young's framework, the injustice experienced by women with disabilities constitutes a form of structural injustice whereby the social system systematically disadvantages certain groups. As this injustice is produced and perpetuated by recurring patterns of social relations, responsibility for changing it must be collective. The state certainly bears the greatest responsibility due to the extent of its power and resources. However, ethical and political responsibility also lies with all social actors within the network of injustice, including civil society, the private sector, academia, and citizens.

Young's model of social connection rejects the notion that responsibility lies solely with legal figures, direct perpetrators, or a single party. Instead, she emphasises that no position is neutral and that anyone with power, privilege, interests, or collective capacity bears greater responsibility for building justice. This includes feminist NGOs, human rights organisations, and progressive religious networks, which are symbolically and strategically in a position to drive change.

In practice, however, these organisations' engagement with disability issues remains limited. Their support is often incidental or only appears at certain moments, rather than forming part of a sustainable strategy. If meaningful change is to be achieved, the substantive involvement of feminist disability CSOs is essential. Without organised solidarity across movements, the struggle of women with disabilities will continue to be fragmented and marginalised. In this context, meaningful participation requires the fulfilment of at least three main conditions: Firstly, redistribution of power: women with disabilities must be involved as policymakers, not merely as informants or symbols. 2) The legitimisation of experiential knowledge: their bodies and life experiences must be recognised as sources of knowledge that are equal to those of experts or academics. Thirdly, transformation of representation structures is required, meaning that the criteria for 'expertise', the design of public forums, and the legal drafting process must be more inclusive and responsive to community needs.

The good practices demonstrated by YAKKUM Rehabilitation Centre and SIGAB prove that structural change is achievable. The implementation of inclusive justice in Gunungkidul, for instance, is now being replicated nationwide. Progressive policies such as Government Regulation No. 39 and the Law on Sexual Violence Crimes (TPKS), as well as Attorney General Regulation No. 2 of 2023, are the result of cross-sectoral collaboration and sustained community advocacy.

> "One of the remarkable achievements is the implementation of inclusive justice. The creation of significant policies such as Government Regulation No. 39, the TPKS Law, and Attorney General Regulation No. 2 of 2023 is the outcome of consistent collective advocacy" (YAKKUM Rehabilitation Centre 2025, FGD 6 May).

These changes are not the result of goodwill alone, but of collective pressure, collaboration between different stakeholders, and the courage to redefine who has the right to lead the justice agenda. However, these changes remain fragile if the participation of the disability community is limited to the consultative stage — merely 'being heard' — without granting

them legal subject status from the outset. A tokenistic approach must be abandoned in favour of authentic and substantive participation.

Within Young's framework, collective responsibility is proactive. It is not charity from the more fortunate, but the courage to dismantle systems that limit the agency of oppressed groups. It is not one-way empathy, but rather a political commitment to redistributing power, voice, and resources. In the context of disability, justice means recognising women with disabilities as subjects of policy, not objects of pity. This requires deconstructing the framework of neutrality in public policy and replacing it with the principle of affirmative justice, which gives excluded groups more influence and power.

As Iris Marion Young and Margaret A. McLaren emphasise, substantive justice cannot arise from formal equality alone. Without transformation in social design, power relations, and the distribution of voices, the law will fail to address the real vulnerabilities of women with disabilities. In this context, rights are both political strategies and legal instruments that open up spaces for participation and dismantle oppressive, exclusionary norms.

Therefore, meaningful participation means more than just 'being present at the forum'; it is a political project to determine who is entitled to shape the future. According to the logic of collective responsibility, all actors — the state, civil society, academics, and ordinary citizens — share the same collective social responsibility for changing exclusive systems. In an oppressive structure, there is no neutral position. Silence is complicity in injustice. Taking action is a way of sharing responsibility for demanding inclusivity and ensuring that no group is left behind.

Closing

Justice for women with disabilities can only be achieved through structural change and the redistribution of collective responsibility. The violence and exclusion experienced by women with disabilities stem from a social system that denies them access, participation, and recognition, rather than from physical weakness. In line with Iris Marion Young's social connection model and the principle of substantive justice, all actors — the state, civil society, the private sector, and citizens — are connected in this network of injustice and therefore bear responsibility for dismantling it.

To bring about this change, four strategic steps can be taken: (1) redesigning public services based on the experiences of women with disabilities; (2) ensuring their active involvement in all stages of policymaking; (3) training law enforcement officials and service providers to recognise symbolic and epistemic bias; and (4) establishing a restorative recovery system, not merely a procedural one.

These steps will ensure that the promise of inclusion is realised as a political practice that recognises differences, corrects inequalities, and transforms oppressive power relations — going beyond mere formal justice. Rather than being viewed as objects of pity, women with disabilities should be recognised as legitimate agents of justice, whose existence demands that we all participate in bringing about change.

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Footnotes

1 The Christian Foundation for Public Health Rehabilitation Centre (YAKKUM) was established on 16 November 1982 as the Bethesda Rehabilitation Project, initiated by Colin McLennan from New Zealand. The project was set up to provide financial support to people with physical disabilities in Indonesia, with funding from the Presbyterian & Methodist Church Union in New Zealand. Approval for the establishment of this institution was granted by the Indonesian Church Council in Tomohon, North Sulawesi. Initially, the institution was named the Bethesda Rehabilitation Project and was implemented directly by Bethesda Hospital. With financial assistance from EZE in 1987, the institution successfully constructed a building on Jalan Kaliurang Km 13.5, Besi, Yogyakarta. In 1991, the organisation changed its name to the YAKKUM Rehabilitation Centre.

2 The Indonesian Disability Inclusion and Advocacy Movement (SIGAB) is an independent, non-profit, non-partisan, non-governmental organisation. SIGAB was founded in Yogyakarta on 5 May 2003. The organisation's vision is to defend and fight for the rights of persons with disabilities throughout Indonesia, striving for an equal and inclusive society.

3 The SDGs are a global agenda agreed upon by all United Nations (UN) member states in 2015, with the aim of creating a better, more sustainable world by 2030. This agenda comprises 17 goals and 169 targets that are interrelated and mutually supportive in addressing various global challenges, including poverty, hunger, health, education, gender equality, clean energy, economic growth, and climate change.