

GBV AoR HELPDESK

Gender Based Violence in Emergencies

Research Query: Disability Considerations in GBV Programming during the COVID-19 Pandemic

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Introduction

This note provides information and practical guidance to support gender-based violence (GBV) practitioners to integrate disability into GBV prevention, risk mitigation and response efforts during the COVID-19 pandemic. This document was first published in April 2020 and has been updated to reflect the new evidence published relating to disability, GBV and COVID-19. Sources for this research query primarily comprise “grey literature” – assessments, reports and guidance published by non-governmental organizations, including organizations of persons with disabilities, and United Nations agencies – with only limited peer-reviewed research available at this stage. The note 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.

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. Pre-existing structural inequalities and intersecting forms of discrimination must be considered when modifying GBV programs in the COVID-19 context, continuously reflecting on which women are and are not being reached with adapted and remote programming modalities.¹ The shift to remote and adapted GBV programming has the potential to improve access for women and girls with disabilities and female caregivers of persons with disabilities. Working in solidarity with women-led organizations of persons with disabilities during the COVID-19 pandemic, GBV practitioners can promote more resilient, equal and inclusive societies, long beyond this crisis.²

¹ Michelle Lokot & Yeva Avakyan, “Intersectionality as a lens to the COVID-19 pandemic: implications for sexual and reproductive health in development and humanitarian contexts”, *Sexual and Reproductive Health Matters*, vol. 28, no. 1 (June 2020). Available at: <https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1764748>

² United Nations Department of Economic and Social Affairs, *Policy Brief No. 69. Leaving No One Behind: The COVID-19 Crisis Through the Disability and Gender Lens*, May 2020 (Geneva, 2020). Available at: <https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-69-leaving-no-one-behind-the-covid-19-crisis-through-the-disability-and-gender-lens/>

GBV, Disability and COVID-19

There is very limited research exploring the intersection of GBV and disability during the COVID-19 pandemic. However, it is well recognized across the literature that crises will reflect and exacerbate pre-existing inequalities between males and females, putting women and girls at heightened risk of violence, abuse and exploitation.^{3,4} Disability can compound this risk, as can other intersecting forms of discrimination, such as discrimination based on age or sexual orientation. One of the few studies available relating to the COVID 19 crisis—a virtual survey exploring the personal experiences of women, girls, non-binary, trans, and gender non-conforming persons with disabilities—highlighted that the stigma, stereotypes, and discrimination at the intersection of gender identity and disability have been further amplified due to the COVID-19 pandemic.⁵

GBV & Disability

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.⁶ For women and girls, this risk is heightened. 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.⁷ 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.⁸

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 percent of women with disabilities reported experiencing physical and/or sexual IPV in the month prior to responding to the survey, compared with 71 percent 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.⁹ 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,

³ Care International, *Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings* (London, 2020). Available at: https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf

⁴ Inter-Agency Standing Committee, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery* (Geneva, 2015).

⁵ Women Enabled International, *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey, March to April 2020* (Washington D.C., 2020). Available at: <https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20May%202020%20Final.pdf>

⁶ Hughes, K, Bellis, M, Jones, L, Wood, S, Bates, G, Eckley, L, McCoy, E, Mikton, C, Shakespeare, T & Officer, A, "Prevalence and risk of violence against adults with disabilities: A systematic review and meta-analysis of observational studies", *Lancet*, vol. 379, no. 9826, pp. 1621-1629 (February 2012). Available at: https://www.who.int/disabilities/publications/violence_children_lancet.pdf

⁷ Dunkle, K, Heijden, Ivd, Stern, E & Chirwa, E 2018, Disability and violence against women and girls, UKaid., London.

⁸ Ortoleva, S & Lewis, H, "Forgotten Sisters - A Report on Violence Against Women with Disabilities: An Overview of its Nature, Scope, Causes and Consequences", *Northeastern University School of Law Research Paper No. 104-2012* (August 2012). Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2133332

⁹ Scolese, A, Asghar, K, Cordero, RP, Roth, D, Gupta, J & Falb, KL 2020, "Disability status and violence against women in the home in North Kivu, Democratic Republic of Congo", *Global Public Health*, vol. 15, no. 7 (March 2020). Available at: <https://www.tandfonline.com/doi/abs/10.1080/17441692.2020.1741661>

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.¹⁰

Impact of COVID-19 on Women and Girls

As the pandemic spreads across the world, there have been increasing reports of domestic violence against women and girls in many countries, exacerbated by economic stress, health shocks and prolonged periods of isolation in confined spaces due to COVID-19 restrictions.^{11,12,13} The alarming rise in violence against women and girls has led to calls for governments to integrate measures that prevent and mitigate GBV risks and support for survivors in all COVID-19 related preparedness, response and recovery plans.¹⁴

Women and girls are also more likely to assume increased caregiving responsibilities, 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.”¹⁵ 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 workload and infection risk.¹⁶

Impact of COVID-19 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;

¹⁰ Women’s Refugee Commission & International Rescue Committee, *“I See That It Is Possible”: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings* (New York, 2015). Available at: <https://www.womensrefugeecommission.org/research-resources/building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview/>

¹¹ Fraser, E, *VAWG Helpdesk Research Report No. 284. Impact of COVID-19 Pandemic on Violence against Women and Girls* (London, UK Aid, 2020). Available at: <https://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf>

¹² Yaker, R & Erskine, D, *Gender-Based Violence Case Management and the COVID-19 Pandemic* (London, GBV AoR Helpdesk, 2020). Available at: <https://www.sddirect.org.uk/media/1968/gbv-case-management-and-covid-19-pandemic-updated-version-19052020.pdf>

¹³ UN Women, *Issue Brief: COVID-19 and Ending Violence Against Women and Girls* (New York, 2020). Available at: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

¹⁴ UN Women, UNDP, World Health Organization, IOM, UN OHCHR, UNODC, OCHA, UNFPA & UNICEF 2020, *Inter-Agency Statement on Violence against Women and Girls in the Context of COVID-19* (New York, 2020). Available at: https://www.undp.org/content/dam/undp/library/people/gender/Inter-Agency%20Statement%20on%20VAW%20and%20COVID_Final.pdf

¹⁵ Care International, *Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings* (London, 2020, p. 3). Available at: https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf

¹⁶ Care International, *Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings* (London, 2020). Available at: https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf

- 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-19.¹⁷

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-19.¹⁸ They may also face added barriers in accessing appropriate health care due to:

- Dependence on others – carers, support staff and assistants – to reach health facilities;
- Challenges in communicating symptoms to carers, support staff and assistants, but also to health professionals, who may not be familiar with alternative and augmentative communication methods; 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.¹⁹ 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.²⁰ Persons with disabilities living in residential settings may become isolated from their family and protective networks as visits become restricted, with risks escalating further in the event of staff shortages due to COVID-19.²¹
- **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 among those working in disability services.²² For individuals with disabilities affected by social isolation measures, remote or distance learning and online

¹⁷ World Health Organization, *Disability Considerations During the COVID-19 Outbreak* (Geneva, 2020). Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1>

¹⁸ World Health Organization, *Disability Considerations During the COVID-19 Outbreak* (Geneva, 2020). Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1>

¹⁹ United Nations Relief and Works Agency for Palestine Refugees in the Near East, *COVID-19 Disability-Inclusive Response* (2020).

²⁰ Kavanagh, A, Carey, G, Dickinson, H, Llewellyn, G, Bonyhady, B & Trollor, J, *People with Disability and COVID-19*, (Melbourne, Centre of Research Excellence in Disability and Health, 2020). Available at: <https://drive.google.com/file/d/10yY5g2vpm-BsX3QQoZnRoLaqp0AKcke7/view>

²¹ Inter-Agency Standing Committee, *Key Messages COVID-19 Response: Applying the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action* (Geneva, 2020). Available at:

<https://interagencystandingcommittee.org/system/files/2020-07/IASC%20Key%20Messages%20on%20Applying%20IASC%20Guidelines%20on%20Disability%20in%20the%20COVID-19%20Response%20%28final%20version%29.pdf>

²² United Nations Relief and Works Agency for Palestine Refugees in the Near East, *COVID-19 Disability-Inclusive Response* (2020).

workspaces may be inaccessible, or they may lack the appropriate assistive devices to fully engage through these platforms.²³ Recent studies suggest that young people with disabilities in resource-limited settings may not have the financial means to access the internet and thus remote learning opportunities.²⁴ In one survey of persons with disabilities, the majority of respondents reported a loss of income due to the COVID-19 crisis, with some linking financial stress to an increased risk of sexual abuse and exploitation for women and girls with disabilities who are unable to meet their basic needs.²⁵

- **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.^{26,27} Disruption of vital social services, of insurance schemes and of access to essential medicines for persons with disabilities has been reported in some countries due to COVID-19.²⁸ Finally, there is a danger of increased stigmatization of persons with disabilities due to inaccurate assumptions and prejudices.²⁹ For example, some people may refuse care to persons with disabilities due to fear of contracting COVID-19, or assume that persons with disabilities are not able to continue in their current jobs or make their own decisions in relation to exposure risk.³⁰

Disability Access to GBV Programs and Services

GBV prevention, response and risk mitigation are critical interventions in all phases of the COVID-19 pandemic. However, many GBV programs have had to adapt or modify the way in which they deliver services and activities to ensure alignment with public health guidelines and government restrictions relating to movement and / or gatherings. Most national COVID-19 responses fall into three categories, each of which has implications for GBV programming:

²³ UNICEF, *COVID-19 Response: Considerations for Children and Adults with Disabilities* (New York, 2020). Available at: https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf

²⁴ Guday Emirie, Abreham Iyasu, Kiya Gezahegne, Nicola Jones, Elizabeth Presler-Marshall, Kassahun Tilahun, Fitsum Workneh & Workneh Yadete, *Experiences of Vulnerable Urban Youth Under Covid-19: The Case of Youth with Disabilities* (London, Overseas Development Institute, 2020). Available at: <https://www.odi.org/publications/17300-experiences-vulnerable-urban-youth-under-covid-19-case-youth-disabilities>

²⁵ Women Enabled International, *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey, March to April 2020* (Washington D.C., 2020). Available at:

<https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20May%202020%20Final.pdf>

²⁶ International Disability Alliance, *Toward a Disability-Inclusive COVID19 Response: 10 Recommendations from the International Disability Alliance* (New York, 2020). Available at:

https://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf

²⁷ UNICEF, *COVID-19 Response: Considerations for Children and Adults with Disabilities* (New York, 2020). Available at: https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf

²⁸ Henriques-Gomes, L, "Australians with disabilities missing out on essential services as Covid-19 crisis escalates", *The Guardian*, 17 March 2020. Available at: <https://www.theguardian.com/world/2020/mar/17/australians-with-disabilities-missing-out-on-essential-services-as-covid-19-crisis-escalates>

²⁹ Pulrang, A. "5 Things to Know About Coronavirus and People with Disabilities", *Forbes*, 8 March 2020. Available at: <https://www.forbes.com/sites/andrewpulrang/2020/03/08/5-things-to-know-about-coronavirus-and-people-with-disabilities/#4501011f1d21>

³⁰ Inter-Agency Standing Committee, *Interim Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak - Version 1.5* (Geneva, 2020). Available at: https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf

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.³¹

These different types of responses may run concurrently in different locations in a country and change between each level at very short notice. Containment strategies will become more relevant as countries enter recovery phases, lifting restrictions on movements and gatherings, while concurrently monitoring for and responding to localized outbreaks. It is likely that even in recovery phases, there may be fluid and frequent transitions between these different levels in response to second wave infections and localized outbreaks.

It is well recognized that women and girls 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.^{32,33}

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

- **Disrupted social services and assistance:** A recent study documented how disruptions in disability support services due to COVID-19 have led women with disabilities to instead rely on their partner or family members for daily care, adding to their isolation, reducing their independence and limiting their access to GBV services when experiencing violence or abuse inside the home.³⁴ At the same time, family caregivers – who most commonly will be women and girls – may 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

³¹ Yaker, R & Erskine, D, *Gender-Based Violence Case Management and the COVID-19 Pandemic* (London, GBV AoR Helpdesk, 2020). Available at: <https://www.sddirect.org.uk/media/1968/gbv-case-management-and-covid-19-pandemic-updated-version-19052020.pdf>

³² Inter-Agency Standing Committee, *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action* (Geneva 2020).

³³ Women's Refugee Commission & International Rescue Committee, *"I See That It Is Possible": Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings* (New York, 2015). Available at: <https://www.womensrefugeecommission.org/research-resources/building-capacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitarian-settings-overview/>

³⁴ Women Enabled International, *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey, March to April 2020* (Washington D.C., 2020). Available at: <https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20May%202020%20Final.pdf>

caregivers from accessing GBV services, as they will be unable to pay for transportation and instead 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 for GBV. 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.
- **Gaps in digital access and literacy:** As GBV programs adapt activities to social distancing requirements, there is an increasing reliance on the use of phone, internet and email services to share information and support survivors. However, there is still a substantial “digital divide”³⁵ between and within countries around the world, with people from remote and rural areas and lower socio-economic backgrounds lacking access to the infrastructure, devices and financial resources necessary to meaningfully engage in online and mobile modalities.^{36,37} Furthermore, there is evidence that women and girls, older people, refugees, and persons with disabilities face additional barriers relating to affordability and accessibility of technology, as well as gaps in technological experience, skills and literacy.³⁸

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

Providing Case Management for Survivors with Disabilities and Caregivers

Adapted and Remote Approaches to Case Management – In all phases of national COVID-19 responses, GBV programs have a responsibility to ensure that changes in programming meet the needs of women and girls with disabilities. The World Health Organization recommends that persons with disabilities “avoid crowded environments to the maximum extent possible and minimize physical contact with other people”.³⁹ Therefore, GBV practitioners should consider remote and adapted approaches when responding to the GBV-related needs of persons with disabilities and their caregivers during the COVID-19 pandemic. These changes must be communicated in an accessible way to women and girls with disabilities.

Adapted case management modalities could include establishing caseworkers or phone booths based in health centers and other essential service locations (e.g. pharmacies, food markets); mobile phone case management and hotlines – with verbal, text and video options; low or no-tech alert systems (e.g. leaving signals outside their home, opening a window or using code words);⁴⁰ and a limited rapid or mobile response team. No single method will be appropriate to all GBV survivors with disabilities. As

³⁵ The term ‘digital divide’ refers to gaps in access to computers, the internet, mobile phones and other information and communication technologies.

³⁶ International Labor Office, *Global Employment Trends for Youth 2020: Technology and the Future of Jobs* (Geneva, 2020). Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_737648.pdf

³⁷ Watson, AHA & Park, KR “The digital divide between and within countries”, *Devpolicy Blog*, weblog post, 13 August 2019. Available at: <https://devpolicy.org/the-digital-divide-between-and-within-countries-20190813/>

³⁸ Casswell, J, *The Digital lives of Refugees: How Displaced Populations Use Mobile Phones and What Gets in the Way* (London, GSMA, 2019). Available at: <https://www.gsma.com/mobilefordevelopment/resources/the-digital-lives-of-refugees/>

³⁹ World Health Organization 2020, Disability Considerations During the COVID-19 Outbreak, World Health Organization, Geneva, p. 3.

⁴⁰ Erskine, D, *Not Just Hotlines and Mobile Phones: GBV Service Provision during COVID-19* (New York, UNICEF, 2020). Available at: <https://www.unicef.org/media/68086/file/GBV%20Service%20Provision%20During%20COVID-19.pdf>

such, GBV programs should establish multiple methods for women and girls to access services and assistance, ideally informed by a mapping of the locations around homes, neighborhoods and communities that survivors with disabilities can safely and legally access, even where there is restriction on movement.⁴¹

Ensure Infection Prevention and Control (IPC) measures – IPC measures in accordance with national health guidelines 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.⁴² Where required and as available, provide transparent masks for use with clients who rely on lip reading or facial expressions for effective communication.⁴³

Discuss options for adapted and remote case management with the client, including the potential benefits and risks of each option – Listen to clients with disabilities and get their advice on how to adapt the modality to meet their needs, while minimizing risks relating to both GBV and COVID-19. Adapted or remote case management could include mobile phone case management with voice, text and video options. Such an approach should also consider associated costs for the client, providing free-to-dial services or financial support for sufficient phone and data credit. Some clients may be continuing to visit health and 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.⁴⁴ This may allow case management to be provided in the client’s home or at an agreed safe space. Such an approach could be more appropriate for survivors with physical disabilities who may not have access to safe and accessible transport to service providers and survivors for whom mobile phone case management is not possible (e.g. due to lack of resources, technology and digital literacy). 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 always maintained.

Establish a plan for continuation of support services and personal assistance – As part of wider safety planning, assistance should be provided to current 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 they trust and for what types of issues or assistance. Clients may wish to talk to family and friends about

⁴¹ Yaker, R & Erskine, D, *Gender-Based Violence Case Management and the COVID-19 Pandemic* (London, GBV AoR Helpdesk, 2020). Available at: <https://www.sddirect.org.uk/media/1968/gbv-case-management-and-covid-19-pandemic-updated-version-19052020.pdf>

⁴² Yaker, R & Erskine, D, *Gender-Based Violence Case Management and the COVID-19 Pandemic* (London, GBV AoR Helpdesk, 2020). Available at: <https://www.sddirect.org.uk/media/1968/gbv-case-management-and-covid-19-pandemic-updated-version-19052020.pdf>

⁴³ International Disability Alliance, *Toward a Disability-Inclusive COVID19 Response: 10 Recommendations from the International Disability Alliance* (New York, 2020). Available at: https://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf

⁴⁴ Yaker, R & Erskine, D, *Gender-Based Violence Case Management and the COVID-19 Pandemic* (London, GBV AoR Helpdesk, 2020). Available at: <https://www.sddirect.org.uk/media/1968/gbv-case-management-and-covid-19-pandemic-updated-version-19052020.pdf>

the additional support they need, and scenarios in which the clients may approach them for assistance. Provide a list of local organizations and service providers who clients with disabilities can contact as needed.⁴⁵ 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).

As safe and appropriate, the case management process could also engage caregivers and family members of persons with disabilities to establish a contingency plan should they become unwell or unable to continue in their current role. Again, mapping the network that caregivers have available and can draw upon for both physical and psychosocial support could be helpful. Case managers should support clients, caregivers and other family members to discuss how workload is distributed in the household, and how changes in care arrangements might impact other women in the household, including girls who may be trying to continue their education.

Case managers can brainstorm with clients with disabilities on the ways that they can 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'. Case managers can provide clients with a list of phone numbers for caseworkers, hotlines, or other support providers. If the client has a phone, they can store the numbers under code names, or case managers may want to provide their clients with tiny cards with these numbers that can easily be hidden.⁴⁶ As mentioned above, case managers must ensure that their clients have sufficient phone credit and data if relying on this method. Case managers can also discuss with clients alternative low or no-tech alert systems (e.g. leaving signals outside their home, opening a window or using code words) which can be used in the event that a client is unable to safely call for help over the phone, identifying appropriate adaptations that will make the strategy accessible to the individual.⁴⁷

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 entering the household should also have access to personal protective equipment including masks, gloves and hand sanitizers.⁴⁸ 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.

Strengthening GBV Response Capacity for Disability Inclusion

Establish partnerships with organizations of women and girls with disabilities and caregiver groups – Consult with these organizations on the potential barriers and appropriate strategies for adapting 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-

⁴⁵ World Health Organization, *Disability Considerations During the COVID-19 Outbreak* (Geneva, 2020). Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1>

⁴⁶ Yaker, R & Erskine, D, *Gender-Based Violence Case Management and the COVID-19 Pandemic* (London, GBV AoR Helpdesk, 2020). Available at: <https://www.sddirect.org.uk/media/1968/gbv-case-management-and-covid-19-pandemic-updated-version-19052020.pdf>

⁴⁷ Erskine, D, *Not Just Hotlines and Mobile Phones: GBV Service Provision during COVID-19* (New York, UNICEF, 2020). Available at: <https://www.unicef.org/media/68086/file/GBV%20Service%20Provision%20During%20COVID-19.pdf>

⁴⁸ *Disability Considerations During the COVID-19 Outbreak* (Geneva, 2020). Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1>

19 crisis, reaching women and girls with disabilities and their families.

Support sensitization and training of GBV staff and service providers – Given the discrimination being documented against persons with disabilities in COVID-19 responses around the world,^{49,50,51} it is critical to conduct rapid awareness raising of GBV staff on the rights of persons with disabilities, as well as the GBV-related risks they face.⁵² Accessibility and other disability issues should be included in any discussions with staff about changes to programming and service provision. Sensitization should extend to service providers, such as shelters where GBV survivors may seek safety and security away from the home.⁵³ As staff adapt service provision to support survivors with disabilities and their caregivers, space must be created to listen to staff concerns about the actual and perceived risks for themselves and for clients with disabilities in scaling up services.⁵⁴

Ensuring Disability Inclusion in GBV-Related Community Outreach and Risk Mitigation

Establish support mechanisms for persons with disabilities at high risk of isolation and poverty – Support GBV and other community volunteers to safely outreach to and engage with isolated persons with disabilities, through face-to-face or remote activities, as national COVID-19 responses allow. Collaborate with protection actors on monitoring the situation of persons with disabilities living in residential institutions and those under socioeconomic stress.^{55,56} This may include advocating for gender- and disability-responsive social protection measures and coordinating cash-based interventions to ensure basic needs are met during this crisis, reducing risk of violence, abuse and exploitation against individuals with disabilities and their female family members.^{57,58}

Disseminate information about GBV services in accessible formats through disability service providers, organizations of women with disabilities and health facilities – Information on GBV and how GBV

⁴⁹ OHCHR DisplayNews, *COVID-19: Who is protecting the people with disabilities? – UN rights expert*, Geneva, 17 March 2020. Available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725>

⁵⁰ OHCHR DisplayNews, *Statement on COVID-19 and the human rights of persons with disabilities by the Committee on the Rights of Persons with Disabilities*, Geneva, 9 June 2020. Available at:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25942&LangID=E>

⁵¹ See COVID-19 Disability Rights Monitor: <https://covid-drm.org/statements>

⁵² International Disability Alliance, *Toward a Disability-Inclusive COVID19 Response: 10 Recommendations from the International Disability Alliance* (New York, 2020). Available at:

https://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf

⁵³ Women Enabled International, *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey, March to April 2020* (Washington D.C., 2020). Available at:

<https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20May%202020%20Final.pdf>

⁵⁴ Yaker, R & Erskine, D, *Gender-Based Violence Case Management and the COVID-19 Pandemic* (London, GBV AoR Helpdesk, 2020). Available at: <https://www.sddirect.org.uk/media/1968/gbv-case-management-and-covid-19-pandemic-updated-version-19052020.pdf>

⁵⁵ OHCHR, *COVID-19 and the Rights of Persons with Disabilities* (Geneva, 2020). Available at:

https://www.ohchr.org/Documents/Events/COVID-19_Guidance.pdf

⁵⁶ United Nations 2020, Policy Brief: A Disability-Inclusive Response to COVID-19. Available at:

https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf

⁵⁷ Humanity & Inclusion South Sudan Program, *Tips on Including Persons with Disabilities in your COVID-19 GBV Response* (2020). Available at: <https://www.humanitarianresponse.info/en/operations/south-sudan/document/tips-including-persons-disabilities-your-covid-19-gbv-response>

⁵⁸ United Nations Department of Economic and Social Affairs, *Policy Brief No. 69. Leaving No One Behind: The COVID-19 Crisis Through the Disability and Gender Lens*, May 2020 (Geneva, 2020). Available at:

<https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-69-leaving-no-one-behind-the-covid-19-crisis-through-the-disability-and-gender-lens/>

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 disability service providers and other organizations in regular contact with persons with disabilities. Disseminating information in health facilities where COVID- 19 testing is being undertaken will also help to reach people who may be isolated or quarantined as a result of the virus.

Utilize respectful and non-discriminatory communication messages – Communication on COVID-19 should challenge discriminatory social norms relating to both gender and disability and raise awareness of the risks for women and girls 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 risk mitigation – GBV practitioners can support these organizations to identify and reduce the GBV risks posed by changes in service delivery, social isolation and disruption of daily routines or care support. In-person or remote training (in accordance with national COVID-19 responses) 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, in some cases, expand their pool of carers, support staff and assistants to ensure persons with disabilities’ needs are met in the context of COVID-19.

Advocate for gender- and disability-inclusive COVID-19 policies and practices – Advocating for gender and disability mainstreaming in COVID-19 response and recovery plans is not only critical to ensuring the health, safety and security of women and girls with disabilities and their caregivers, but also to promoting equality, inclusion and resilience beyond the pandemic. Gender- and disability-inclusive advocacy should be undertaken to ensure that:

- COVID-19 responses do not discriminate against women from disadvantaged and marginalized groups and that specific attention is paid to their need for accessible information about the pandemic; tailored social distancing guidance; and necessities, such as food, housing, sanitation and essential support services.⁵⁹
- Medical treatment, including prioritization and triage, and access to COVID-19 testing and vaccinations, when available, do not discriminate on the basis of sex, age or disability, among other factors.⁶⁰
- COVID-19 health and quarantine facilities are safe and accessible to women and girls with disabilities, including washrooms and toilets, and ensuring that facilitate independence and autonomy.
- GBV service providers, especially shelters, are physically accessible and welcoming of survivors

⁵⁹ OHCHR DisplayNews, Joint statement by the Special Rapporteur and the EDVAW Platform of women’s rights mechanisms on Covid-19 and the increase in violence and discrimination against women, Geneva, 14 July 2020. Available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26083&LangID=E>

⁶⁰ United Nations Department of Economic and Social Affairs, *Policy Brief No. 69. Leaving No One Behind: The COVID-19 Crisis Through the Disability and Gender Lens*, May 2020 (Geneva, 2020). Available at: <https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-69-leaving-no-one-behind-the-covid-19-crisis-through-the-disability-and-gender-lens/>

with all types of disability.⁶¹

- Post-crisis recovery plans include an intersectional analysis to promote the economic empowerment of women in all their diversity and address inequalities in employment and social protection systems.⁶²

Key Resources

GBV and COVID-19

GBV Case Management and the COVID-19 Pandemic: <https://www.sddirect.org.uk/media/1968/gbv-case-management-and-covid-19-pandemic-updated-version-19052020.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>

Not just hotlines and mobile phones: GBV service provision during COVID-19: <https://www.unicef.org/media/68086/file/GBV%20Service%20Provision%20During%20COVID-19.pdf>

Disability and COVID-19

United Nations Policy Brief: A Disability-Inclusive Response to COVID-19: https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf

Toward a Disability-Inclusive COVID-19 Response: 10 Recommendations from the International Disability Alliance: https://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf

WHO Disability Considerations During the COVID-19 Outbreak: <https://www.who.int/publications/item/WHO-2019-nCoV-Disability-2020-1>

Inter-Agency Standing Committee, Key Messages COVID-19 Response: Applying the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action: <https://interagencystandingcommittee.org/system/files/2020-07/IASC%20Key%20Messages%20on%20Applying%20IASC%20Guidelines%20on%20Disability%20in%20the%20COVID-19%20Response%20%28final%20version%29.pdf>

⁶¹ Women Enabled International, *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey, March to April 2020* (Washington D.C., 2020). Available at:

<https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20May%202020%20Final.pdf>

⁶² OHCHR DisplayNews, Joint statement by the Special Rapporteur and the EDVAW Platform of women's rights mechanisms on Covid-19 and the increase in violence and discrimination against women, Geneva, 14 July 2020. Available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26083&LangID=E>

UNDESA Policy Brief No. 69. Leaving No One Behind: The COVID-19 Crisis Through the Disability and Gender Lens: <https://www.un.org/development/desa/dpad/publication/un-des-a-policy-brief-69-leaving-no-one-behind-the-covid-19-crisis-through-the-disability-and-gender-lens/>

Women Enabled International, COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey, March to April 2020: <https://womenenabled.org/pdfs/Women%20Enabled%20International%20COVID-19%20at%20the%20Intersection%20of%20Gender%20and%20Disability%20May%202020%20Final.pdf>

OHCHR, COVID-19 and the Rights of Persons with Disabilities: https://www.ohchr.org/Documents/Events/COVID-19_Guidance.pdf

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: https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf

Disability Inclusion in GBV Programs in Humanitarian Settings: A Toolkit for GBV Practitioners: <https://www.womensrefugeecommission.org/research-resources/gbv-disability-toolkit-all-in-one-book/>

Guidance on Disability Inclusion for GBV Partners: Case Management of Survivors & At-risk Women, Children and Youth with Disabilities: <https://www.womensrefugeecommission.org/research-resources/disability-inclusion-in-child-protection-and-gender-based-violence-programs/>

End the Abuse of Persons with Disabilities: Sustaining Services for Survivors with Disabilities During COVID-19. <https://www.endabusepwd.org/covid-19/>

The GBV AoR Help Desk

The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

The GBV AoR Helpdesk

*You can contact the GBV AoR Helpdesk
by emailing us at:
enquiries@gbviehelpdesk.org.uk*

*The Helpdesk is available 09.00 to
17.30 GMT Monday to Friday.*

Our services are free and confidential.