The **16 Days of Activism Against Gender-Based Violence Campaign** runs annually from the 25th of November and culminates on the 10th of December, International Human Rights Day. The campaign also encompasses the International Day of Persons with Disabilities on the 3rd of December. In this issue of the Equal Access Monitor, Handicap International and Help Age International profile Gender-Based Violence (GBV); and the particular challenges and successes refugees with disabilities, injuries, chronic disease, and older persons face when needing to access GBV services in Jordan and Lebanon. The sexuality, sexual health concerns, and vulnerabilities to GBV of these refugees are often overlooked. Yet, research shows us that they are some of the world’s minority groups most at risk of this form of violence (1).

Gender-based violence (also referred to as “Sexual and Gender Based Violence” or “SGBV”) encompasses sexual violence, such as rape, as well as emotional and economic abuse such as control of resources, removal of decision making powers, and denial of basic needs due to gender. These are abuses that are known to be prevalent amongst older persons as well as people with disabilities, injuries, and chronic disease.
**Refugees face an increased risk of gender-based violence**, including sexual exploitation and abuse due to instability, protracted displacement and limited access to financial resources (3). The UNHCR recognizes that refugees with disabilities have specific vulnerabilities to abuse, including sexual abuse, “the lack of privacy in some situations, such as a lack of access to latrines and bathing areas, [isolation] from community life; [and risk of] being left behind when those around them flee and [they] may face difficulties accessing family tracing programmes” (4).

Sexual violence, in particular, is frequently cited as a motivation for fleeing Syria (5). There are multiple reports of rape and sexual assault in communities, at checkpoints and in detention facilities, with ongoing suffering due to the stigma of disclosure and associated barriers to accessing services (6). Sexual violence also occurs within host countries. In fact, the majority (56.6%) of rape and sexual assault cases reported by refugees in Jordan occurred in Jordan, only 16.6% occurred in Syria (3). Extensive peer reviewed research and public reports from around the world document the high prevalence and risk of sexual violence amongst people with disabilities (7).

**Survivors of sexual violence need access to urgent, specialized medical care, compassionate legal assistance, along with survivor-centered counseling services.** Yet, we know through our experience of implementing projects in Jordan, Lebanon, and Iraq that most physical structures housing medical and social services are inaccessible to people with disabilities. Sign Language interpreters are not available, and staff providing key services for survivors are not provided with adequate training to ensure the provision of inclusive, accessible services for all – regardless of gender, age, or ability.

“People with disabilities experience negative attitudes that can result in violence, sexual abuse, stigma and discrimination, which can lead to low self-esteem and social isolation” (8).

**The situation in Jordan and Lebanon**

Data about GBV in Jordan and Lebanon is sparse, particularly when seeking quantitative data concerning GBV among people with disabilities, older persons, and other people with specific needs. The stigmatization of SGBV throughout Syria and its neighbouring countries discourages male and female survivors, young and old, from reporting violence and seeking services and support (9). However, there is growing recognition of the risk of GBV faced by people with disabilities and the particular barriers they face when needing to access GBV prevention and/or response services. Yet more work remains, particularly to ensure the inclusion of older persons in GBV prevention and response as well.
In Jordan, the steering committee of the SGBV Sub-Working Group (which belongs to the Protection Working Group) maintains a GBV Information Management System (IMS) to monitor patterns of reported GBV incidents. This data is kept confidential and shared only with approved members of the SGBV Sub-Working Group (SWG) in order to ensure confidentiality and to safeguard the best interest of survivors. Nevertheless, the “Protection Highlights” for September published on the UNHCR’s Dashboard explicitly stated that: “monthly GBVIMS reports show a limited access of people with disabilities to specialized services” (10). Also, the SGBV SWG’s Strategy refers to the importance of SGBV services being made accessible to people with disabilities (3).

**The threat of sexual violence affects families**

In Lebanon, a Syrian mother of a child with Cerebral Palsy (CP) who, when she first came into contact with HI, was living in a shed-like outbuilding on a rural property in Lebanon’s Bekka Valley. The shed was close to the landlord’s house, and it had only a flimsy door without a lock. The landlord’s son threatened her with sexually suggestive verbal abuse and she feared that, eventually, when no one else is around he will force himself into her room (with no lock) and rape her. Therefore, in the morning when the landlord’s family went out she would sit outside with her daughter. She would stay outside holding her daughter regardless of the weather - even in extreme, heat, cold and rain, in order to avoid any opportunity of having the man finding her in her room with no else in shouting distance. This situation obviously put her and her daughter at risk of illness as well as other forms of abuse and violence, particularly as children with disabilities are often considered “easy victims” and therefore targeted by abusers (11). All for the sake of avoiding what she felt was otherwise inevitable sexual violence. Thanks to ongoing psychosocial support from an HI caseworker, she was able to find much safer and more comfortable accommodation with other women after a few months. Nevertheless, this story points to the extreme and multiple vulnerabilities people face due to the risk of sexual and gender based violence.

People with physical, sensory, and intellectual impairments and people with mental health problems are at a higher risk of sexual violence and abuse (1). This holds true regardless of the cause of the impairments, whether it is due to illness or injury, genetics or old age. Older people are often excluded from GBV prevention and response services due to the perception that older people are not sexually active. However, this prevents older people from accessing crucial medical and psychosocial support for abuse that may have occurred recently or many years ago. Case stories shared at a recent workshop on working with male survivors of SGBV highlighted the plight of men who, only once they were well over 60 years, were willing disclose the sexual violence they survived decades ago (12). Regardless of the age of survivors or the amount of time that elapses between survival and disclosure, all people – young and old – should have a right to access inclusive support services.

We also know that there are particular barriers to GBV services that people with disabilities and older people face when the perpetrators of GBV are their caregivers: for example, lack of physical accessibility of their residence and/or a safe place, their lack of mobility can inhibit escape, communication barriers can complicate disclosure, and so on (13).
Problems accessing health care services = problems accessing necessary GBV services

In the context of the Syrian crisis we can expect that people with disabilities also face significant barriers to accessing health care including those services essential following an incidence of sexual violence.

Available data shows us that globally, over 10% of women with disabilities and 23% of men with disabilities report not returning to seek health care because they were treated badly during a previous visit (8). Given that 60% of older people have problems in daily living activities (14) it is expected that they face similar barriers accessing health care as well as other social and support services. Considering that accessing specialized medical care following an incident of sexual violence is crucial to managing physical and psychological effects associated with the incident, the challenges people with disabilities and older persons face in accessing primary health services highlight the presence of barriers that may discourage or prevent these people from accessing these potentially life-saving services as quickly as possible.

Discrimination Alert!

During a meeting with UN and NGO colleagues, we learned how a Syrian refugee woman with an intellectual impairment survived sexual abuse in Lebanon and needed a safe place to live and recover from the incident and to prevent further abuse. However each safe housing provider that was contacted refused to accept her due to her intellectual impairment; these providers were unwilling to find ways of communicating with her or facilitating her inclusion into their housing. This left her with no opportunity for protection from the sexual abuse she had only recently survived.

Attitudinal barriers

There is a growing recognition that women and girls, men and boys with disabilities need information about sex, relationships, and GBV (15). Yet, mis-perceptions remain regarding their ability to understand information and make informed decisions (15). There is a specific and ongoing need for training and support for GBV service providers regarding communication with people with various disabilities (particularly sensory and intellectual disabilities) and possible options to explore in an effort to gain informed consent and participation in decision making in spite of differing modes of communication and cognition.
Steps can be taken to improve the situation

Working on making services more inclusive can improve the access people with disabilities, older persons, and other vulnerable people have to prevention services thereby decreasing their risk of GBV. Improving the inclusivity and accessibility of GBV services also helps to ensure that when incidents of GBV do occur these people have equitable access to the crucial services that can mitigate the physical, mental, and psychosocial trauma of the violence.

Referral Pathways

A key to accessing GBV services is ensuring that people who are at risk of GBV, or are GBV survivors, gain access to necessary protection, care and treatment services (such as legal assistance, medical care, mental health and psychosocial support); regardless of their service-entry point. In other words, non-GBV specialists should be responsible for identifying potential GBV cases - and those at high risk – and ensuring that they are connected to necessary specialized services through organizations that provide support both for GBV prevention and response. The referrals of suspected GBV cases in Jordan are guided by operating procedures that detail which organizations to refer to in what situations, as well as including specific guidelines for the inclusion of people with disabilities (16).

Positive Action – Example #1: Amani Campaign

In 2014 an awareness campaign called Amani, which means ‘my security’, was organized by the Inter-Agency Child Protection and Gender-Based Violence. The lead agencies for this campaign were Save the Children International, IRC, UNFPA, UNICEF and UNHCR. The messages and the accompanying information, education and communication (IEC) materials featured a specific message (#5 of the 10 key messages) about the inclusion of people with disabilities. Message 5 declared: “Our abilities are different but our rights are always the same.” The poster on the right reflects this message.

This year, the Amani-Amanak campaign (meaning ‘my security is your security’) is expected for the 16 Days of Activism Against Gender Based Violence. It will include 2 new messages concerning the engagement of boys and men in GBV. The goal is to integrate messages challenging underlying stereotypes and assumptions about gender and masculinity which play strong roles in the situations that enable GBV incidents as well as contributing to the discriminatory ideas regarding people with disabilities that increase their vulnerability to GBV (17).
The International Rescue Committee (IRC) runs a well-known programme focused on Women’s Protection and Empowerment (WPE) that includes GBV prevention and response activities. Staff members of the WPE project in Jordan were involved in a project with the Women’s Refugee Commission last year which guided them in an exercise challenging their own perceptions (and mis-perceptions) of people with disabilities, as well as identifying ways to include women with disabilities into the WPE programme. This resulted in Sign Language lessons for counseling staff, modifications of buildings housing IRC’s Women’s Centres in host communities, and participation in ongoing trainings regarding attitudes towards and interactions with people with disabilities.

**Recommendations**

1. **Accessibility:** Facilities housing GBV prevention and response services should follow principles of Universal Access to ensure that people with disabilities – and other people living with functional limitations - can access facilities. There are multiple resources available online that can assist project managers and engineers to ensure that the facilities they’re building or renovating are more accessible and also that accessibility features, such as ramps, conform to safety standards. An example is the document *All Under One Roof: Disability-inclusive shelter and settlements in emergencies*, published this year by the International Federation of the Red Cross/Red Crescent along with Handicap International and CBM (18). In addition to the physical accessibility of the sites hosting SGBV services, the attitudes of service providers, (in-) ability and (un-) willingness to communicate with people with communication impairments, and external protection concerns (e.g. at checkpoints en route to the centre) can pose significant barriers to access. GBV services need to be provided in communities at sites where people can access them without fear of reprisal from family and community members, fear of arrest, and so on.
Information on GBV prevention and survivor-care services should be made available in accessible formats (written, audio, and visual formats) and disseminated through various community-based networks reaching marginalized people, such as people with disabilities (including but not limited to injured persons). This should include strategies for reaching older people and people with impairments that prevent them from leaving their homes. Specific strategies targeting boys and men are also essential. Restricted and often irregular status is much more common amongst male refugees than female refugees in Jordan and Lebanon which means that they are often afraid of leaving their homes, thereby severely restricting their access to information and services.

Training about inclusion of people with disabilities, older persons, and other people with specific needs for all SGBV staff including programme coordinators, managers, clinicians and counselors (19). Key topics should include ensuring confidentiality, consent, and choice to accept or refuse offered treatments, referrals, etc.

Training opportunities may seem limited, but they are growing: training support can be solicited from Handicap International teams in Jordan, Lebanon and Iraq. There are also online resources and training opportunities pertaining to protection of people with disabilities and older persons in humanitarian emergency settings, such as through the recently launched Age and Disability Capacity Building Programme or ADCAP (20).

Participation of people from specific marginalized groups in the planning, implementation, monitoring and evaluation of SGBV projects is essential for inclusive programming. Are your organizations in touch with community based groups? Is the representation of women, of older persons, children/youth, and people with disabilities ensured and built into consultative committees informing project development and implementation?

Ensure the right to protection services for all people - including people with intellectual disabilities and/or mental health problems - regardless of their age or ability. Article 16 of the UN Convention on the Rights of Persons with Disabilities on “Freedom from exploitation, violence and abuse” states that “States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects” (21).
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**References**

7. See compilation of 8 reports and 18 peer reviewed papers highlighting the risk of SGBV people with disabilities face: *Sexual Violence Against People with Disabilities, Sexual Violence Research Initiative, Gender and Health Research Unit, Medical Research Council, South Africa.* [Last accessed 11 Nov 15: http://www.svri.org/disabilities.htm]
12. Discussion regarding outcomes of the workshop on male survivors of SGBV which held in Amman, Jordan in 2015. This discussion took place during the Regional GBV Task Force meeting – 26 October 2015; UNFPA Syria Crisis Hub, Amman; attended by M. Tataryn (Handicap International).
17. Information gathered through attendance at SGBV WG meetings in October 2015.
19. Specific needs can relate to any requirement for removal of specific barriers that are impairing access to services. These could include barriers related to a health condition/impairment, protection concerns, linguistic and/or cultural barriers, etc.
20. ADCAP is a three-year programme to strengthen the capacity of humanitarian agencies to deliver age and disability inclusive emergency response. [Last accessed, 22 Nov 15: http://www.helpage.org/what-we-do/emergencies/adcap-age-and-disability-capacity-building-programme/]

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