

# People with Disabilities

## COVID-19 Survivor Impact Briefs

People with disabilities are experiencing higher rates of violence and abuse, and opportunities for intervention, safety, and healing have significantly decreased.

### Introduction

People with disabilities are at high risk for contracting the coronavirus and for experiencing severe illness. Strategies to mitigate the spread of the virus among people with disabilities are essential to ensure health and well-being. However, these strategies are deepening another health crisis in the lives of people with disabilities: heightened risk of violence and abuse. Many people with disabilities are secluded at home – in the community or in long-term care facilities – with the person or persons abusing them and others face new risks of abuse. At the same time, in-person programming and contact between people with disabilities and trusted sources of support have stopped or been significantly curtailed, further limiting opportunities to intervene, enhance safety, and focus on healing. As victim services and disability providers rapidly adapt and mobilize in this changing landscape, it is critical to understand the cascading impacts of COVID-19 on survivors with disabilities and to develop sustainable interventions to meet their needs.

### **People with disabilities are at heightened risk for violence and abuse.**

- As stay at home orders are lifted, people who are at higher risk of severe illness from coronavirus, including many people with disabilities, will still need to stay at home to stay healthy. People with disabilities experiencing abuse at home are being secluded with their abuser, for extended periods of time, and with few safe opportunities to reach out for help.

- To prevent the spread of coronavirus in long term care facilities, such as nursing homes and institutions, anyone deemed non-essential has been prohibited from in-person contact with residents. This includes family members, advocates, ombudsmen, and other trusted sources of support. These individuals play an essential role in recognizing abuse and intervening. Without having in-person access to people living in these facilities, where the incidence of abuse is already high, rates of abuse will likely be even higher.
- The shortage of health care workers and other essential workers is leading to a rush to hire. Because of the urgent need, many advocates are reporting that some hiring requirements, including those in place to prevent abuse, are being loosened in their states, including mandatory waiting periods for background checks and comprehensive training requirements for positions including personal care attendants, paratransit providers, and others that come in daily contact with people with disabilities.
- People with disabilities may be relying on new personal care attendants during this crisis because their regular caregivers may have to adhere to stay at home orders or may become sick themselves. New attendants always introduces a potential for abuse.
- Many people with disabilities still rely on paratransit providers to go to the grocery store and pharmacies to get essential goods. Prior to COVID-19, many people with disabilities have reported being assaulted by paratransit workers. These reports have led to efforts to increase oversight of paratransit workers. During the COVID-19 crisis, some of these newly instituted practices have stopped and new workers have been hired to fill the increasing demand. Concerns are growing about the risk of harm to people with disabilities due to these circumstances.

## **The crisis is compounding existing histories of trauma.**

- Many people with disabilities have trauma associated with medical care that is being triggered by the COVID-19 pandemic.
- People with disabilities who have experienced the trauma of institutionalization are also reporting being triggered by the need to self-quarantine and stay at home.
- People with disabilities who are isolated in their home or long-term care facility with the very people abusing them are experiencing ongoing and, in many cases, prolonged trauma.
- Some survivors with disabilities may have had abusers who used isolation as a tactic of power and control so this increased isolation may also be triggering.

## **Increased isolation limits opportunities for intervention.**

- Prior to COVID-19, the inaccessibility of communities and high rates of social segregation contributed to higher rates of isolation for people with disabilities compared to their counterparts without disabilities. Many of the strategies in place to reduce the spread of COVID-19 – no visitors to long term care facilities, the closing of day programs, and the locking down of group homes – deepens the isolation that people with disabilities experience.
- In addition to contributing to adverse effects on their mental health, such as depression and anxiety, this increased isolation means that they have fewer opportunities to disclose if someone is harming them.
- People with disabilities are no longer routinely engaging in day programs or other services and, at the same time, providers are no longer conducting in-person outreach. These changes significantly decrease the avenues people with disabilities have for disclosing the harm they are experiencing.
- While technology can help decrease isolation, many people with disabilities did not have access to technology before COVID-19 and face greater barriers to accessing and using technology now.

## **Barriers to victim services are amplified during the crisis.**

- While awareness of the high rates of violence and abuse in the lives of people with disabilities has increased among victim service providers, many programs have yet to take the steps to become fully accessible and access barriers exist on a wide scale. Most programs have limited experience considering accessibility and serving survivors with disabilities. As programs rapidly adapt their services during this pandemic, these gaps persist and barriers are exacerbated.
- With in-person services limited, initiating services with many victim service providers, court systems, and other responders often requires survivors to make phone calls. This poses a substantial barrier for survivors with speech disabilities, cognitive or intellectual disabilities, and Deaf and hard of hearing survivors who cannot communicate effectively using a phone, and accessible alternatives, including qualified video remote interpreting, are not readily available.

- Victim service providers are increasingly turning to technology to connect with survivors, but this approach poses barriers for some people with disabilities. Technology platforms that offer a high degree of data privacy and confidentiality safeguards are not fully accessible. Many people with disabilities do not have access to technology. Others, including people with intellectual disabilities, do not know how to use technology and distance learning is proving difficult. Finally, tele-advocacy may prove less accessible than in-person advocacy for some survivors with disabilities.
- Many survivors with disabilities require personal care attendants or other support professionals to accompany them in shelter or other programming. But, many victim services organizations have prohibited survivors from bringing support people with them to reduce the spread and more easily maintain physical distancing and aren't recognizing the requests of people with disabilities as accommodations under the Americans with Disabilities Act.

## About the Center on Victimization and Safety

The Center on Victimization and Safety at the Vera Institute of Justice works to promote healing and restore justice for survivors of crime – especially domestic and sexual violence – as well as their families and communities. Our work focuses on communities that experience heightened levels of violence and trauma but are marginalized by the services and systems in place to support survivors.

### Contact Us

For more information on COVID-19's impact on survivors with disabilities or to request support to increase your response to survivors with disabilities, please contact us by email at [cvsevera.org](mailto:cvsevera.org) or phone at 212-376-3096.

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