



Report Title: Disability Considerations in GBV Programming during the COVID-19 Pandemic

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Overview

This note provides information and practical guidance to support gender-based violence (GBV) practitioners to integrate attention to disability into GBV prevention, risk mitigation and response efforts during the COVID-19 pandemic. This document complements other resources relating to GBV and COVID-19 and assumes that the user is already familiar with common GBV prevention, risk mitigation and response approaches. It should be considered a “living” document; given the evolving nature of the pandemic, it may be adapted as more evidence relating to disability, GBV and COVID-19 becomes available.

COVID-19 presents added risks to women and girls, in all their diversity. The GBV community is being challenged to re-think programming and service delivery systems as governments put in place strategies to contain, delay and / or mitigate the spread of the disease. More inclusive GBV prevention and risk mitigation efforts, as well as remote case management support, can improve access for women and girls with disabilities and female caregivers of persons with disabilities. As such, there is an opportunity to take lessons learned from this crisis and use them to strengthen disability inclusion in GBV programming in the longer term.

GBV and Disability

Global evidence suggests that intersecting factors, such as age and disability, will increase risk of GBV. A systematic review of studies from largely high-income countries indicates that persons with disabilities are 1.5 times at greater risk of violence than non-disabled people, with even higher risk for persons with intellectual and psychosocial disabilities (Hughes et al., 2012). More recent studies from low- to middle-income countries demonstrate that women with disabilities are 2-4 times more likely to experience intimate partner violence (IPV) than their non-disabled peers (Dunkle et al., 2018). Women with disabilities may face added barriers in seeking assistance due to dependence on the perpetrator for mobility, communication and/or access to medications and health care (Ortoleva & Lewis, 2012).

Evidence further demonstrates that women and girls with disabilities face increased risk of GBV in settings affected by conflict. For example, in research undertaken in the Democratic Republic of Congo, 76-85% of women with disabilities reported experiencing physical and/or sexual IPV in the month prior to responding to the survey, compared with 71% of women without disabilities. This same study demonstrated that older women with disabilities were more likely to report physical IPV than younger women with disabilities (Scolese et al., 2020). In another study from refugee settings in Burundi and Ethiopia, women and girls with disabilities who were isolated in their homes and those with psychosocial disabilities reported being subjected to rape on a repeated and regular basis and by multiple perpetrators. Refugee community members in Burundi, Ethiopia and Jordan also reported that women, men, girls and boys with intellectual disabilities were vulnerable to sexual violence. This same study documented how stress due to displacement, social isolation and loss of protective community networks all added to the risk of violence inside the home for persons with disabilities, as well as for other women and girls in the household (Women's Refugee Commission & International Rescue Committee, 2015).

Intersections with COVID-19

There is currently no research which explores the intersection between GBV and disability in relation to the COVID-19 pandemic. However, it is well recognized across the literature that crises exacerbate pre-existing inequalities, disproportionately affecting women, girls and other sub-populations, and adding to their risk of violence, abuse and exploitation (Care International, 2020, Inter-Agency Standing Committee, 2015).

Impact on Women and Girls

There are reports in some contexts of IPV increasing three-fold as households face added economic stress and are forced into prolonged periods of isolation in confined spaces due to social distancing and quarantine procedures relating to COVID-19 (Fraser, 2020). Women and girls are more likely to assume increased caregiving roles for children as schools close, and for people who become unwell in their household. These additional burdens not only reduce opportunity to engage in work and education, they increase the potential for exposure to the virus. In some contexts, social norms "dictate that women and girls are the last to receive medical attention when they become ill" (Care International, 2020, p. 3). As such they may delay seeking medical assistance when they become unwell with COVID-19. Finally, the gendered impact of COVID-19 also extends to the health sector workforce, which in many countries relies heavily on women – further adding to their work load burden and infection risk (Care International, 2020).

Impact on Persons with Disabilities

There is a growing body of information about how COVID-19 is affecting persons with disabilities and their families. Persons with disabilities are likely to be at greater risk of contracting COVID-19 because of:

- Barriers in accessing handwashing facilities and/or performing handwashing tasks;
- Difficulty following social distancing for those who are institutionalized and/or rely on others for support with activities of daily living;

- The need for some people to use touch when communicating or moving around a location; and,
- Barriers in accessing public information about COVID-19 (World Health Organisation, 2020).

As with the general population, some persons with disabilities may have underlying health conditions which increase their risk of developing more severe complications if infected with COVID-19 (World Health Organisation, 2020). They may also face added barriers in accessing appropriate health care because of:

- Dependence on others – carers, support staff and assistants – to reach health facilities;
- Barriers in communicating symptoms to carers, support staff and assistants, but also to health professionals; and,
- Physical barriers at health facilities where testing and care is being provided (e.g. lack of transport, stairs and/or limited space for wheelchairs and other assistive devices).

In addition to the heightened risk of infection, persons with disabilities and their families may be disproportionately affected in a range of other ways during the COVID-19 crisis:

- **Separation from caregivers, support staff and assistants:** In the event that either party becomes infected and / or is quarantined, persons with disabilities may find themselves separated from their usual caregivers, support staff and assistants (United Nations Relief and Works Agency for Palestine Refugees in the Near East, 2020). In these situations, persons with disabilities may not receive adequate support to ensure their daily care needs are met with safety and dignity. Reliance on a greater number of people for support may increase risk of acquiring COVID-19, especially where personal protective equipment supplies are dwindling. Contexts where social services are weakened (or non-existent) may also increase risk for persons with disabilities to neglect, violence and abuse (Kavanagh et al., 2020).
- **Exclusion from work and education:** Persons with disabilities may face challenges in accessing personal assistance and transportation due to social distancing and quarantine measures, and/or due to increasing illness in the disability services work force (United Nations Relief and Works Agency for Palestine Refugees in the Near East, 2020). For those individuals affected by social isolation measures, remote or distance learning and online workspaces may be inaccessible or they may lack the appropriate assistive devices for persons with disabilities to fully engage through these platforms (Unicef, 2020).
- **Stigma and discrimination:** In situations where need outweighs available resources, persons with disabilities may be systematically deprioritized for available health services should they become unwell (International Disability Alliance, 2020, Unicef, 2020). Disruption of vital social services, insurance schemes and essential medicines for persons with disabilities has been reported in some countries due to COVID-19 (Henriques, 2020). Finally, there is a danger of increased stigmatization of persons with disabilities due to inaccurate associations and prejudices (Pulrang, 2020). For example, some people may refuse care to persons with disabilities due to fear of contracting

COVID-19, or assume that persons with disabilities cannot continue in their current jobs and make their own decisions in relation to exposure risk (Inter Agency Standing Committee, 2020).

Disability Access to GBV Programs and Services

It is well recognized that persons with disabilities face a range of barriers in accessing GBV programs and services, including information being in inaccessible formats; lack of transportation to health facilities and women's centers; environmental barriers at health facilities and women's centers (e.g. stairs, no wheelchair accessible toilets, etc.); and negative attitudes of family members, communities and even staff who provide services (Inter-Agency Standing Committee, 2019, Women's Refugee Commission & International Rescue Committee, 2015).

Available evidence also suggests that women and girls with disabilities and female carers may face a range of new barriers in accessing GBV programs and services during the COVID-19 pandemic:

- **Disrupted social services and assistance:** Where home, community and social services – including personal assistance – are interrupted due to social distancing and to quarantine procedures, it is likely that family members will assume these roles. This can present confidentiality challenges for women and girls with disabilities who require assistance from a family member to access GBV services. At the same time, family caregivers – who most commonly will be women and girls – will be unable to leave their caregiving responsibilities to receive support for their own GBV-related needs.
- **Reduced financial resources:** Any disruption to social services is likely to hinder the participation of persons with disabilities and their families in income generation. Reduced financial resources – and in many contexts, poverty – will hinder women and girls with disabilities and female caregivers from accessing GBV services, as they will be unable to pay for transportation and prioritize basic needs of the household.
- **Infection risk:** Women and girls with disabilities may face added risk of contracting COVID-19 at health facilities and women's centers, making them reluctant to seek assistance. Female caregivers may also fear attending these facilities due to the added risk this might pose to their family member who has a disability should the caregiver acquire COVID-19.

Recommendations on Disability Inclusion in GBV Programming during the COVID-19 Pandemic

Adopting Adapted and Remote Approaches

Government responses to COVID-19 are changing rapidly and often. Most national responses generally fall into three categories, each of which has implications for GBV programming:

1. Containment strategies, during which time static, face-to-face GBV case management is still possible, with appropriate infection prevention and control measures.
2. Delay strategies, which largely involve social distancing measures, and where GBV providers may need to limit engagement with survivors, introduce

some adapted and remote case management and train staff and clients on further changes to service delivery.

3. Mitigation strategies, in which movement is markedly restricted, significantly curtailing face-to-face GBV case management outside of health facilities, and requiring the implementation of adapted and remote case management (Yaker & Erskine, 2020).

The World Health Organisation recommends that persons with disabilities “avoid crowded environments to the maximum extent possible and minimize physical contact with other people” (World Health Organisation, 2020, p. 3). ***As such, it is recommended that GBV practitioners adopt adapted and remote approaches when responding to the GBV-related needs of persons with disabilities and their caregivers during the COVID-19 pandemic.***

Adapted and remote case management modalities could include health centre based caseworkers, mobile phone case management, hotlines, WhatsApp communication, and a limited rapid or mobile response team (Yaker & Erskine, 2020). For more information, please see: [GBV Case Management and the COVID-19 Pandemic](#).

Strengthening Capacity for Disability Inclusion

Establish partnerships with organizations of persons with disabilities, particularly organizations of women and girls with disabilities, and caregiver groups – Consult with these organizations on the potential barriers and appropriate strategies for accessing GBV services during the COVID-19 pandemic. Provide these organizations with updated information on GBV service provision, which they can then integrate into their communications activities during the COVID-19 crisis, reaching women and girls with disabilities and their families.

Support sensitization and training of GBV staff – Given how quickly the epidemic is accelerating in many settings across the world, it is critical to conduct rapid awareness raising of GBV staff on the rights of persons with disabilities, as well as the risks that persons with disabilities face when accessing GBV services (International Disability Alliance, 2020). Accessibility and other disability issues should be included in any discussions with staff about changes to programming and service provision. As staff adapt service provision to support survivors with disabilities and their caregivers, create space to listen to staff concerns about the actual and perceived risks for themselves and for clients with disabilities in scaling up services (Yaker & Erskine, 2020).

Providing Case Management for Survivors with Disabilities and Carers

Ensure Infection Prevention and Control (IPC) measures – IPC measures in accordance with national standards must be followed if continuing face-to-face case management with survivors with disabilities, or with people who have close contact with persons with disabilities (e.g. family members, carers, assistants). Have handwashing stations and hand sanitizer available for the clients to use on arrival; schedule appointments at times when there are less people attending the center or clinic; prepare the room in advance – ensuring adequate space/distancing – so that the client does not need to sit in the waiting area; and wipe down surfaces before and after the client attends. For more guidance on IPC measures at service delivery points, please see: [GBV Case Management and the COVID-19 Pandemic](#).

Discuss options for adapted and remote case management with the client, including the potential benefits and risks of each option – Adapted or remote case management could include mobile phone case management, WhatsApp communication, or a form of videoconferencing. Some clients may be continuing to visit essential health or rehabilitation services on a regular basis. As such, it may be possible to deliver case management in these locations, reducing the client’s travel and exposure to others. Finally, some organizations may establish rapid or mobile response teams during the COVID-19 crisis to provide essential services, including GBV case management, in accordance with national strategies and IPC protocols (Yaker & Erskine, 2020). This may allow case management to be provided in the client’s home or at an agreed safe space. All these approaches require a comprehensive risk analysis and mitigation plan to ensure confidentiality and that the safety of the survivor and GBV staff are maintained at all times. Listen to them and get their advice on how to adapt the modality to meet their needs, while minimizing risks relating to both GBV and COVID-19. For more guidance on adapted and remote GBV modalities, please see: [GBV Case Management and the COVID-19 Pandemic](#).

Establish a plan for continuation of support services and personal assistance – As part of wider safety planning, assistance should be provided to clients with disabilities to help them prepare for the possibility that current care and support arrangements may change, and to expand the network of people that they can call upon at short notice. Support the client to map out their network – who to trust and for what types of issues or assistance. Clients may wish to talk to family and friends about the additional support they need, and scenarios in which they may approach them for assistance. Provide a list of local organizations and service providers who clients can contact as needed (World Health Organisation, 2020). Discuss with clients how they will upskill new support people rapidly and express their needs to them. For example, some survivors with disabilities may not be comfortable with physical contact and/or new people assisting with certain activities (e.g. dressing or toileting).

Caregivers and family members of persons with disabilities should also put in place a contingency plan should they become unwell or unable to continue in their current role. Again, mapping the network that they have available and can draw upon for both physical and psychosocial support could be helpful. Also discuss how caregivers will consult with their family members with disabilities, and gather their opinions on this plan. Explore workload distribution in the household, and how changes in care arrangements might impact other females in the household, including girls who may be trying to continue their education.

Brainstorm ways that the client will safely call for help and access support in the event that they experience violence inside the home during quarantine or other forms of ‘lock down’. Such violence may be perpetrated by partners, spouses, family members or people from outside the home who are assisting with care. Provide a list of phone numbers for caseworkers, hotlines, or other support providers. If the client has a phone, they may store the number under a code name, or you may want to provide tiny cards with these numbers that can easily be hidden (Yaker & Erskine, 2020). For more guidance on safety planning, please see: [GBV Case Management and the COVID-19 Pandemic](#).

Support survivors with disabilities and their caregivers to access services and materials needed for infection control – Many persons with disabilities and their families live in contexts where water, sanitation and hygiene (WASH) facilities are

limited. Households with persons with complex disabilities may require more water and soap than other households to ensure adequate hygiene when assisting someone with bathing and toileting. Caregivers and disability service providers should also have access to personal protective equipment including masks, gloves and hand sanitizers (World Health Organisation, 2020). As such, it may be necessary to coordinate with WASH and other relevant sector teams to ensure these facilities and materials are available to clients with disabilities and their families.

Ensuring Disability Inclusion in GBV Risk Mitigation and Prevention

Disseminate information in accessible formats through disability service providers, organizations of women with disabilities and health facilities – Information on GBV and how GBV services are being adapted during the COVID-19 pandemic should be produced in multiple formats (e.g. oral, print, sign language, easy-to-read/plain language, etc.). Information is more likely to reach women and girls with disabilities and female caregivers if it is disseminated through essential disability service providers and other organizations in regular contact with persons with disabilities. Furthermore, disseminating information in health facilities where COVID-19 testing is being undertaken will help to reach people who may be isolated or quarantined as a result of the virus.

Utilize respectful and non-discriminatory communication messages – As mentioned above, it is critical that communication on COVID-19 raises awareness of the risks for persons with disabilities without reinforcing stigma and discrimination. Organizations of persons with disabilities, especially organizations of women and girls with disabilities, can provide advice on messaging and respectful representation of persons with disabilities in COVID-19 and GBV information, education and communication materials.

Strengthen the capacity of organizations of persons with disabilities and disability service providers on GBV – GBV practitioners can support these organizations to better identify increased risk violence, abuse and neglect against women and girls with disabilities and their caregivers due to social isolation and disruption of daily routines or care support (World Health Organisation, 2020). In-person or remote training (in accordance with national COVID-19 response strategies) can support these organizations to develop GBV risk analysis and mitigation plans, adapt protocols for safe identification and referral of survivors, and protect against sexual exploitation and abuse, as they re-structure services and even expand their pool of carers, support staff and assistants for persons with disabilities.

Key Resources

GBV and COVID-19 Response

GBV AoR Helpdesk Research Query: GBV Case Management and the COVID-19 Pandemic: <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft.pdf>

GBV Guidelines COVID-19 Resource Hub:
<https://gbvguidelines.org/en/knowledgehub/covid-19/>

How to Support Survivors of Gender-Based Violence When a GBV Actor Is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners:
<https://bit.ly/2WqrT9f>

Disability and COVID-19 Response

Toward a Disability-Inclusive COVID-19 Response: 10 Recommendations from the International Disability Alliance:
<http://www.internationaldisabilityalliance.org/content/covid-19-and-disability-movement>

Disability Considerations During the COVID-19 Outbreak by World Health Organisation:
<https://www.who.int/internal-publications-detail/disability-considerations-during-the-covid-19-outbreak>.

COVID-19 Response: Considerations for Children and Adults with Disabilities by Unicef.:
https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4

GBV Case Management for Survivors with Disabilities

Inter-Agency GBV Case Management Guidelines. Part IV: GBV Case Management with Other Vulnerable Groups. Chapter 3: GBV Case Management with Survivors with Disabilities:
http://www.gbvim.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

Disability Inclusion in GBV Programs in Humanitarian Settings: A Toolkit for GBV Practitioners:
https://www.womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173

Guidance on Disability Inclusion for GBV Partners: Case Management of Survivors & At-risk Women, Children and Youth with Disabilities:
<https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1587-disability-inclusion-gbv-lebanon-case-management>

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