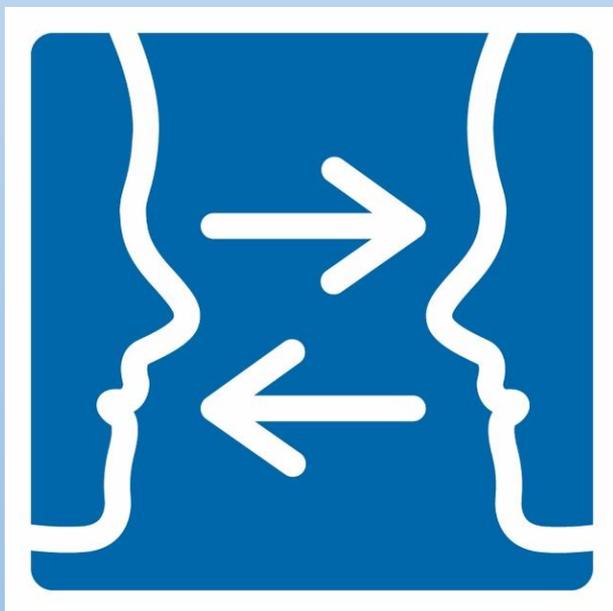


Understanding Sexual and Gender-Based Violence against Refugees with a Communication Disability

and challenges to accessing appropriate support

A literature review



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Helen Barrett & Dr. Julie Marshall

Communicability
Global



Manchester
Metropolitan
University

**This review was produced as part of the project:
*Supporting refugee survivors of Sexual and Gender-
Based Violence (SGBV) with a communication
disability - Rwanda.***

<http://www.elrha.org/map-location/supporting-refugee-survivors-gbv-communication-disability/>

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Review information

This literature review was undertaken as part of the collaborative project by Manchester Metropolitan University, Communicability Global, UNHCR Rwanda and Institute for Human Centered Design, in 2016.

Since there are extremely few publications on the specific risk or experience of refugees with communication disability to SGBV, this review describes, synthesises and summarises contributions made to the literature in the fields of disability, communication disability, and sexual and gender-based violence both in humanitarian and non-humanitarian contexts, to give the reader a holistic understanding of the issues addressed in the accompanying project, *Supporting refugee survivors of Sexual and Gender- Based Violence who have a Communication Disability – Rwanda*.

The review was not conducted using a formal systematic review system. Both a keyword search, using identical search terms across electronic search sites, and snowball search strategies were used to identify the most appropriate literature for inclusion. Literature was sourced through the Manchester Metropolitan University library system and open web-based sources. Only English-language publications were reviewed.

Use of the review

The review has been published in a free-to-access format. Individuals and organisations are encouraged to use it to enhance their understanding and professional engagement with the issues discussed. The authors kindly request that the review is referenced, using author names and web source, as appropriate.

Pictures

Pictures are reproduced with the kind permission of the participants at the project workshop held in Kigali in June 2016.

Glossary

| | |
|--------|--|
| CD | Communication disability |
| DFID | Department for International Development (UKAid) |
| IHCD | Institute for Human Centered Design |
| IPV | Intimate partner violence |
| NGO | Non-Governmental Organisation |
| SGBV | Sexual and gender-based violence |
| SRHE | Sexual and reproductive health education |
| UN | United Nations |
| UNCRPD | United Nations Convention on the Rights of Persons with Disabilities |
| UNHCR | United Nations High Commissioner for Refugees |
| WHO | World Health Organisation |
| WRC | Women's Refugee Commission |

Summary of findings

Risk of exposure to sexual and gender-based violence (SGBV) for people with disabilities

- ◆ People with disabilities are at increased risk of SGBV
- ◆ People with disabilities are under-identified in humanitarian contexts¹ and fail to access the protection they need. Those identified usually have *visible* impairments
- ◆ There is a lack of evidence of the prevalence of SGBV for people with disabilities in humanitarian contexts
- ◆ People with intellectual impairments, and those with communication needs, are particularly at risk

SGBV and communication disability (CD)

- ◆ CD is recognised as a key vulnerability factor in exposure to SGBV
- ◆ People with CD are described as ‘the perfect victim’ by perpetrators due to:
 - Reduced ability to report
 - Discreditation of their story by others
 - Increased susceptibility to coercion
 - Smaller social networks
 - ‘Access’ during intimate care activities
- ◆ There are no data available on the size and nature of the challenges facing refugee-survivors of SGBV with CD in accessing support

Barriers to accessing services and support

- ◆ **Prevention:**
 - People with CD fail to access sexual and reproductive health education (SRHE)

¹ Humanitarian contexts include states of emergency due to civil unrest, war or natural disaster. People may be internally displaced within their own country, or flee to a third state to seek safety. Humanitarian assistance aims to save lives, avoid suffering and maintain dignity as far as possible.

◆ **Disclosure:**

- Difficult to report due to communication limitations
- Key support services do not understand CD or how to support people
- Stigma and discreditation

◆ **Support and redress:**

- Lack of support follows on from the reduced ability to report in the first place.

Recommendations

- ◆ Identification and registration of refugees with CD
- ◆ Inclusive SRHE, especially for adolescent girls
- ◆ Awareness-raising and training on CD for all actors within the criminal justice system
- ◆ Provision of appropriate communication methods for dissemination of information, reporting and support
- ◆ Including people with CD as partners in the SRHE and SGBV service-planning process
- ◆ Inclusionary, non-discriminatory practice integral to all programming and community support – rights-based approach
- ◆ Multi-agency collaboration with technical expertise
- ◆ High-quality funded research on SGBV, CD and refugees in low and middle-income countries.

Introduction

What is a communication disability?

A person with communication disability may have difficulties using and / or understanding spoken and/or signed language, which can affect their ability to communicate their thoughts, needs and feelings to others. It can be a primary impairment (as in the case of stammering, voice disorders or language delay/disorder in children) or secondary to other conditions. These include neurodevelopmental disorders, such as cerebral palsy, autism and Down syndrome; acquired conditions resulting from diseases such as meningitis, or following a stroke or head injury; or due to cognitive or sensory impairments, such as learning disability or hearing impairment.

Why *disability*?

Communication disability refers to a person's *experience* of having a communication difficulty. A disability is considered to result not from an impairment (or medical condition), but from the way that a person with an impairment interacts with, and participates in, society. Disability is considered to be a 'social construct' (see WHO, 2001), influenced by the environment and social experience. In the case of refugees with communication difficulties, many are stigmatised by their communities and do not have access to supportive communication devices or systems, service providers are ill-equipped to provide inclusive services and specialist support is in short supply (see WRC, 2014). In the context of this review, the authors therefore consider refugees with communication difficulties to be experiencing communication disability.

What is Sexual and Gender- Based Violence

(SGBV)?

The term SGBV describes any harmful behavior that is imposed on a person because of their gender. It primarily relates to abuse against women and girls, but can include harmful acts against men and boys. There are many types of SGBV that include physical, sexual and psychological violence or withholding of rights. This includes control of finances and food and exposure to threats or coercion. It can be experienced as part of an intimate relationship or committed by an external known or unknown perpetrator.

Why be concerned about SGBV, refugees and communication disabilities?

Communication disability, by its nature, limits a person's ability to communicate instances of abuse effectively. It is often an 'invisible' disability, which is often hidden behind other diagnoses or more visible difficulties, and so is frequently overlooked. It is difficult to identify, and frequently misunderstood, particularly in low and middle-income countries. Refugees with disabilities are some of the most vulnerable to abuse and neglect, but those with communication disabilities are reportedly targeted because of their difficulties in being able to disclose their experiences and because of the stigma surrounding their disability. Their communities may not take their reports seriously and service providers are ill-informed and ill-equipped to support them to access medical and legal services. Their voices remain unheard, and their rights abused.

Reduced ability to report instances of SGBV makes refugees with communication disability an attractive target for abusers.

Highly vulnerable, and without access to appropriate support services, they suffer in silence.



Refugees with communication disability are unable to access support across the SGBV response system, from prevention to legal redress.

Stakeholder workshop,
Rwanda, 2016.

Who is this paper useful for?

This paper would be useful to the following people:

- Planners of services for:
 - Refugees
 - People with communication disabilities
 - People with disabilities more broadly
 - Survivors of SGBV
- Service providers in any of the above fields.
- People planning / carrying out research in humanitarian contexts.
- Donors, development agencies and non-governmental organisations (NGOs)
- Policy-makers



Stakeholders identify challenges to supporting refugee-survivors of SGBV who have a communication disability in Rwanda.

Kigali, June 2016.

Refugees with disabilities: An invisible population

Refugees with disabilities are widely considered to be some of the most vulnerable members of society (UNHCR 2010; 2011; 2015; WRC, 2014; 2015). As the United Nations High Commissioner for Refugees stated in 2009, refugees with disabilities are *“too often invisible, too often overlooked, [and] among the most isolated, socially excluded and marginalized of all displaced populations”* (Costa, 2012. n.p.). Although the World Health Organization (WHO) estimates approximately 15% of any given population has a disability (WHO & World Bank, 2011), data on people with disabilities in refugee populations are reported to be as low as 1.65% (Tanabe, Nagujjah, Rimal, Bukania & Krausse, 2015). Such low reports may be for multiple reasons, in part, because refugees with disabilities often fail to come into contact with humanitarian support (UNHCR, 2011; WRC, 2014).

In response to initiatives such as the publication of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD: UN, 2006), there has recently been a concerted effort by humanitarian actors to include people with disabilities in service provision and programming. However, those with disabilities that are identified in humanitarian contexts are often those with ‘visible’ physical difficulties. Those with less ‘visible’ challenges, such as communication disabilities, often fail to access the humanitarian and protection services they need, and find themselves at increased protection risk (WRC, 2014). This is particularly the case for disabled women and children (Battle, 2015; Brownlie, Jabbar, Beitchmann, Costa, 2015; UNHCR, 2003; WRC, 2015). As Egeland, former Under-Secretary for Humanitarian Affairs of the Norwegian Refugee Council states: *“Humanitarian agencies have clearly improved their ability to provide assistance[but] the protection of vulnerable women and children has not improved over the last decade”* (IRIN, 2016. n.p.).

Most people with disabilities fail to come into contact with humanitarian support

WRC (2014)

Exposure to SGBV for refugees with a disability

Sexual and gender-based violence (SGBV) is considered one of the key risks facing refugees in Rwanda (Bucyensengye, 2012) and global evidence suggests that people with disabilities are disproportionately vulnerable compared to the general population (see DFID, 2014; Plan International 2013; 2016a; Sobsey, 1988; 1994; Sullivan & Knutson, 2000; UNHCR, 2011; WRC, 2014; 2015). The risk is considered to be significantly higher for refugees with disabilities, due to family separation; isolation; poor living conditions; and the breakdown of community protection mechanisms (UNHCR, 2011; WRC, 2014). This occurs alongside stigmatisation, discreditation and, in some cases, lack of mobility to escape the perpetrator (Keilty and Connelly, 2001; UNHCR, 2003; 2011; WRC, 2014). It is estimated that children with disabilities are almost four times more likely to be the targets of violence than those without disabilities (World Health Organization, 2016), that refugees with disabilities are up to ten times more at risk (WRC, 2014), and that men with disabilities are also highly vulnerable (Mitra, Moradian & Diamond, 2001; WRC, 2014). Despite the assertion that refugees with disabilities are at increased risk of SGBV, there is a distinct lack of evidence to demonstrate this in humanitarian contexts (Feseha, Abebe & Gerbaba, 2012; Tanabe et al. 2015).

There is a need to:

“focus particularly on prevention of violence against children with intellectual impairments and communication difficulties”

Plan International (2016a p.16)

Overwhelmingly, women and girls with intellectual and / or hearing impairment (both of which frequently feature communication disabilities) are considered to be at highest risk of exposure to SGBV both in humanitarian and non-humanitarian contexts (Costa, 2015; Mikton, Maguire & Shakespeare 2014; Plan International, 2016a; Tanabe et al., 2015). Reduced awareness and understanding of the situation, difficulties disclosing their experiences due to expressive (talking) and/or receptive (understanding) communication difficulties and the likelihood of their claims not being taken seriously, even when reported, place them at a significant protection risk (see ACPF, 2014; Boersma, 2013; Groce, 2005; Keilty and Connelly, 2001; Plan International, 2013a; 2016b; Save the Children & Handicap international, 2011; Sobsey, 1994; Tanabe et al., 2015; Terre des Hommes, 2007; WRC, 2015). In addition, in some communities, people with intellectual impairment are reportedly viewed by the local community as either hypersexual (Keilty and Connelly, 2001;

Tanabe et al., 2015) or asexual² targets (Tanabe et al. 2015). They are less likely to have close friends or social support to help them to disclose incidents of SGBV and they are more open to suggestion and exploitation than their non-disabled peers (Kvam and Braathen, 2008; Plan International, 2016b; WRC, 2015). A reduced ability to report abuse also increases the likelihood of being targeted by perpetrators. Estimates of sexual abuse against people with intellectual impairments vary between 25% and 99% in different contexts (Collier, McGhie-Richmond, Odette & Pyne, 2006; Keilty & Connelly, 2001) and, although not necessarily generalisable across countries, cultures or contexts (Feseha et al, 2012), this estimated high prevalence of sexual abuse of people with intellectual impairment is of great concern.

Despite sexual and reproductive health education (SRHE) being recognised as a powerful prevention and safeguarding tool (Collier et al. 2016; Plan International, 2013; 2016b; Save the Children & Handicap International, 2011; WRC, 2015), evidence suggests that preventative programmes often fail to cater for the specific needs of people with disabilities (Costa, 2015; Tanabe et al, 2015; UNHCR, 2011; WRC, 2014). This results in a lack of knowledge about appropriate and inappropriate sexual behavior, contraception and post-assault medical support, particularly amongst adolescent girls and those with intellectual impairments (Tanabe et al, 2015; WRC, 2014).

“Communications can be disabling for those with sensory and intellectual impairments....

Poor communication can have devastating results where important education campaigns happen”

(Plan International, 2013a. p16.)

Evidence from Malawi suggests that women with disabilities are exploited both within marriage, and by the promise of marriage, by men who abandon them when they become pregnant, and that women with disabilities have lower expectations from their husbands because they consider their options to be limited, thus exposing them to increased risk of intimate partner violence (IPV) (Kvam & Braathen, 2008).

² the latter posing a risk of being considered able to ‘cure’ HIV / AIDS due to the myth that having sex with a virgin can rid a person of the disease (Groce, 2004; Mulungu, 2016)

Communication disability: An under-identified vulnerability to SGBV

Although studies suggest that up to 49% of people with disabilities who seek community-based services in sub-Saharan Africa are estimated to have some form of communication difficulty (Hartley, 1995; 1998; Hartley & Wirz, 1999), challenges are often not identified by service providers due to their 'hidden' nature: communication disability is both 'invisible' and often complicated by other primary diagnoses such as sensory, intellectual, or complex multiple impairments. Services to assist people with communication disability in many low- and middle-income countries (LMICs) are in short supply (Barrett & Marshall, 2013; Barrett, Turatsinze & Marshall, 2016; McAllister, Wylie, Davidson & Marshall, 2013). Additionally, widespread misunderstanding of the causes and nature of communication disabilities, coupled with the overall poor social status of people with disabilities, limits the inclusion of people with communication disability and their access to support within the community and available services (Barrett, 2013; Plan International, 2013a).

Up to 49% of people with disabilities may experience some form of communication disability

Global evidence suggests that people with communication disability, particularly those who are non-verbal, are considered the 'perfect targets' by perpetrators, as they are less able to tell others about their experiences (Conte, Wolf & Smith, 1989; Farrar, 1996; Keilty & Connelly, 2001; Plan International, 2013a). They are therefore particularly vulnerable to long-term, multi-form abuse (e.g. Knutson & Sullivan, 1993; Sullivan & Knutson, 2000). Evidence from the USA describes how, in a disability centre-based study (Knutson & Sullivan, 1993), 78% of children with hearing impairment and 65% of children with speech and language difficulties, had been sexually exploited, most of them for more than 3 years. 75% of non-verbal respondents in a Canadian study requested support in dealing with past, or ongoing, abuse (Collier et al, 2006). These data however are not considered generalizable beyond the study population (Sullivan & Knutson, 2000).

People with communication disabilities are described as 'the perfect target' by perpetrators of SGBV, due to their reduced ability to report abuse.

In many cases of SGBV against people with communication disability, it is only the physical evidence of significant abuse that may be recognised by others, and subtler levels of sexual exploitation or mistreatment may go un-noticed and un-reported (Knutson & Sullivan, 1993). Attempts to disclose their experiences may result in adverse behavioural responses, due to the limitations in being able to explain the problem verbally (Burke et al. 1998) and therefore may become attributed to the disability itself, rather than to the possibility of abuse (Burke et al., 1998; Kvam and Braathen, 2008). The overwhelming response to people with communication disability who attempt to report abuse, is to try to prevent future instances, rather than to seek redress for what has already occurred. This is because victims' statements are considered unreliable and unlikely to hold up in court (Burke et al., 1998). Despite a focus on prevention, there is little research evidence on effective methods of prevention and SRHE for people with communication disability, or identifiable evidence of any accessible prevention services.

Refugees with communication disability are often excluded from research, as the data collectors lack the knowledge and skills to engage with them effectively.

Although communication disability is recognised as a key vulnerability factor in cases of abuse of people with disabilities (Burke et al. 1998; Knutson & Sullivan, 1993; Oosterhoon & Kendrick, 2001; Plan international, 2016a; Save the Children & Handicap International, 2011; WRC, 2015), there is very little research on the topic and that which is available, has been described as weak and ineffective (Mikton et al., 2014). People with communication disabilities are frequently neglected in participatory research on abuse and disability (e.g. Hedjam & Rizk, 2014), often because researchers and project implementers lack the knowledge and skills to engage them using appropriate means (Plan International, 2016b; WRC, 2015).

Refugees with communication disability: Vulnerability to SGBV and access to support

A number of organisations have identified communication disability as a specific barrier to accessing services and support in humanitarian contexts (Plan International, 2013a; 2016a; UNHCR, 2015; WRC, 2014; 2015), with difficulties being attributed to a range of individual, social and environmental factors (see figure 1), beginning at registration and needs assessment (UNHCR, 2010). The Women's Refugee Commission (WRC) acknowledges that people with disabilities have problems accessing humanitarian assistance due to societal, environmental and

communication barriers (WRC, 2015) which increase protection risks. WRC also stresses that communication barriers make responding to SGBV difficult, particularly in the pursuit of legal redress (ibid).

Plan International (2013a; 2016a; 2016b) specifically draws attention to the increased vulnerability of children with intellectual and / or communication disabilities to violence and the barriers to them reporting and accessing services, naming **communication disability** as one of the **'greatest challenges to children's access to child protection mechanisms'** (Plan International, 2016a. p. 16). These children not only fail to access child-protection mechanisms due to their difficulties in understanding and communicating with others, but due to lack of knowledge, understanding, skills and tools to support them, from families, communities and services (Plan International, 2013b; 2016a; Save the Children & Handicap International, 2011). Despite the awareness surrounding the need for training and sensitisation of front-line staff on supporting people with communication disability, planning, and therefore funding, for this is rarely operationalised (ACPF, 2014; Boersma, 2013; Groce, 2005; Plan International, 2016b).

“Communication difficulties pose one of the greatest challenges to children's access to child protection mechanisms”

(Plan international, 2016b. p34.)

Together, UNHCR, WRC and Plan International recognise that communication disabilities create a barrier to accessing support services for survivors of SGBV in the following domains:

Prevention: Social and cultural norms regarding disability, including stigma, discreditation and negative attitudes, have been identified as key vulnerability factors in the abuse of people with disabilities (Costa, 2015; Plan International, 2016; UNHCR, 2010; WRC, 2015). Changing family, community and service-provider attitudes about disability are regarded as key in the prevention of violence (Plan International, 2016b). In addition, service providers

require sensitisation and training on how to both target people with communication disability for inclusion in prevention programs, and support them appropriately to access the information they



need about safe sexual conduct and healthy relationships.

As discussed, SRHE services are generally designed for the majority and fail to cater for the specific needs of people with disabilities (Tanabe et al, 2015; WRC, 2014), in particular the needs of those with limited ability to understand and / or use spoken language (Collier et al. 2006; WRC, 2014). Lack of access to education, contraception and peer support, and reduced ability to discuss sexuality, appropriate sexual behavior or sexually transmitted diseases, increases the vulnerability of people with communication disability to exploitation and sexual abuse (Collier et al., 2006). Providing functional communication opportunities, education on respecting boundaries, and creating safety plans for people with communication disability, are crucial to the prevention of abuse (Burke et al. 1998). More innovative approaches to information dissemination on SGBV prevention and safeguarding are urgently required (WRC, 2015).

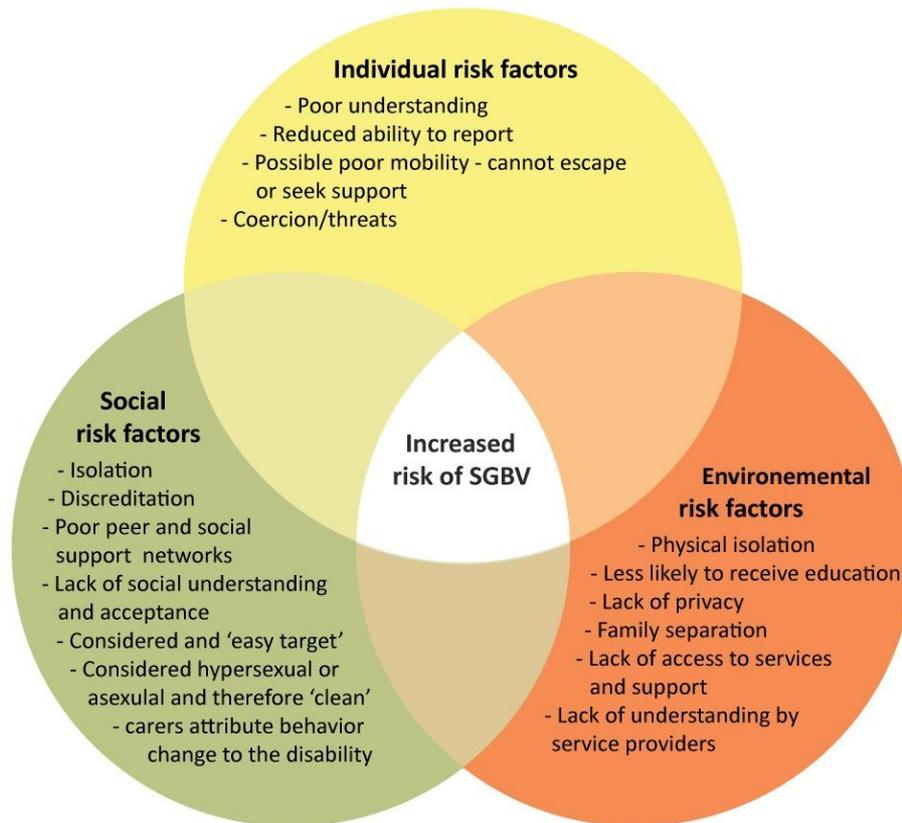
Disclosure: People with communication disabilities face a number of challenges to disclosing abuse and raising complaints with medical and legal services. Understanding and making sense of what has happened, and answering questions that others ask during the reporting procedures, are prohibitively difficult (Collier et al, 2006; Keilty and Connelly, 2001). Challenges in using expressive language can make reports of abuse easy to misunderstand, discredit or disregard (Collier et al, 2006; Kvam & Braathen, 2008; Oosterhoorn & Kendrick, 2001). Many people with communication disabilities use idiosyncratic forms of communication (often including gesture), that are understood only by close family members or carers, particularly in contexts where specialist and on-going support is not available to introduce and support the use of formal alternative or augmentative communication (AAC) systems³. Having a sign interpreter present to support people with communication disability is commonly viewed as the answer to these problems. However, the use of formal sign is almost exclusively limited to the small proportion of deaf people who have been educated in a school for the deaf (often a small proportion in humanitarian contexts) and / or been taught sign language as adults. In LMIC contexts where services are scarce, many people with communication disability who appear to be signing are actually more likely to be using idiosyncratic gestures, often understood exclusively by close family or friends who can serve as the best interpreters in situations of disclosure (Burke et al, 1998; Save the Children & Handicap International, 2011; WRC & ChildFund International, 2016). Even in a situation where a person is a

³ Ongoing support from communication disability experts, such as speech and language therapists, is essential to support people with communication disabilities in both SGBV prevention and support. However, this support is often unavailable or in short supply, in LMICs.

competent signer, their communication is often not understood by the non-signing community around them, or they use sign from their home country, rather than that of their host state.

Figure 1: Risk factors associated with exposure to SGBV for refugees with communication disability identified in the literature

Infographic produced by IHCD



In situations where people with communication disabilities do use AAC systems, they need to have access to appropriate signed vocabulary, symbols, representational objects, gestures, or other means of expressing vocabulary about sexuality and sexual health (Burke et al, 1998; Oosterhoorn & Kendrick, 2001; Knutson & Sullivan, 1993). This cannot be simply introduced at the point of reporting an incident of SGBV, but should be an integral part of preventative SRHE programs, to ensure that the vocabulary and concepts are familiar to service users (Burke et al. 1998). Even if appropriate pictorial, signed, or other communication support is available, some people with communication disabilities who also have intellectual impairment, may not have the cognitive capacity to understand the abstract concepts related to appropriate touch, intimate contact, consent and exploitation (see Oosterhoorn & Kendrick, 2001). WRC aptly recommends the use of individualised communication strategies to address SGBV in humanitarian settings (WRC, 2014; 2015; 2016), including the use of AAC and sign, although it recognises the lack of specialist support available (WRC, 2014).

The barriers to disclosure not only result from the impaired communication of the individual but, more importantly, lie with the skills of those supporting / interacting with them. This includes including those taking statements and their perception and interpretation of the person with communication disability's capacity accurately to report an incident (Keilty and Connelly, 2001). Too often, service providers, such as the police, do not understand how to support people with communication disability to disclose their experiences and feel that the case would be dismissed in court as the complainant is 'unreliable'. They therefore do not pursue prosecution (Collier et al, 2006; Keilty & Connelly, 2001; Plan International, 2016a; 2016b). The complainants and their carers similarly doubt that their case will be taken seriously and are therefore less likely to report (Burke et al. 1998). In many cases, records are not kept of initial complaints and, when future complaints are made, there is no record of previous abuse to corroborate further incidents (Keilty & Connelly, 2001).

Support and redress: Since many people with communication disability are unable to access services at the reporting stage, further protection mechanisms, such as medical services, safe spaces, prosecution, and counselling become automatically inaccessible (Plan International, 2016b). Even when able to disclose instances of SGBV, children with disabilities often face discreditation and difficulty communicating details to attain justice (Cooke & Standton, 2002; Hershkowitz, Kvam, 2004; Lamb & Horowitz, 2007). Global evidence suggests that very few cases of SGBV experienced by women with intellectual impairment reach prosecution (Keilty and Connelly, 2001) and that the main challenges

lie within the criminal justice system, from the early stages of reporting, up to criminal court hearings, where procedures are not adapted to meet the needs of people with disabilities (Keilty & Connelly, 2001; Plan International, 2016a; 2016b; Save the Children & Handicap International, 2011). When communication disability presents a barrier to providing evidence against perpetrators, not only is justice not realised, but people with communication disability are prevented from achieving safety, protection, psychological support and dignity.

Statements taken from people with communication disabilities are considered unreliable by police and in court – they are therefore frequently dismissed and cases are dropped.

Global good practice on supporting refugee- survivors of SGBV with communication disability

A number of humanitarian organisations have acknowledged the importance of including people with communication disabilities in SGBV programming and response, in refugee communities. In a SGBV and disability research project conducted by the WRC (2014), ‘individualised communication methods’, such as photographs, were employed with people with intellectual disability to engage them in community meetings. However, there was no reported use of specialist support from communication disability experts to take this beyond the most basic levels of interaction. A ‘communication toolbox’ has also been introduced in a WRC and ChildFund International initiative (WRC & ChildFund International, 2016) on SGBV prevention, that contains supportive materials such as emotion pictures and story bags. These materials are primarily used to help children to talk about risk of, and experienced, abuse, but have been extended for use with people with communication disability. In the event that support workers

are unable to establish communication with a person, WRC recommends communication through the person's carer. Although this is a positive example of inclusive programme design, the toolboxes were not intentionally developed with the needs of people with communication disability in mind⁴. The resource therefore may not be accessible to individuals with a diverse communication support needs. An additional concern raised by WRC is the challenge of responding to, and supporting people with, communication disability who experience SGBV, once identified⁵.

It is extremely positive that WRC is beginning to consider the needs of refugee-survivors of SGBV with communication disability, and that it has recognised the limitations in the following aspects of their programmes:

- A lack of expertise in the development of relevant and effective alternative and augmentative communication (AAC) methods for use with people with communication disability
- Limited inclusion of people with communication disability in SGBV prevention and SRHE programmes
- A limited number of tools and resources to communicate with people with intellectual disability
- Limited capacity to deliver technical support to country operations about communication disability inclusion and support (WRC, 2014)

The reported use of supportive communication systems by organisations appear to only apply to prevention and disclosure. No evidence exists of any organisation using individualised communication methods to support people with communication disability to report to the police, make statements, pursue justice or access psychosocial or medical support. The identified gaps at all stages of SGBV response therefore continue to require urgent attention from all protection partners.

⁴ Personal communication with WRC, (June 2016)

⁵ Personal communication with WRC, (June 2016)

Conclusion and recommendations

Literature specifically addressing the challenges faced by refugees with communication disability and their vulnerability to SGBV, is in short supply and there is a distinct paucity of research on the topic. Although there is ample research on disability and vulnerability to abuse, studies are often small, context-specific and are not generalisable (see Feseha et al. 2012; Sullivan & Knutson, 2000). However, the small amount of literature on issues of SGBV and disability in humanitarian contexts does identify **people with communication disability as a key group vulnerable to abuse and experiencing barriers to protection**. Positively, it recommends sensitising and training frontline staff to ensure the inclusion of people with communication disability in protection programming. Conversely, despite the assertion that inclusive programming is paramount to the realisation of human rights, and the recognition that expertise is required to design and implement inclusive programmes, **there is little evidence that specialist expertise has been sought to address the critical issue of failure to access protection for refugees with communication disability**. This is most acutely noted in the literature produced by development agencies and humanitarian actors, who are the key sources of data and implementers of protection programmes.

Despite the limited evidence of good practice to ensure the prevention of SGBV for refugees with communication disability and their subsequent protection, recommendations about how services could be improved in the future are made in the literature (see table 1). These fall into a number of key themes which may ostensibly function as a work-plan for organisations seeking to achieve true inclusion for *all* people with disabilities in their programming, as espoused in their protection policies and guidelines. Critical to operationalising such a strategy is the understanding that people with communication disability are a diverse group, requiring a range of strategies to ensure their inclusion, participation and protection – one size does not fit all.

Considering that 15% of any population is estimated to have a disability (WHO, 2011), and up to half of that group may have some form of communication disability (Hartley 1995; Hartley & Wirz, 1999), the failure to address the protection needs of people with communication disability is a problem requiring urgent action - no more so than in the humanitarian context where displaced people with disabilities are at significant risk of human rights abuses and inability to access necessary protection. Evidence suggests that a multi-strand approach, including a concerted, multi-agency collaboration, is required to

address this urgent need and to ensure that refugees with communication disability are no longer regarded as ‘the perfect target’ by SGBV perpetrators.

Table 1

Recommendations from the literature

| Theme | Literature reference |
|--|---|
| Identification and registration of people with communication disabilities, including improved use of the UNHCR databases, to register people with disabilities. | Costa, 2015 UNHCR, 2010 |
| A rights-based, ‘twin-track approach’ to inclusion (disability mainstreaming in services, coupled with specific, targeted responses for people with disabilities), ensuring specialised communication needs are met. | Battle, 2015 Plan International, 2016a Tanabe et al, 2015 UNHCR, 2015 WRC, 2015 |
| Coordinated, multi-agency collaboration with ongoing technical expertise and support on communication disability. | Keilty & Connelly, 2001 Oosterhoorn & Kendrick, 2001 Save the Children & Handicap International, 2011 Knutson & Sullivan, 1993 UNHCR, 2015 WRC, 2015 |
| Ongoing training, sensitisation and capacity development for protection professionals and criminal justice system actors, to support people with communication disability. | Plan International, 2016a UNHCR, 2015 WRC, 2015 |
| Increased representation of people with a diverse range of disabilities in disabled peoples’ organisations (DPOs), and their active participation in service design, implementation and evaluation. | Plan International, 2016b WRC, 2014 |
| Provision of, and training to use, technical tools to facilitate communication with people with communication disability, including appropriate AAC methods and vocabulary. | Burke et al. 199 Plan International, 2016b WRC & IRC, 2013 WRC, 2014 |
| Increased access to inclusive education and employment for people with disabilities to increase their independence and social status and dispel perceptions of vulnerability. | Kvam & Braathen, 2008 Plan International, 2016b |
| High-quality, participatory research on SGBV, communication disability and forced displacement in low and middle-income countries. | Mikton et al. 2014 Plan International, 2016b WRC, 2014 |

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