



International



# COVID-19: VIOLENCE RISK AND INCOME LOSS AMONG PERSONS WITH DISABILITIES

## EVIDENCE ON THE IMPACT OF COVID-19 ON PERSONS WITH DISABILITIES IN CAMBODIA.

ADD International is an international disability rights organisation, with its headquarters in the UK, and country programmes in 5 countries in Asia and Africa (Bangladesh, Cambodia, Tanzania, Uganda and Sudan).

We fight for the independence, equality and opportunity for persons with disabilities living in poverty. The information for this report was gathered in August 2020.

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Funded by:



## **ACRONYMS**

DPO - Disabled People's Organisation

NGO - Non-Governmental Organisation

SHG - Self-help Group

UNICEF - United Nations International Children's Emergency Fund

USD - United States Dollars

VAWG - Violence Against Women and Girls

WGQ - Washington Group Questions

## **ACKNOWLEDGEMENTS**

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## EXECUTIVE SUMMARY

This report presents findings from telephone interviews with 87 members from Disabled People's Organisation (DPO) partners and 10 DPO/Self-Help Group (SHG) leaders from organisations with 1,998 members in 10 districts across 7 provinces of Cambodia, to ask about the impact of the COVID-19 pandemic on persons with disabilities.

Three patterns emerge from these interviews: there is a pattern of compounding vulnerability to violence; a pattern of significant livelihood loss that is felt differently by disability type and gender; and a link between livelihood loss and pronounced increase in economic and psychological violence against women and girls with disabilities.

Evidence from these interviews suggests that, during the COVID-19 pandemic, some women with disabilities are at increased risk of violence and suffering a dramatic loss in household earnings. Reported violence risk increase is mostly psychological and economic, higher among older respondents and most pronounced among those who already experienced medium to high risk of violence before COVID-19.

- **2 in 5 respondents report they are at an increased risk of violence during COVID-19.** 40% of respondents (35/87) report that they are at an increased risk of psychological, economic, physical and/or sexual violence since the pandemic began. Seven of the ten interviewed leaders report this increased risk is felt both at home and in the community.
- **Most of the respondents reported increased risk of violence is psychological and economic.** Psychological and economic violence risk accounts for 77% of the reported risk increase since COVID-19.
- **Respondents who were already at risk of violence before the pandemic are now at even greater risk than their peers.** Respondents who experienced medium to high risk of violence before COVID-19 report a larger increase in violence risk after COVID-19 than their counterparts who experienced no to low risk before the pandemic. This exacerbating trend is most pronounced among those who experience economic and psychological violence risk.
- **Older respondents report greater risk of experiencing violence during COVID-19.** Among participant responses, there was a statistically significant ( $p < 0.1$ ) positive association between age and reported violence risk since COVID-19 began.
- **Respondents report losing 52% of their monthly household income since the pandemic began.** The reported average monthly household income among respondents before COVID-19 was 182 USD, and since COVID-19, it is 87 USD. This 52% loss is similar to a finding from the same survey among persons with disabilities in Bangladesh, who on average report losing 65% of their monthly earnings since the COVID-19 crisis began.<sup>1</sup>

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<sup>1</sup> [COVID-19: Double Jeopardy for Persons with Disabilities](#). June 2020. ADD International.

- **COVID-19's impact on livelihood is felt differently by disability and gender.** We see suggestive evidence of differentiated impacts among people with difficulties communicating and with self-care. Based on reported estimates, men with disabilities seemed to have lost more income than women since the crisis began.
- **The primary concern of respondents in Cambodia is meeting food needs,** and most respondents (58%) report that they are eating less or have a 'lack of food', which we assume to mean that they are eating less. One-third of respondents' future plans reflect an ongoing reliance on farming.
- **A large portion of respondents do not have access to the same COVID-19 survival support as others in their community.** One in three respondents report that they never or rarely receive the same COVID-19 survival support (local distribution of food, water, basic supplies or cash support) as others.
- **DPOs undertake a range of actions to address livelihood support and violence risk.** Interviewed leaders report that their organisations establish village committees to report and support cases through to resolution; and identify individuals, assess needs, link members to services and engage duty-bearers in a variety of fora.
- **There is broad access to reliable COVID-19 information from government.** 93% of respondents report the information they receive comes from government, and 98% feel that the information they get is reliable.

Based on these findings we make the following recommendations, which are summarised here, but elaborated further at the end of this report:

- **In violence reduction measures, ensure inclusion of older women and those who were already at risk of violence before the pandemic.**
- **To reduce violence risk, make accommodation for intervention and ensure contact support.**
- **Integrate livelihood support into violence intervention, and account for violence risk in livelihood intervention.**
- **Increase support for food security.**
- **Strengthen identification and extend reach among the most excluded.**
- **Address root causes of economic disparities.**

## COMPARISON TO SECONDARY SOURCES

This report's findings about increased violence risk is consistent with and complements findings from secondary sources. The COVID Disability Rights Monitor Joint Submission to the Committee on the Rights of Persons with Disabilities on August 18, 2020 notes a substantial global increase in sexual and gender-based violence against women and girls with disabilities amidst COVID-19. Adding to this Joint Submission, this report finds that increased risk of violence is not only sexual, but also psychological and economic in nature. Most respondents who reported an increased risk of violence indicated that it was psychological and economic violence.

This paper's finding about increased psychological and economic violence risk during COVID-19 is consistent with findings from previous work in Cambodia and current work abroad. Previous work in Cambodia shows that emotional abuse accounts for the majority of violence experienced by women and girls with disabilities.<sup>2</sup> During COVID-19, Beland et al. 2020 in Canada<sup>3</sup> find a significant association between financial and social difficulty and increased concern for domestic violence. This suggests financial stress and social isolation may increase risk of violence. Consistent with this picture, UNICEF Cambodia COVID-19 report identifies psychological harm and risk of domestic violence as key challenges.<sup>4</sup>

This report's finding of high psychosocial difficulty and large income loss among respondents is consistent with a May 2020 report that shows that some women entrepreneurs with disabilities in Cambodia report high stress and income loss.<sup>5</sup> This paper's finding that older respondents report increased risk of violence during COVID-19 is consistent with insight from a June 2020 Oxfam Brief that warns older people and people with disabilities are struggling with the economic impact of COVID-19 acutely, as many are dependent on others for financial support.<sup>6</sup>

When this report is taken together with previous evidence, patterns emerge which suggest those left behind before may be left further behind now. Prior to COVID-19, evidence from participatory studies suggest that women with disabilities, compared to women without disabilities, were approximately 4 times more likely to experience controlling behaviour from

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<sup>2</sup> Astbury J, Walji F. **Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia.** AusAID Research Working Paper 1. [https://iwda.org.au/assets/files/20130204\\_TripleJeopardyReport.pdf](https://iwda.org.au/assets/files/20130204_TripleJeopardyReport.pdf)

<sup>3</sup> Beland LP, Brodeur A, Haddad J, Mikola D. **COVID-19, Family Stress and Domestic Violence: Remote Work, Isolation and Bargaining Power.** Institute of Labor Economics. June 2020. <http://ftp.iza.org/dp13332.pdf>

<sup>4</sup> Unicef Cambodia COVID-19 Response Situation Report. April 2020.

<sup>5</sup> Hanson C, Bun K, Chou L. **Impact of COVID-19 on Women Entrepreneurs with Disabilities in Cambodia.** May 2020. Agile Development Group

<sup>6</sup> Oxfam. **The Impact of COVID-19 on Cambodia's Most Vulnerable Populations.** June 2020.

partners.<sup>7</sup> This is consistent with a more recent baseline assessment, which suggests that women and girls with disabilities are four times more likely to have experienced violence than their non-disabled peers.<sup>8</sup> Particularly among these high risk groups, this current report shows that risk of violence has increased during COVID-19.

## METHOD

### Selection and evidence gathering

Sampling was purposive in selecting DPO/SHG leaders (10) and members (87) across 10 districts in 7 provinces who are in vulnerable situations. The 87 respondents came from DPOs and SHG groups which together have a total of 1,269 women members.

Partners invited 87 members to participate in the interviews, and made selection using following criteria: women and girls with disabilities who experience or are at risk of violence; women and girls who run their livelihood (ie grocery shops, animal raising) by themselves; 80% women and 20% men with disabilities; people with disabilities living in poor households; and men and women with disabilities in informal employment (daily wage work). ADD staff conducted telephone interviews using ADD International's COVID-19 Community Action Evidence Tool, a structured questionnaire with a mix of open-field response, multiple choice and closed questions. The data was gathered between July and September 2020.

### DPO Validation

The findings in this report have been validated and updated through consultation workshops with 13 (11 women) from 5 DPOs and 2 NGO partners held on 7 and 8 October 2020.

### Leaving No One Behind in Analysis

We followed a mixed qualitative and quantitative protocol for analysis that disaggregates by age, gender, and type and magnitude of functional difficulty. We report averages, but as averages can conceal inequities, we also disaggregate trends and strive to use direct quotes from those in the minority wherever possible. We conducted thematic analysis of qualitative responses to open queries, and we conducted descriptive statistical analysis of closed questions.

We conducted tests to determine the extent to which results are due to chance or reflect underlying differences in the sample. We conducted correlational statistical analysis to test for

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<sup>7</sup> Astbury J, Walji F. **Triple Jeopardy**: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia. AusAID Research Working Paper 1. [https://iwda.org.au/assets/files/20130204\\_TripleJeopardyReport.pdf](https://iwda.org.au/assets/files/20130204_TripleJeopardyReport.pdf)

<sup>8</sup> [Preventing Violence Against Women and Girls with Disabilities in Cambodia. A Community Mobilization Model Project](#): Baseline Assessment. ADD Cambodia June 2019.

statistically significant differences in the risk of violence before and during COVID-19 and the type and level of exclusions (from protection and survival support and access to information) experienced among people with different and multiple functional difficulties (as measured by the Washington Group Enhanced Set of Questions, which include questions about difficulties related to anxiety and depression).

Statistically significant differences in violence risk, income loss and exclusion types that met conventional levels of confidence are reported in this document. Other differences that were not statistically significant (ie, between different functional difficulties or age groups) are reported in a statistical computing software command file (R) that is available upon request. For purposes of this analysis, a respondent is considered as being excluded if they report not receiving the same as others or if they report that there is distribution of support in their community and that they did not receive any support. For purposes of analysis, a respondent was considered at increased risk of violence during COVID-19 if they reported any increased risk in any type of violence (psychological, physical, economic or sexual).

## **Limitations**

The study had several limitations due to travel restrictions, time and sampling constraints. Due to purposive sampling, this rapid study is not fully representative of the impacts on persons with disabilities in the target areas, but it is helpful in getting a picture to inform future studies. For safety, primary data collection had to be conducted through telephone interviews, telegram or Facebook Messenger. Technical challenges such as interrupted communication made it difficult to understand the respondents clearly. When initial information was incomplete or difficult to interpret, we contacted respondents again to clarify.

## **DESCRIPTION OF INTERVIEW PARTICIPANTS**

87 DPO members participated: 89% were women (n=78). Interview participants experience a broad range of functional difficulties and 95% experience more than one functional difficulty.<sup>9</sup> Certain types of functional difficulties were more common in the sample, such as remembering and walking, followed by anxiety and seeing (see Annex A, Figure A).

**A large portion of respondents experience psychosocial difficulties.** Over two-thirds of respondents experience signs of anxiety (70%) and almost half (45%) experience signs of depression. 95% of participants responded for themselves, and 5% answered on behalf of a relative or friend with disabilities. Participant age ranged from 13 to 75, and most participants were from the ages of 40 to 60+, as shown in the annex.

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<sup>9</sup> As measured with the Washington Group Enhanced Set of Questions. Full results in annexes.

ADD Cambodia and partners also interviewed 7 DPO leaders and 3 Self-Help Group representatives, 9 of whom were women. The ten DPO/SHG leaders are from organisations with 1,998 members, 53% of whom are women. These leaders were able to contact or find out about approximately 83% of their members for this report, 53% of whom were women.

## **FINDINGS**

This section presents respondents' answers to questions about violence risk, livelihood, future plans, survival support and DPO/Self-Help Group (SHG) support, and also presents what persons with disabilities would like others to do during this time.

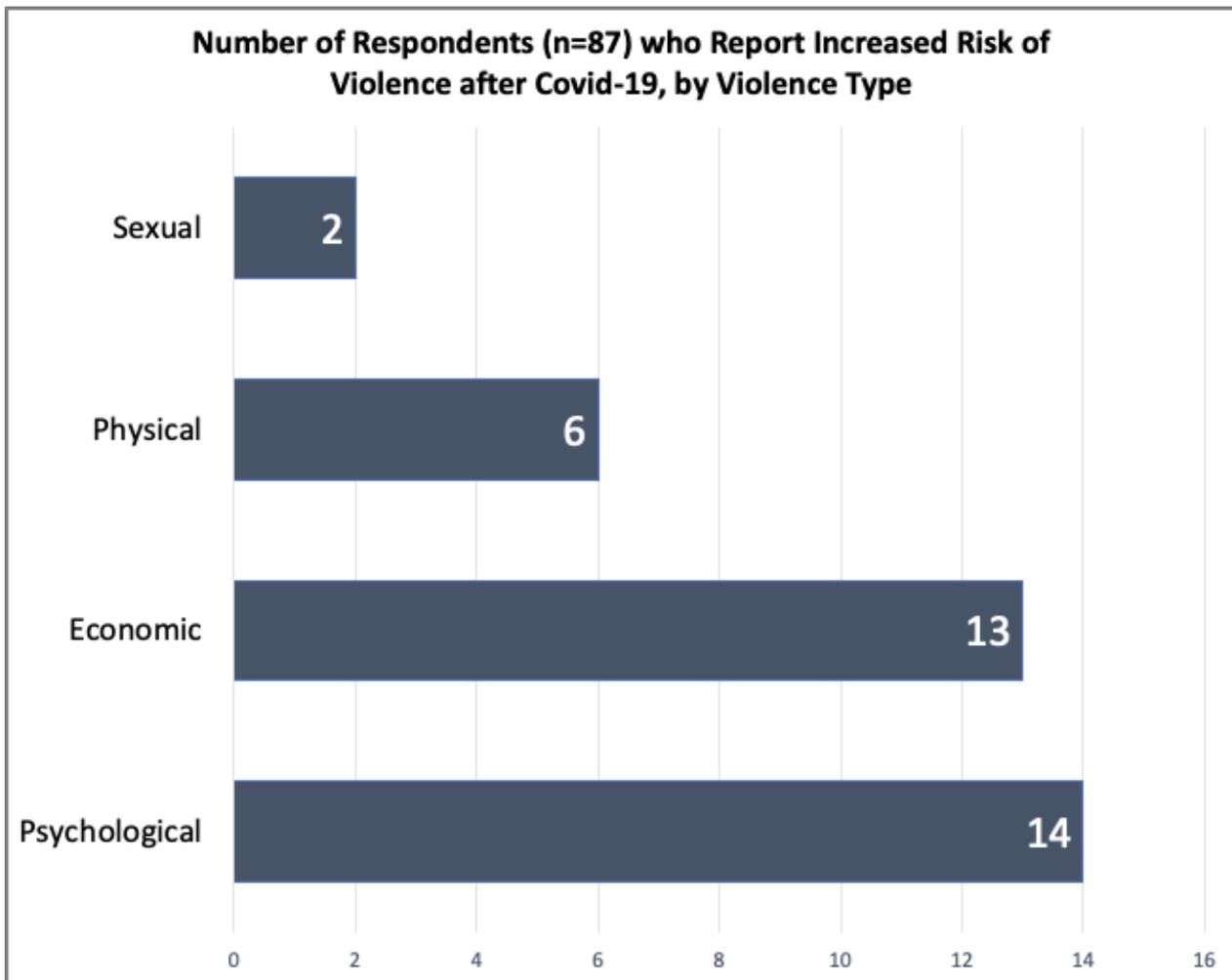
### **RISK OF VIOLENCE DURING COVID-19**

**2 in 5 respondents report they are at an increased risk of violence during COVID-19.** 40% of respondents (35/87) report that they are at an increased risk of psychological, economic, physical and/or sexual violence since the pandemic began. Additionally, all ten interviewed leaders report that their members are at greater risk of experiencing gender-based violence due to COVID-19. In validating this report, DPO respondents say that the number of reported violence cases (mainly rape and physical violence) has increased.

**Most of the reported increased risk of violence is psychological and economic in nature.** As presented in the figure below psychological and economic violence risk accounts for 77% (27/35) of the reported risk increase since COVID-19.<sup>10</sup> This finding is consistent with independently gathered evidence from interviewed DPO/SHG leaders: Six of ten interviewed leaders report additional risks. Four of ten leaders report an increase in economic violence or in psychological/emotional violence, and one leader reports an increase in physical and sexual violence, citing case report evidence

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<sup>10</sup> Further information about violence risk assessment method is available in Annex B.



**Respondents who were already at risk of violence before the pandemic are now at even greater risk than their peers.** The increase in risk of violence was concentrated among respondents who reported elevated violence risk prior to the pandemic. Although they make up a smaller portion of the total survey participants, a fair proportion (23%) of the respondents who reported medium to high risk of violence before COVID-19 saw their violence risk increase. Meanwhile, the majority of survey respondents who reported no or low risk of violence before COVID-19 and they largely (92%) saw their risk remain at the same low levels or even decrease.

**Respondents at risk of physical, economic and psychological violence before COVID-19 are at greater risk now.** This exacerbating trend is most pronounced among those who experience economic and psychological violence risk. Those who experienced medium to very high risk of economic violence before COVID-19 were 2.3 times as likely to report increased risk than those who, before COVID-19, experienced no to low risk of economic violence. The same pattern emerges among those who experience psychological violence risk - those who experienced medium to very high risk of psychological violence before COVID-19 were 1.6 times as likely to report increased risk than those who, before COVID-19, experienced no to low risk of psychological violence. And similarly for physical violence, those who experienced medium to

high risk of physical violence before COVID-19 were 1.7 times as likely to report increased risk than those who, before COVID-19, experienced no to low risk of physical violence.<sup>11</sup>

**Risk of violence varies by disability to some degree.** Statistical testing suggests that respondents with signs of depression may be at more risk of experiencing an increase in risk of any type of violence than their peers without signs of depression.<sup>12</sup> DPO respondents during validation independently report that low self-esteem might lead to high risk of violence. Statistical testing also suggests that respondents with difficulty hearing appear to be at increased risk of economic violence compared to their peers without difficulty hearing.<sup>13</sup>

**Older respondents report greater risk of experiencing violence during COVID-19.** Among participant responses, there was a statistically significant positive association<sup>14</sup> between age and reported increase in violence risk since COVID-19 began. In the sample, statistical testing suggests that a 70 year-old would be twice as likely to experience an increased risk of violence than a 35 year-old. Upon validation of this finding, DPO respond that this disproportionate increased risk may be due to greater reliance of older people on caregivers.

**Violence risk is linked to poverty.** DPO respondents during validation of this report emphasised that the risk of violence is linked to poverty.

## **LIVELIHOOD DURING COVID-19 AND VIOLENCE RISK FACTORS**

**Respondents report losing 52% of their monthly household income since the pandemic began.** The reported average monthly household income among respondents before COVID-19 was 182 USD, and after COVID-19, 87 USD.

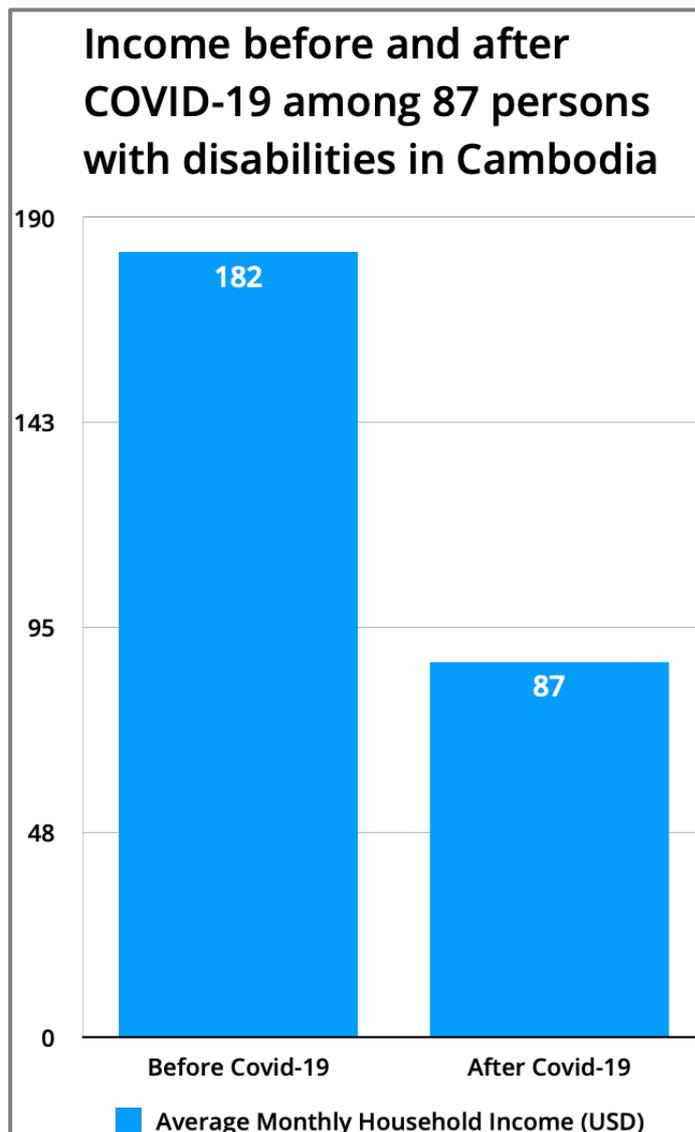
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<sup>11</sup> Figures calculated based on tables in Annex C.

<sup>12</sup> The p-value for this estimate is 0.091, which meets the 0.1 convention for statistical significance.

<sup>13</sup> The p-value for this estimate is 0.0607, which meets the 0.1 convention for statistical significance.

<sup>14</sup> The p-value for this estimate is 0.0605, which meets the 0.1 convention for statistical significance.



DPOs who validated this report say that this 52% loss figure likely underestimates actual loss. This figure is similar to a finding from the same survey among persons with disabilities in Bangladesh, who on average report losing 65% of their monthly earnings since the COVID-19 crisis began.<sup>15</sup>

Consistent with these findings from members, leaders who were interviewed independently report that most members have lost most of their income as a result of COVID-19, and add that **there are differences by gender.**

Men seem to have lost more income than women, even though women are more often in informal employment than men. Feedback during DPO validation of this report suggests that men may have lost more during COVID-19 in part because they had more income than women to begin with. Leaders estimate that two-thirds (66%) of female members have lost most of their income as a result of COVID-19. This figure for women is lower than leader estimates for male members, which suggest 71% of men have lost most of their income as a result of the

<sup>15</sup> [COVID-19: Double Jeopardy for Persons with Disabilities](#). June 2020. ADD International.

crisis. Interviewed leaders report that 50% of their female members are informal day labourers who have minimal or no savings, compared to 37% of men.

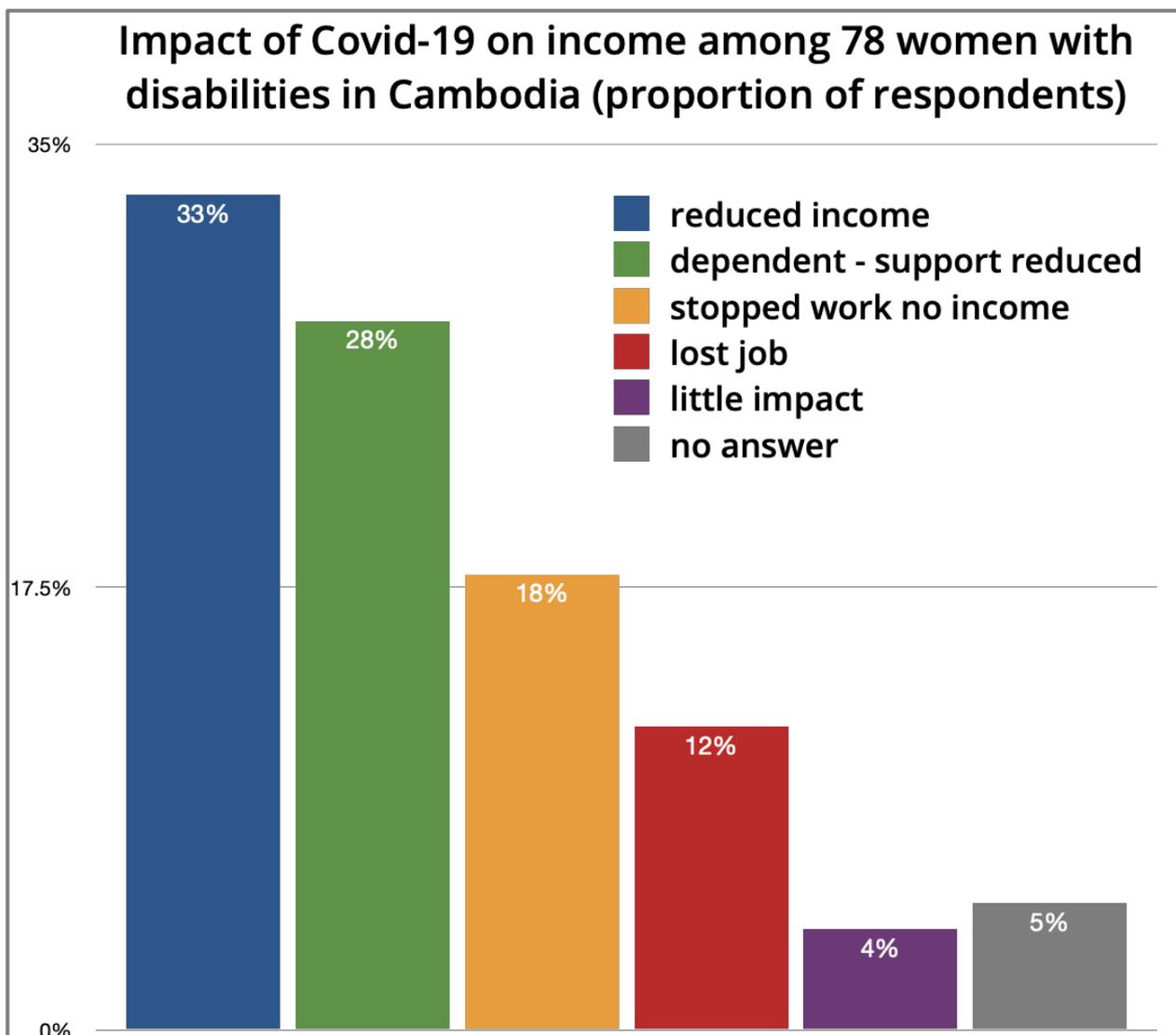
The vast majority of respondents report that their income has been negatively impacted by the COVID-19 pandemic. 33% (26 female/3 male) report that though they have continuing work, the situation has led to a reduction in their income:

*'My vegetable price is low so it meant I lost income'*

*'The income depends on the collecting cassava with daily paid 12.50\$ and now 5\$ per day and they lack the job to do'*

25% (all female) describe how they are dependent on the earnings of relatives or others, and that these earnings have gone down or stopped entirely as a result of the pandemic.

*'I'm not able to earn income by myself, I live under supported from my children and when have COVID-19 they reduced 50% of support money to me because they also lost some income for their family too'*



*'Husband works as the construction worker (Daily paid), no construction work exists in the areas'*

*'Her husband is the beggar, the number of people go to the market is reduced'*

17% (14 female/1 male) describe how they have been unable to work at all during the pandemic, with no income as a result: *'No client helps to buy my fish or vegetables and I didn't dare go outside'*

14% (9 female, 3 male) report that they have lost their jobs, mostly in the textiles or construction sectors, but it is not always clear if this is temporary or permanent. Six percent report that they have experienced little impact, and in some cases this is partly because their income was already so low:

*'My income is dependent on the collection the water morning glory in the community to sale at the market - very small amount that I earn from so not much impact to the income.'*

**Livelihood, survival and violence are linked.** Three of the ten interviewed DPO/SHG leaders report that economic distress (lost job and no access to enough economic support) are additional risks. One respondent says:

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*'The Community Development Officers are trying to provide counselling but still the victims ask that without food how will the violence stop'*

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Two leaders say insufficient information access and poor communication due to economic crisis as violence risks:

*'Economic crisis lead them have poor communication in the families'*

*'Not access to enough information and economic support'*

One leader reports restrictions and drunkenness as additional risk factors.

*'Lost job leads to violence, outside home violence because of the restriction and drunk'*

**COVID-19's economic impact is felt differently by people with different functional difficulties.** When analysed through the lens of the Washington Group Questions (Enhanced Set), and with statistical testing, we see strong evidence that respondents with difficulty remembering suffered greater income loss (63% income loss) than their peers without remembering functional difficulty since COVID-19.<sup>16</sup> Similar statistical testing suggests that respondents with signs of depression were more likely to suffer greater income loss than their peer without signs of depression.<sup>17</sup> Because the cohort interviewed was not selected using a probability method, it is not possible to conclude that this difference is found in a broader population than those

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<sup>16</sup> During validation of this report, it was difficult for DPO members to confirm this finding.

<sup>17</sup> The p-value for the loss estimate for remembering difficulty is 0.0078, which meets the 0.01 convention for statistical significance. The p-value for the loss estimate for depression signs is 0.07, which meets the 0.1 convention for statistical significance.

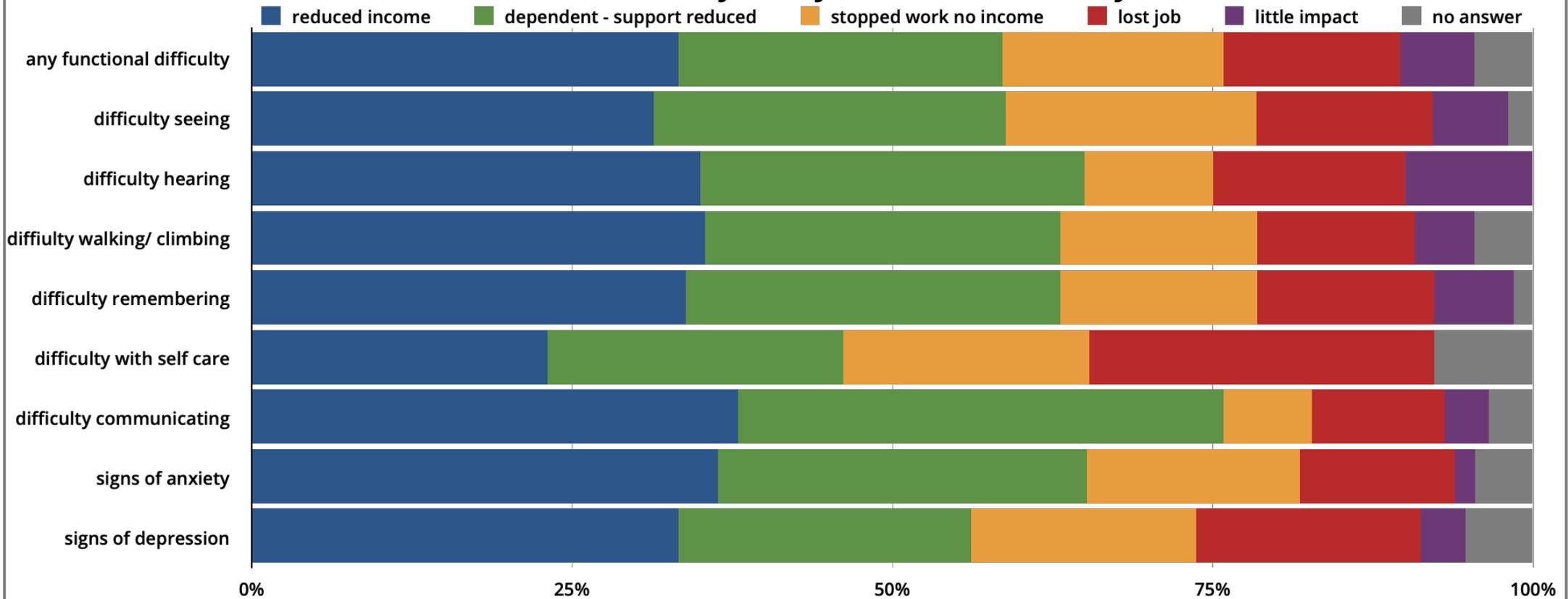
interviewed. **Despite broad similarities, it is apparent that different groups are experiencing the crisis differently, which suggests that mitigation measures could be more effective if they are vigilant in relation to particular risks faced by certain groups.**

Consistent with these quantitative findings, qualitative responses to open-ended questions also suggest that different groups experience the crisis differently. As presented in the figure on the next page, while the economic impact of the pandemic has been experienced in a broadly similar way by individuals across all functional difficulty categories, there are notable differences. Among those reporting difficulty with self-care, there is a slightly higher proportion who have lost their job (27%) than those in other functional difficulty categories. Compared to other functional disability categories, those who report difficulty communicating and are dependent are more likely to have had the level of support received and their income reduced (38%).<sup>18</sup>

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<sup>18</sup> Authors analysed responses against different categories of the WGQ, and 95% of respondents experience multiple functional difficulties. The above categories include those reporting 'at least some difficulty' (in the first 6 areas) or describing level of feelings (in the last 2 areas) to be at least 'somewhere between a little and a lot', and at least monthly. This threshold is broader than WGQ convention and is in line with ADD's social/rights based approach to understanding disability exclusion which recognises that even low levels of functional difficulty can lead to stigma and discrimination, which lead to social and economic exclusion.

## Impact of Covid-19 on income among 87 persons with disabilities in Cambodia, analysed by functional difficulty



## DPO ACTION TO REDUCE RISK AND SUPPORT SURVIVORS OF VIOLENCE

DPO/SHG leaders who were interviewed report that their organisations are taking action to support women and girls with disabilities who may be at risk of violence during this time. One leader reports that their organisation establishes village committees to report and support cases through to resolution:

*'Established committees in all target villages to help to report violence case and intervention support until close case and communicated with potential resource to help to solve problem or violence case interventions'*

Two leaders spoke about sensitising and referring cases to local authorities. One DPO leader reports that they start by building their organisational capacity whilst carrying out home visits to identify issues and raising those issues to commune councils for support.

*'start from organisation capacity building and at the same time carry home visit to identify the issues and raise to commune councils to support'*

Seven of ten interviewed leaders are aware of existing support services. Two of the ten leaders report that existing support services are not accessible to their members, with three leaders saying that they do not yet clearly understand about gender-based violence and how to support. This response may suggest that there is a demand to further develop DPO partner capacity on gender-based violence and support.

Leaders specify that **a range of actions can be taken to reduce risk** of gender-based violence among their membership during COVID-19. To reduce risk, six of ten mention individual visits and/or mentoring/counselling (eg by village volunteers), two mention strengthening response mechanisms with duty bearers/local authorities, two mention food support (eg from NGOs/local authorities) and one mentions livelihood support ('jobs finding').

Interviewed leaders also specify that **a range of actors can act to support survivors** of gender-based violence among their membership during COVID-19. Four leaders say there is a role for duty bearers and local authorities (ie police), and others say there is a role for families, village volunteers, development partners and DPOs. Leaders specify a range of actions: four mention individual visits, four mention case referral (submit complaint to police), three mention mentoring and/or counselling, one mentions case intervention and technical consultation, and another mentions a role for activists to make local authorities aware.

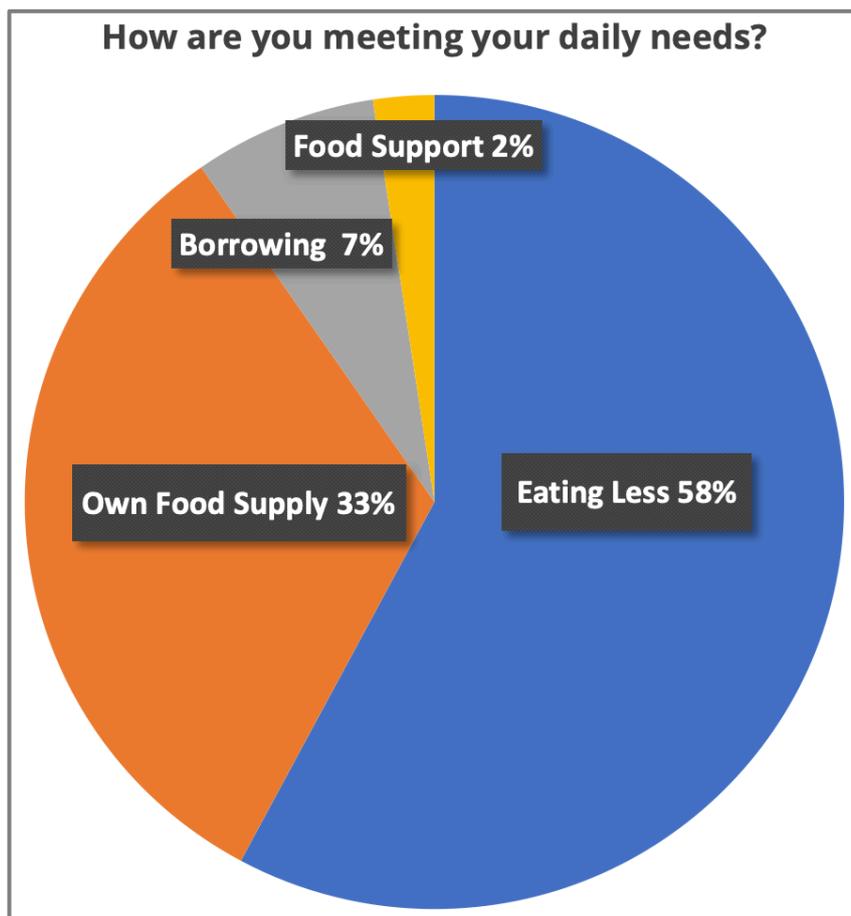
## DPO ACTION TO SUPPORT LIVELIHOODS

We asked DPO/SHG leaders about the ways in which their organisations engage with providers to get longer term livelihood support for their members. Interviewed leaders take a range of actions: their organisations identify individuals, assess their needs, link members to services, and develop livelihood projects. Interviewed leaders also report a variety of ways to engage: they report making phone calls to local authorities (ie Provincial Department of Social Affairs, Veterans and Youth

Rehabilitation), reporting at meetings, referring cases, advocating in mainstream fora through social media (Facebook, telegram, WhatsApp) and referring and referring and reporting cases.

### MEETING DAILY NEEDS FOR SURVIVAL

We asked respondents how they are now meeting their daily needs of food, housing costs and other support to survive. The primary concern of respondents was meeting food needs, and most (58%) report that they are eating less or have a 'lack of food', which we assume to mean that they are eating less.



Some describe how they are now eating a diet which is less nutritionally varied: *'There are the rice exist, but no meat'*

A large proportion (38%) of respondents report that they have their own food supply – either because they have food stocks, or because they continue food production on their land. This reflects the rural context. In validating this report, DPO respondents indicated that some have lost hope and are resorting to subsistence farming. While there is enough food for now, a few respondents implied that they are concerned about the future: *'I have food but very limited because need to save for others time that not sure on family income activities back'*

Some respondents (7%) report that they are borrowing to meet daily costs, while 2% report that they are receiving food support from neighbours or others.

While food security is the primary concern, the vast majority of respondents did not have any concern about their housing security: 73 said that they were living in their own house or staying with relatives, so that they do not have any housing costs. Just one said they were renting, but did not specify how this expenditure would be covered now that income has reduced.

During validation of this report, DPO members indicated that there has been an increase in expenditure for electricity, water and loans.

### **FUTURE PLANS IF SITUATION CONTINUES**

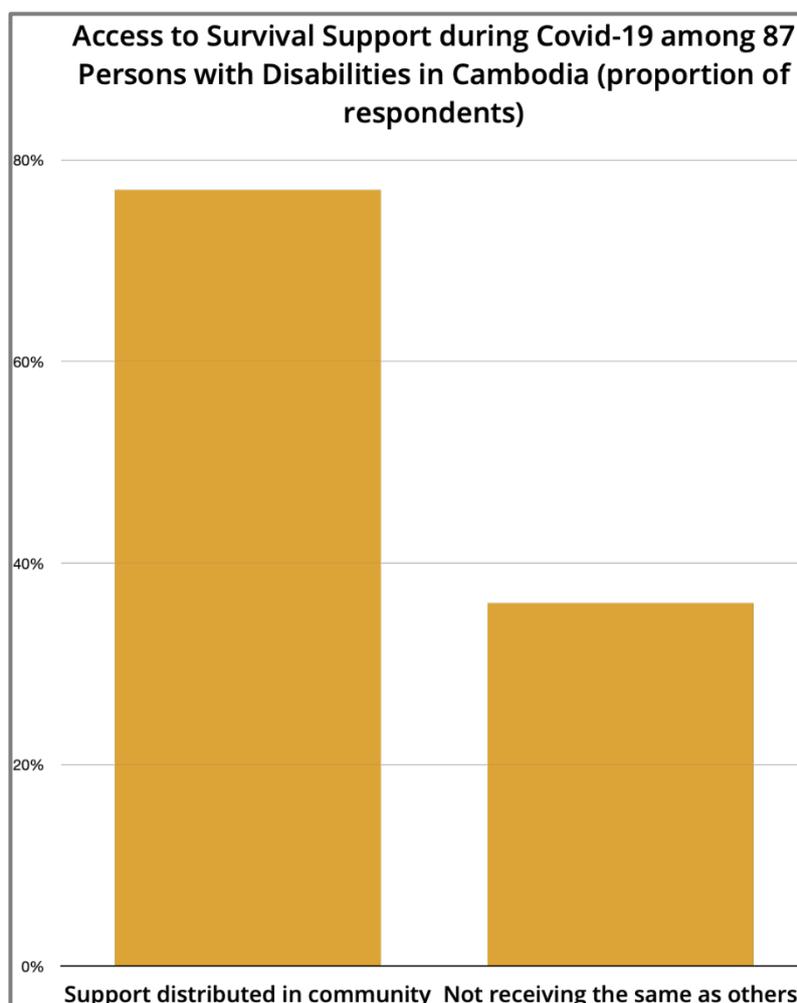
We asked respondents what their future plan is if this situation continues. It seems that many responses focused more on what they plan to do after the pandemic is over, rather than on what to do if the situation continues (e.g. *'After the COVID 19 is become normal, I will go to do construction work'*) so it is not clear that the findings here reflect strategies for survival in the current or ongoing context.

Of the 85 who responded to this question, the largest number of responses (29) reflected an ongoing reliance on farming (agriculture and livestock raising), either to meet family needs or to produce for sale in the local community. However, over one in four respondents (29%) report that they have no plan, and/or will continue to depend on others to secure their daily needs.

11 report that they plan to start, continue or re-establish businesses such as grocery selling, sewing or providing other services, while 4 stated that they would seek loans or join savings schemes to support livelihoods initiatives. 5 said that they would need to borrow money to meet their daily food needs if the situation continues, while 3 simply said that they would stay at home until the situation improves: *'Try to keep myself from COVID-19'*

### **UNEQUAL ACCESS TO SURVIVAL SUPPORT DURING COVID-19**

**A large portion of respondents report that they do not have access to the same COVID-19 survival support (local distribution of food, water, basic supplies or cash support) as others.** There is suggestive evidence that while COVID-19 survival support is being distributed in many communities, many persons with disabilities in those communities have not accessed that support: 77% of respondents report that there has been local distribution of food, water, basic supplies or cash support in their community, but 36% of respondents report that rarely or never receive the same survival support as others.



We asked respondents who did not receive the same as others about what had happened. Most of those who responded to this question (29 out of 36) mentioned that individuals need to have a IDPoor card to receive relief support.<sup>19</sup> However, it is not clear how many respondents have the card, or whether those without the card do not need relief support – i.e. there may be community members, including persons with disabilities, who are poor but do not have the IDPoor card. DPO responses during validation of this report indicate **concern that the determination to provide support is based on the caregivers' situation rather than the situation of the person with disabilities.**

Seven said that they did not understand why some receive support and others do not, with one respondent reflecting that it might be a question of waiting your turn: *'may be some time my turn and sometime another turn'*. But one respondent felt that persons with disabilities are discriminated against when it comes to distribution of supplies, while another felt that it is simply a question of lack of supplies.

<sup>19</sup> A new COVID-19 Cash Transfer Programme for IDPoor Households reached 644,665 families with a budget expense of 115,246,140,000 KHR between 25 June and 24 September 2020. (Ministry of Social Affairs, Veterans and Youth Rehabilitation). The IDPoor Programme was established in 2006 within the Ministry of Planning and is part of the Royal Government of Cambodia's ongoing effort to reduce poverty and support socioeconomic development.

One response reflects a sense that some relief or development organisations come and raise hopes of support, but deliver little: *'The group students come to take the photo and interview and not give anything'*

The type of COVID-19 survival support received by respondents is fairly evenly split between food (48%) and cash (39%), with some receiving household supplies, including sanitary items (13%).

We asked the ten leaders whether they noticed a difference in levels of testing or accessing medical care between their members depending on their disability type. One leader reports that they do notice a difference, and said that most of their members lack the means to access services, and they report that the attitude of service providers is a key reason for differential treatment.

### **INSUFFICIENT SURVIVAL SUPPORT DURING COVID-19**

Eight of ten interviewed DPO leaders report that their DPO membership has not been able to get the survival support (food or cash support from any source) they need during this time. Six say this is due to no regular/fixed schedule of support, and four mention the need for longer term solutions, such as livelihood opportunities.

### **WHAT ELSE CAN GOVERNMENT DO?**

We asked respondents about what else government could do during this time. Some respondents made general statements such as 'they should support me', and 23 said they did not know or preferred not to say. However, a large proportion of those who answered focused on the need for government to make a greater effort to identify and reach the most excluded, particularly the poorest and persons with disabilities.

<b>Areas where government can support by number of mentions among 87 persons with disabilities</b>	
<i>Area</i>	<i>Number of mentions</i>
Food support	16
Cash support	6
Emergency relief	5
Awareness / prevention	3
Hygiene supplies	2
Improve physical access to public buildings	2
Job creation for persons with disabilities	2
Livelihood support	1

They emphasised the importance of doing broader and more in-depth assessments to make sure that assistance really does reach the most excluded in communities:

*‘Government should conduct the in deep assessment so then the government officials have more indeed information to support’*

*‘Government extend their visit to the people with disability home and provide support’*

*‘Direct visit to the family to evaluate before distribution’*

In terms of the kind of support respondents felt government should provide, the following key areas were mentioned, as presented in the table.

**Food support was most mentioned among respondents when asked what else government can do at this time.**

### **WHO ELSE SHOULD SUPPORT AND WHAT CAN THEY DO?**

We asked respondents about who else should support them during this time and what they can do. 50% responded, and 44% of those who answered focused on the role of charities or NGOs, and 33% mentioned private sector companies.

<b>Areas where others (NGOs, charities, companies) can support by number of mentions among 87 persons with disabilities</b>	
<i>Area</i>	<i>Number of mentions</i>
Food support	17
Livelihood support	11
Don't know	9
Cash support	8
Awareness raising (violence, Covid-19)	4
Prioritise persons with disabilities	2
Support poor	1
Job creation	1

Roles suggested include, in order of most to least number of mentions: food support, livelihood support, cash support and awareness raising on violence against women and girls and COVID-19.

*'Companies should support in reducing the rate of loan'*

*'NGO/Companies support the cash and food to the poor'*

*'NGO/Companies to address the livelihood support, awareness raising on COVID 19 Prevention and VAW'*

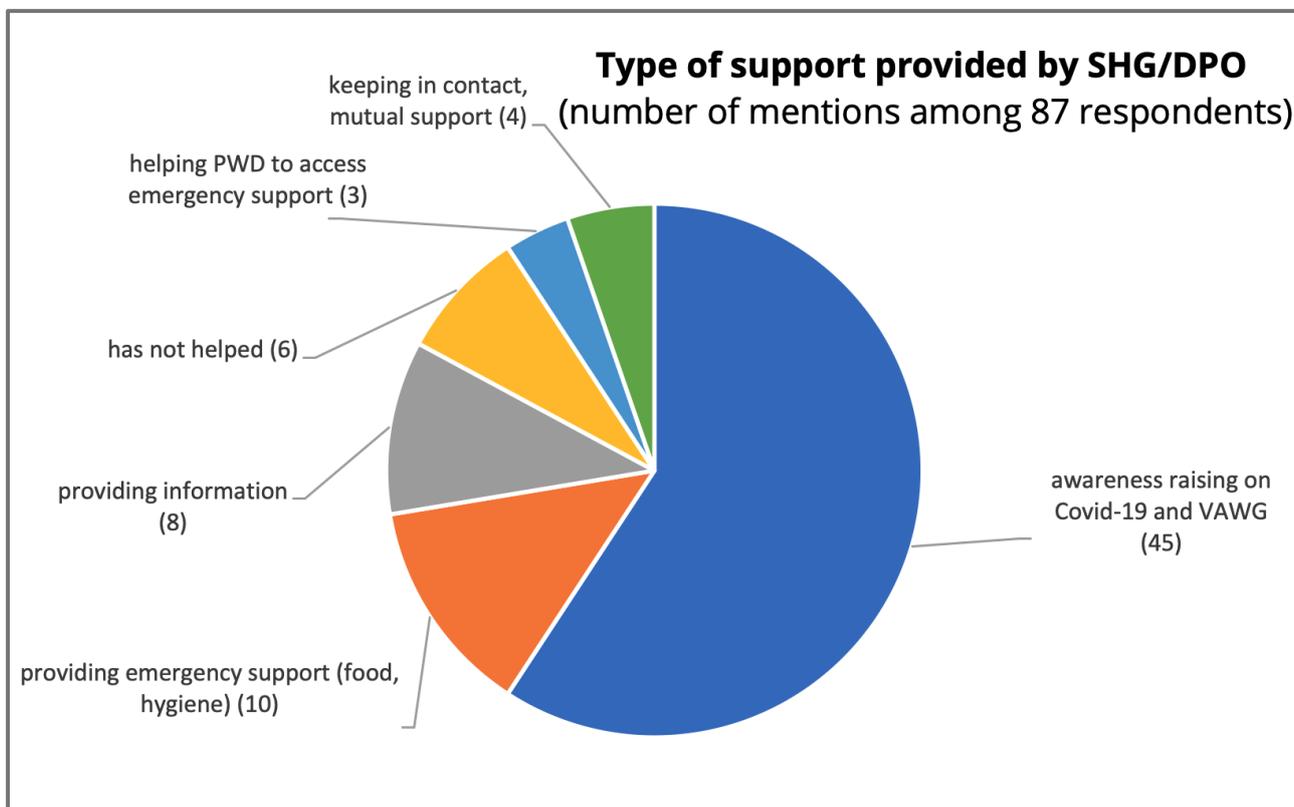
Several respondents mentioned that others could provide support in the form of capital:

*'charity or NGOs help to provide food support and capital to start small business for people with disabilities'*

Taken together, respondents most mentioned food support when asked what government and others can do. Respondents mentioned livelihood support more often when asked 'Who else should support and what can they do?' than when asked 'What else government can do?'. This may suggest that persons with disabilities look to non-state actors more-so than government for livelihood support. **These results suggest that, to be responsive to the voice of persons with disabilities, non-governmental actors (NGOs, charities and private sector) should consider or continue to consider strengthening access to livelihood support.** Please note that ADD Cambodia (an NGO) conducted the interviews, and it is possible that this may have influenced respondent answers to some degree.

## HOW HAS YOUR DPO OR SHG BEEN HELPFUL TO YOU DURING THIS TIME?

The most common type of DPO/SHG support identified by respondents is awareness raising, mostly on COVID-19, but also on violence against women and girls. Respondents also identified the role DPO/SHG have played in providing emergency support and information, as well as helping members to access emergency support from other providers.



Some respondents also talked about the mutual support and ongoing contact which has been important during the crisis:

*'Have friends, help each other solving problem, educated on violence and disabilities'*

*'Help to educated on violence and consultation on my problems and it is really useful that they help me to get food support'*

*'Help each other to solve problem and violence case and got knowledge on disability and violence'*

Please note that ADD Cambodia (an NGO) conducted the interviews, and it is possible that this may have influenced respondent answers to some degree.

## ACCESS TO COVID-19 INFORMATION

99% report having received information on protecting themselves from COVID-19 in the past week, and almost all report that the COVID-19 information they receive is reliable (98%) and comes from government (93%). Respondents report that they mostly get their COVID-19 information from television (30%), followed by community leaders (20%), Disabled People's Organisations (15%) or social media (14%).

## CONCLUSIONS

When this report is taken together with evidence prior to the pandemic, a **pattern of compounding vulnerability to violence in the wake of COVID-19 is emerging**: certain groups who were left behind before are possibly left further behind now. Among women with disabilities, older women and those already at risk of violence are now at greater risk than their peers. This compounding trend is cause for concern, especially when considering that violence risk among women and girls with disabilities was already disproportionately high before the pandemic -- previous evidence suggests women and girls with disabilities are four times more likely to have experienced violence than their non-disabled peers.<sup>20</sup>

**A pattern of significant and differentiated livelihood loss also emerges.** The loss is large: interviewed DPO/SHG members (n=87) and leaders<sup>21</sup> (n=10) report most have lost most of their income (52% loss on average). And COVID-19's impact on livelihood is felt differently by different groups. Interviewed persons with difficulty remembering suffer greater income loss than their peers; those reporting difficulty with self-care were more likely to have lost their job; and those who report difficulty communicating report greater reductions in dependent economic support. These differences suggest that **livelihood mitigation measures that take a differentiated approach may be more effective.**

That **livelihood loss coincides with increased risk of economic and psychological violence risk** is unsurprising, and the voice from interviewed women with disabilities is unambiguous: livelihood and violence are linked. **Livelihood loss is different by gender, which might be exacerbating or creating new forms of power imbalance.** More men than women have lost income as a result of the crisis, and more women than men work informally.<sup>22</sup> This evidence suggests that measures to mitigate violence risk should continue to integrate livelihood support.

**DPOs are part of the solution.** From interviews with DPO/SHG leaders, we understand that their organisations identify individuals, assess needs and mobilise response on livelihood and violence. From member interviews, we see evidence that DPOs play a role as awareness-raisers and linkage-builders.

A clear picture is emerging from interviewed DPO members in Cambodia, and also in Bangladesh. These interviews, which were conducted to raise actionable evidence during COVID-19, seem to reveal something deeper than the crisis itself, **exposing an underlying pattern of low livelihood**

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<sup>20</sup> **Preventing Violence Against Women and Girls with Disabilities in Cambodia. A Community Mobilization Model Project:** Baseline Assessment. ADD Cambodia June 2019.

<sup>21</sup> See also: **COVID-19 Impact and Action by Disabled People's Organisations.** ADD Cambodia. ACCESS. October 2020.

<sup>22</sup> Estimates from DPO/SHG leaders suggest, among their membership, a greater portion of men (71%) than women (66%) have lost most of their income as a result of COVID-19, but that a larger proportion of women (50%) than men (37%) work as informal day labourers who have minimal or no savings.

access and high violence risk which is exacerbated now, but stretches before and beyond the pandemic.

## RECOMMENDATIONS

Based on the conclusions above, we make the following recommendations:

- **In violence reduction measures, ensure inclusion of older women and those who were already at risk of violence.** Among women with disabilities, older women and those already at risk of violence are now at greater risk than their peers.
- **To reduce violence risk, make accommodation for intervention and ensure contact support is adequate.** Those who experience increased violence risk say that adequate accommodation and contact support would be useful to them.
- **Build livelihood intervention into violence prevention and intervention.** Integrate livelihood support to mitigate violence risk, and take violence risk into account when mitigating livelihood loss.
- **Increase options to improve food security through longer term support.** Food support was most mentioned among respondents when asked what else government, NGOs, charities and companies can do at this time. Respondents also mention longer term support, and a role for private companies and NGOs to provide livelihood inputs and employment opportunities, and that might include access to capital and favourable loan rates.
- **Strengthen identification and extend reach among the most excluded.** We asked what else government can do, and a large proportion of those who answered focused on the need for government to strengthen their effort to identify and reach the most excluded, particularly the poorest and persons with disabilities.
- **Address the root causes of economic disparities.** Think long term. COVID-19 exposes, just as it exacerbates, grinding economic disparity. Livelihood access has always been precarious for many and now is an opportunity to change that.

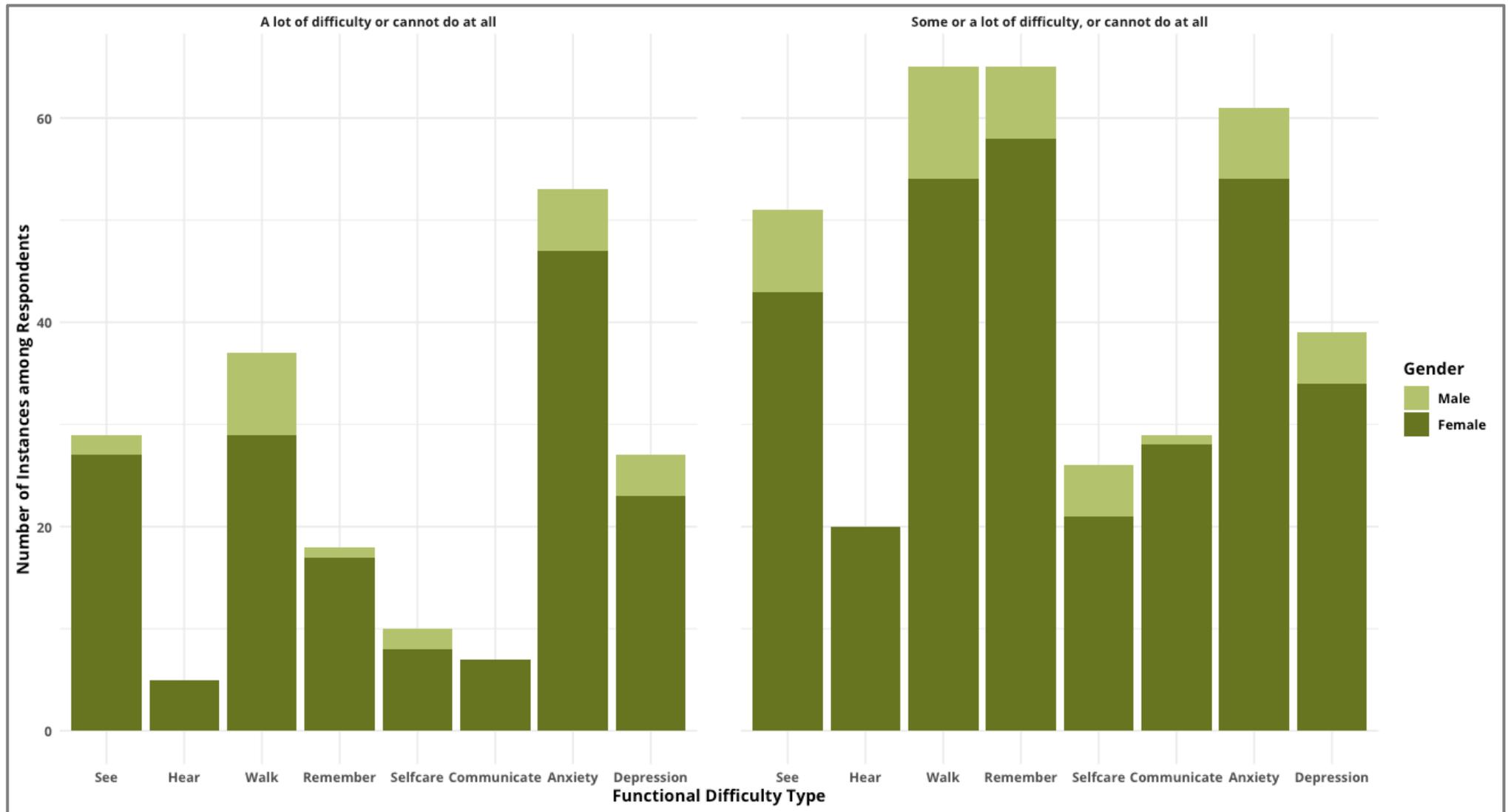
## **ANNEX A: SAMPLE DESCRIPTION**

Figure A on the next page depicts the number of instances each functional difficulty type is present in respondents' answers to the Washington Group Enhanced Short-Set, which includes questions about signs of anxiety and depression. This figure depicts that there are certain types of functional difficulties that are more common in the sample such as remembering and walking, followed by anxiety and seeing.

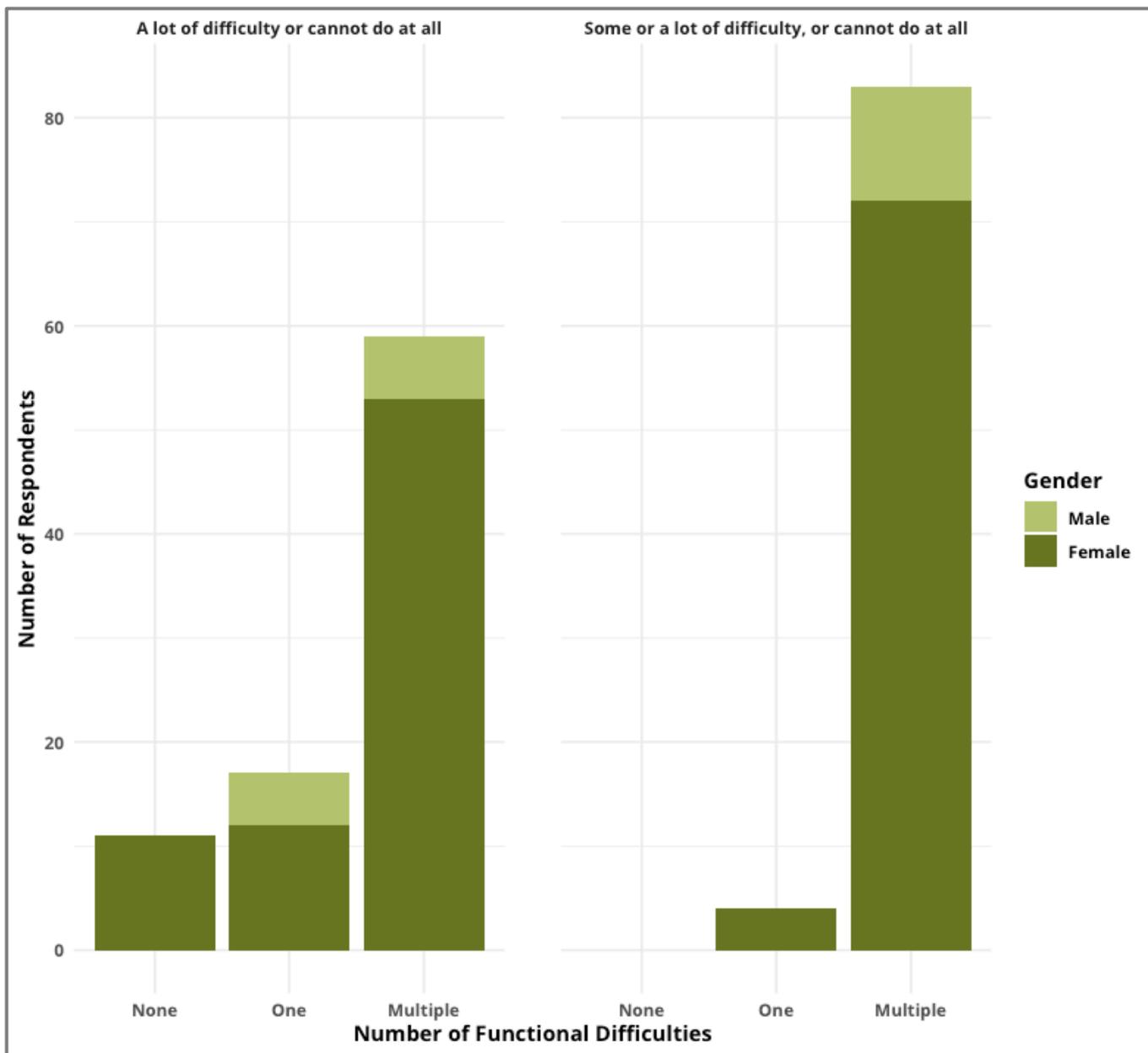
Figure A also shows the designations depending on two different ways to define functional difficulty. The left-hand side is for the conventional Washington Group threshold that considers functional difficulties to be present only when a respondent answered they have "a lot of difficulty" or "cannot do at all", while the definition depicted on the right designated a functional difficulty when the respondent answered "some difficulty" as well as "a lot" or "cannot do at all". Using Washington Group conventional thresholds would underestimate the prevalence of disabilities in this sample. Note that Figure A is not depicting the number of respondents with each functional difficulty type (because a large portion of respondents have functional difficulties of multiple types simultaneously) but instead the number of instances of each functional difficulty type among respondents.

Whereas Figure A indicates the prevalence of each type of functional difficulty in the sample, Figure B below describes the sample profile. It divides the respondents into whether they experience no functional difficulties, one functional difficulty or multiple functional difficulties--as per the two thresholds noted previously.

Figure A. Functional Difficulties among Respondents, by type and instance (n=87)



**Figure B. Functional Difficulty, by frequency (n=87)**



Whereas Figure A indicates the prevalence of each type of functional difficulty in the sample, Figure B divides the respondents into whether they have no functional difficulties, one functional difficulty or multiple functional difficulties -- as per the two definitions noted previously. In the broader threshold (as seen right hand side of the figure) 95% of respondents report multiple functional difficulties, whereas in the narrower threshold (WGQ convention on the left hand side of the figure) 68% experience multiple functional difficulties. As with Figure A, Figure B shows that using Washington Group conventional thresholds would underestimate the prevalence of those with disabilities in the sample.

**Figure C. Age Distribution of Respondents**

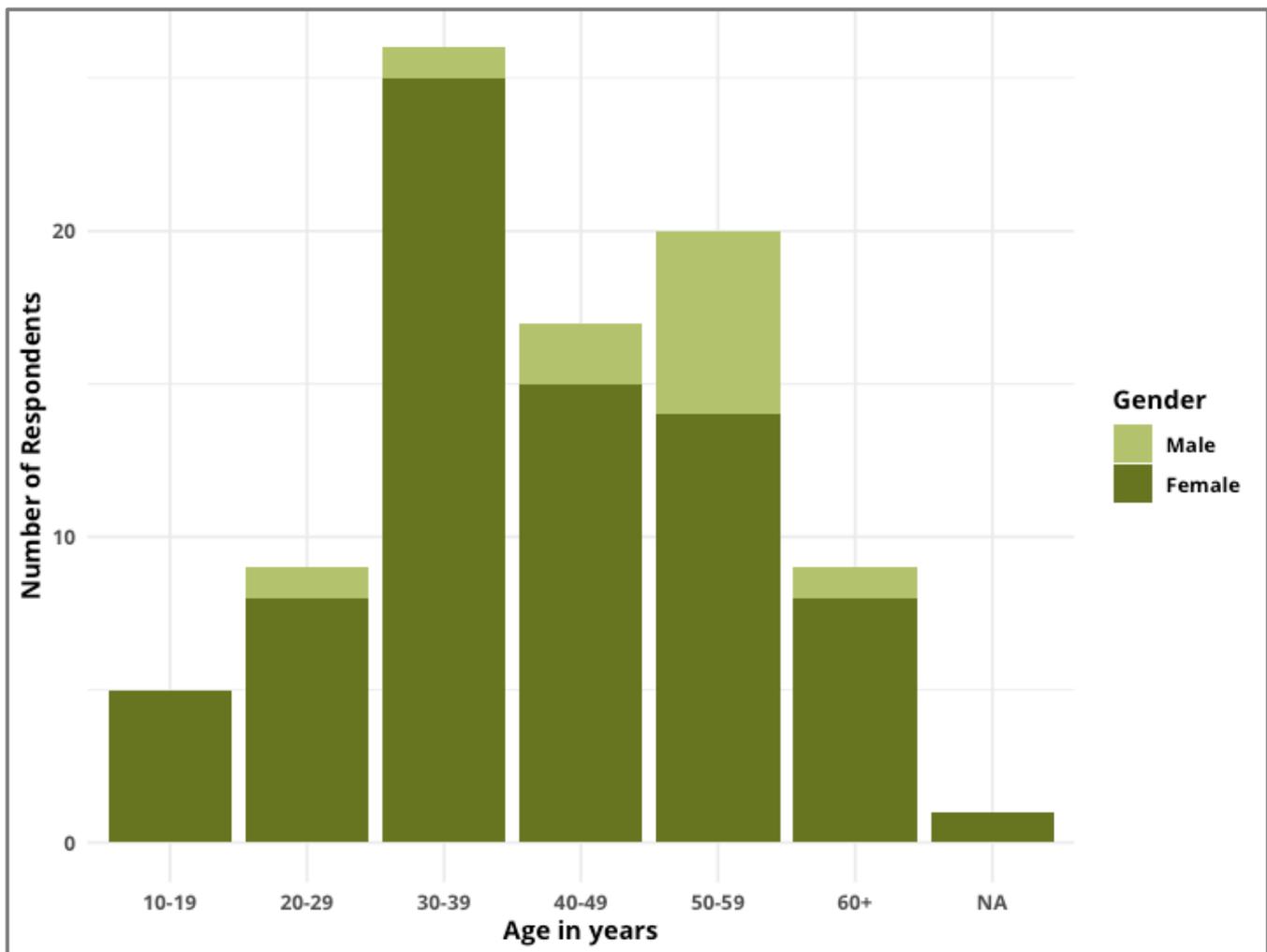


Figure C presents the ages of respondents, divided by ten year intervals. Most respondents fell between the ages of 40 - 60+ years. The higher number of observations in this age range may have made it possible to detect significant differences in responses. Older respondents report greater risk of experiencing violence during COVID-19. Among participant responses, there was a statistically significant ( $p < 0.1$ ) positive association between age and reported violence risk since COVID-19 began.

#### ANNEX B: ASSESSMENT OF RISK OF VIOLENCE

Before the interviewers proceeded to respond to questions on risk of violence before and during the COVID-19 pandemic, and after an informed consent protocol, interviewers shared basic information about gender-based violence mainly within the household, which includes violence against a wife or husband, dependent children or any persons living under the roof of the house, and those who are dependents of the household. Below are the key messages that were conveyed to the respondents about the types of violence.

- Physical violence - Acts to attempt to cause harm, pushing, rejection, beating, slapping, beating something, disposal of something...
- Psychological violence - Shouting, cursing, insult, embarrassment, threats, jealousy...
- Economic violence - Refusal to give partners basic resource management, refusal to provide funding, refuse to contribute to finances, refuse to meet basic needs and food, damage the household materials...

- Sexual violence – Unwanted sexual harassment, unwanted exposure, forcing victims to commit sexual acts, show body to victim, forced to watch pornographic stories / images..

After sharing these key messages, enumerators asked the respondents: “Before COVID-19, how was your risk of experiencing physical violence?” and so forth for the four types of violence mentioned above. They repeated the same set of questions for their risk after COVID-19.

**ANNEX C: CHANGE IN RISK OF VIOLENCE BEFORE AND AFTER COVID-19**

Risk of <b>Physical Violence</b> before and after COVID-19 among 87 Respondents in Cambodia		Violence Risk <b>After</b> COVID-19						
		NA	PNTS	No	Low	Mid	High	Very High
Violence Risk <b>Before</b> COVID-19	NA							
	PNTS							
	No		1	68	1	1	1	
	Low				4	2		
	Mid	1		1	1	1	1	
	High			1			3	
	Very High							

\*PNTS = Prefer not to say

Risk of <b>Psychological Violence</b> before and after COVID-19 among 87 Respondents in Cambodia		Violence Risk <b>After</b> COVID-19						
		NA	PNTS	No	Low	Mid	High	Very High
Violence Risk <b>Before</b> COVID-19	NA							
	PNTS		1					
	No			22	2			
	Low		1	3	12	3		2
	Mid		3	2	2	10	5	4
	High		2	1		1	9	1
	Very High							1

Risk of <b>Economic Violence</b> before and after COVID-19 among 87 Respondents in Cambodia		Violence Risk <b>After</b> COVID-19						
		NA	PNTS	No	Low	Mid	High	Very High
	NA							

Violence Risk Before COVID-19	PNTS		1					
	No			39	2	2	1	
	Low		1	4	8	1	1	
	Mid		8		1	2	2	2
	High			1		2	5	3
	Very High						1	

Risk of <b>Sexual Violence</b> before and after COVID-19 among 87 Respondents in Cambodia								
		Violence Risk <b>After</b> COVID-19						
		NA	PNTS	No	Low	Mid	High	Very High
Violence Risk Before COVID-19	NA							
	PNTS		1					
	No			76	1	1		
	Low			1		1		
	Mid				1	2		
	High					1	1	
	Very High		1					

**SUGGESTED CITATION**

Christensen A, Touch G, Cain E, Garbett A. COVID-19: Violence Risk and Income Loss among Persons with Disabilities. ADD International. ACCESS 2020.