Journal of Advanced Research and Multidisciplinary Studies
ISSN: 2997-3155
Volume 5, Issue 1, 2025 (pp. 90-xx)
www.abjournals.org

MULTIPLE JEOPARDY: THE INTERSECTION OF DISABILITY, GENDER, VIOLENCE AND COVID-19 IN RURAL MUTOKO, ZIMBABWE

Shamiso Zirabada[1] and Nobuhle Moyo[2]

[1]Leonard Cheshire Disability Zimbabwe.
Email: szirabada@leonardcheshire.org.zw or szirabada@gmail.com

[2]Leonard Cheshire Disability Zimbabwe.
Email: nmoyo@leonardcheshire.org.zw or nobuhlerejo@gmail.com

Cite this article:

Zirabada, S., Moyo, N. (2025), Multiple Jeopardy: The Intersection of Disability, Gender, Violence and Covid-19 in Rural Mutoko, Zimbabwe. Journal of Advanced Research and Multidisciplinary Studies 5(1), 90-107. DOI: 10.52589/JARMS-AAACDVC3

Manuscript History

Received: 12 Jan 2025

Accepted: 26 Feb 2025

Published: 10 Mar 2025

Copyright © 2025 The Author(s). This is an Open Access article distributed under the terms of Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0), which permits anyone to share, use, reproduce and redistribute in any medium, provided the original author and source are credited.

ABSTRACT: *The study explored the intersectionality of disability, gender, violence, and COVID-19 in rural Mutoko. A qualitative research method using the interpretivist philosophy was employed. The qualitative research method was selected because of its relevance in bringing out explicitly the lived experiences of Women with Disabilities (WwDs). Focus Group Discussions (FGDs) and key informant interviews were used for data collection. The research participants were purposively sampled while data was analysed using thematic analysis. The results showed increased cases of Sexual and Gender-Based Violence (SGBV) among WwDs in the home setting in rural Mutoko during the COVID-19 lockdown. This was partly because of stressors associated with the pandemic coupled with household arrangements in Zimbabwe. Additionally, essential SGBV services were not readily available due to the lockdown-induced measures. It is recommended that SGBV programs should have a budget that is specific to SGBV in any situation and avoid being overtaken by emerging events.*

KEYWORDS: Disability, Gender, Violence, COVID-19, Intersectionality.

Article DOI: 10.52589/JARMS-AAACDVC3
DOI URL: https://doi.org/10.52589/JARMS-AAACDVC3

INTRODUCTION

In response to the 2019 novel coronavirus pandemic, governments across the world, including Zimbabwe, implemented statutory instruments which came with lockdown measures and movement restrictions that, however, yielded unintended consequences, such as an exponential increase in Sexual and Gender-Based Violence (SGBV) (World Bank, 2020). In several countries, violence increased during the COVID-19 pandemic because of more time spent indoors, social isolation, increased economic stress, and job and health-related uncertainty (Singh & Singh, 2021). The World Health Organisation (2020) noted that women experienced more violations compared to their male counterparts. The reports provided by different countries, however, treat women as a homogeneous group, yet the impacts of SGBV on Women with Disabilities (WwDs) differs from able-bodied women. The triple jeopardy faced by WwDs exposes them to violence (UN Women, 2020). The situation is worsened during times of disaster. Additionally, violence against WwDs is usually ignored in SGBV research, and they are excluded socially as well (Namatovu, 2018). Furthermore, there is limited information from countries in the south, especially in a disaster situation such as the COVID-19 pandemic. The aim of this research is to explore the extent of SGBV among WwDs in rural Mutoko during the COVID-19-induced lockdowns.

Statement of the Problem

More than one in three women has experienced physical or sexual abuse from a romantic partner or someone else in their lifetime (Fraser, 2021). In addition, worldwide, girls and women with disabilities (GWWD) are three times more vulnerable to Violence Against Women and Girls (VAWG) compared to their non-disabled counterparts. At a global level, a UN Women (2019) report noted that 60%-80% of women with disabilities have suffered sexual violence. These statistics increase during disasters (Fraser, 2021).

Anecdotal data provided by Leonard Cheshire Disability Zimbabwe (LCDZ report, 2015) indicate that outside the context of the pandemic, WwDs in Zimbabwe are comparatively more vulnerable to sexual violence than those without disabilities. A number of factors expose WwDs to sexual violence, including lack of knowledge about rights and SGBV; weak community and ending-violence against women mechanisms; perpetrators taking advantage of their limited comprehension; physical ability to defend oneself; impunity due to the justice delivery system’s inefficiency and lack of disability expertise (LCDZ, 2016).

COVID-19 further exposed women and girls with disabilities to SGBV, and this was worsened by intersectional factors such as age, gender, and location, among others. Pre-existing barriers also created heightened risks, which include environmental and attitudinal barriers during the pandemic, as well as institutional barriers (that is, laws and policies). The majority of cases of sexual abuse occur in closed family settings (LCDZ, 2016). Some survivors with certain disabilities may not understand what is happening or may not have a way to communicate the assault. Others may realise that they are being abused but not be aware of their rights, that it is illegal or how and where to access available support services.

Despite women with disabilities being vulnerable to SGBV, few studies have explored the nature and prevalence of SGBV among women with disabilities during COVID-19. As noted by Choruma et al. (2012), the concerns of Persons with Disabilities (PwDs) are not highly considered, resulting in PwDs being treated as second-class citizens. This presents a missed opportunity for understanding the extent to which SGBV is prevalent among women with disabilities.

Research Objectives

- To explore the nature and prevalence of SGBV among women with disabilities during COVID-19.
- To identify SGBV services available for women with disabilities during the COVID-19 pandemic.
- To recommend strategies that can be adopted to reduce SGBV towards women with disabilities during crisis situations.

Research Questions

- How prevalent were the different forms of SGBV among women with disabilities during the COVID-19 pandemic?
- What practical strategies can be put in place to prevent and respond to SGBV perpetrated against women with disabilities during COVID-19?
- What SGBV services are available for women with disabilities during crisis situations like the COVID-19 era?

LITERATURE/THEORETICAL UNDERPINNING

The paper is informed and guided by the theory of intersectionality as it proves to provide a better understanding of SGBV among WwDs. The intersectionality theory was developed by Crenshaw (1989) as a response to the exclusion of black women's experiences in framing discriminatory laws in the United States of America. The author was concerned with intersecting categories of discrimination suffered by women. Crenshaw's argument was that society cannot treat gender inequalities as isolated from race or class inequalities, as they all emanate from the laws of oppression, with one level of hierarchy dominating another. While the concept was earlier used by other scholars using different terms, such as double jeopardy and multiple jeopardy, it was Crenshaw (1989) who popularised the need to address gender, race and class as intertwined concepts affecting women.

However, Brown and Misra (2020) state that as a concept, intersectionality is broad, and it tends to apply to many aspects affecting women. Irrespective of its broad scope, Dietz (2013) argues that as a theory, intersectionality is helpful in explaining the myriad of ways in which gender, class and race intersect to produce compounding gender inequalities. Collins (2012) asserts that as a theory, intersectionality is premised on the idea that different facets of social life are intersecting, mutually transforming and joined at the hip. This entails that the theory brings into frame how inequalities are multidimensional and permeate through social stratification. The theory demonstrates how the simultaneous experience of gendered racism is rendered invisible, and legal claims of compound discrimination are inadmissible by monistic definitions of discrimination, which define sex and race as mutually exclusive categories (Collins, 2012).

Brown and Misra (2013) claim that intersectionality brings in the view that even though everybody is simultaneously positioned in social categories such as gender, race, class and sexuality, these categories cannot be understood in isolation. For instance, addressing one category, such as gender, draws us to understand how it is affected by disability, race, social class and sexuality. Dietz (2013) indicates that in intersectionality literature, gender and class are understood as oppressive structural categories, as history shows how they determine the allocation of resources and, consequently, life chances. Hence, intersectionality shows how women's experiences and life chances differ according to their social categories and disability (Collins, 2012).

On the other hand, disability refers to the long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006). Over the past decades, there has been a shift in disability approaches/models that include the charity model, the medical model, the social model and the human rights model.

The charity model was the principal paradigm up to World War II and is the philanthropic and charitable approach to disability that provided medical treatment, community aid, and safekeeping for those described as being “less fortunate” and “defective” (Edmonds, 2005). The model focused on helping persons with disabilities with “hand-outs” in the form of food, clothes, and money, among others.

The medical model emerged after World War II as a result of significant progress and advancement in the health sciences, technology, and pharmaceutical industry (Edmonds, 2005). The medical approach perceived disability as an impairment or disease to be prevented and/or treated (ibid). Consequently, persons with disabilities were institutionalised or isolated from the community for treatment/rehabilitation by medical professionals (ibid).

The social model emerged in the 1970s and 1980s as a result of a political movement led by people with disabilities to destabilise and deconstruct the medical model of disability (Edmonds, 2005). The social model locates disability outside the individual and places it in an oppressive and disabling environment. It focuses on the community, society, and the role of government in discriminating against and excluding people with impairments rather than on the individual and his or her “own” impairment, as expressed in the medical model (Edmonds, 2005). Advocates of the social model convincingly argued that the problem to be addressed is neither biological nor medical and that it is not the individual but the social context that is disabling. The emergence of the social model focused on issues of abuse, negligence, isolation, and marginalisation in the lives of disabled women, children, and men by shifting the focus away from the disabling condition as presented in the medical and charity models to the social environment as a disabling element (Hans & Patri, 2003).

The human rights approach affirms the right of every individual and group to engage in public affairs and is also a part of the solution to poverty and social exclusion (Manatsa, 2015). The human rights model views persons with impairments as an integral part of a diverse human society and culture. A human rights-based approach to disability implies that all people are active subjects with legal claims (Deutsche Gesellschaft für Internationale Zusammenarbeit and Christian Blind Mission (GIZ and CBM, 2012). It stresses that all humans have rights and that all rights apply to all humans (Leonard Cheshire Disability UK, 2017). It stresses that persons with disabilities are rights holders and decision-makers in their own lives (ibid).

The intersection of gender and disability creates multiple layers of discrimination for women (Abu-Habib, 1997). Disability often adds to and worsens discrimination against women and negatively impacts their gender roles, furthering their perceived weakness and helplessness (ibid). For women and girls, the effects that disabilities have on health and beauty lower their status and often devalue their families, both in wealth and social standing (ibid). The inability to fit expected gender norms creates many problems for women with disabilities and affects their role within the household, community, and society. While women experience their disability differently than men, they are often overlooked and left out by women's organisations, feminist movements, scholars, and the international community (Traustadottir, 1990). The stigma and shame surrounding disability causes women with disabilities to be hidden and, thus, unaccounted for in surveys and censuses (ibid).

Furthermore, women with disabilities experience violence at rates much higher than their non-disabled counterparts. The Department for International Development (DFID) report rates 2 to 3 times higher (DFID, 2000). Myths, social stigma, and misinformation surrounding disability and gender contribute to violence. The belief that persons with disabilities are asexual creates many problems. This notion creates an absence of sex education and reproductive healthcare for people with disabilities (Naidu et al., 2005). The absence of this important education and healthcare creates a gap in knowledge and agency about healthy, appropriate, and consensual sexual encounters (ibid). Thus, in sexual situations, women with disabilities are often unfamiliar with how to negotiate those situations and might not know the difference between right and wrong or consensual and non-consensual. In addition, myths of 'helplessness' and 'dehumanisation' about disability cause perpetrators of sexual violence to believe that women with disabilities are easy targets because they will be physically unable to report violence or won't be believed if they do (Naidu et al., 2005).

Moreover, women with disabilities, especially the physically disabled, hard of hearing, and vision impaired, frequently rely on close family and friends as their caregivers, interpreters, and links to the outside world. Dependence on caregivers creates a unique risk factor for abuse among women with disability, which is compounded by their vulnerability and isolation (Hussain, 2013). In these isolated, one-to-one situations, the caregiver becomes the perpetrator, and many have more power over the woman they are caring for (ibid). Abuse by caregivers may include an array of tactics that include physical, emotional, sexual or economic forms.

In some cases, women with disabilities are vulnerable to forced sterilisation and abortion due to their perceived inability to communicate and understand the implications of these procedures (Human Rights Watch, 2011). Neglected in the provision of sexual health and seldom given options for different methods of contraceptives, women with disabilities are usually denied control over their bodies and reproductive health services. Consequently, women with disabilities are usually forced into sterilisation and abortions by their caregivers, guardians, or spouses. Forced sterilisation is performed on young girls and women with disabilities around the world for a number of reasons, including eugenics-based practices of population control, menstrual management and personal care, and pregnancy prevention (including pregnancy that results from sexual abuse) (Human Rights Watch, 2011). Girls as young as 7 or 8 have reportedly been sterilised through hysterectomy so as not to add extra demands on the caregivers (Groce, 2005). Parents/caregivers, guardians, and spouses make these decisions, often without consulting or considering the affected woman's preferences. By so doing, women with disabilities are denied opportunities to make critical decisions in their own lives.

There is a tendency to think that WwDs constitute a homogenous group. However, Mac-Seing et al. (2020) argue that abuse and discrimination are experienced differently by women with disabilities depending on the type of impairment. According to intersectionality theory, power structures such as ableism shape the experiences of privileges for "able-bodied" and penalties for those who are disabled. Furthermore, intersectionality theory also helped explain the vulnerability of rural WwDs. In addition, access to SGBV services for women with disabilities differs depending on their location, type of impairment and access to opportunities. Thus, the intersectionality approach appears useful in studying SGBV among WwDs by examining all the multifaceted factors.

METHODOLOGY

The study employed a qualitative research method using the interpretivist philosophy. According to Polit and Beck (2016), the interpretive research philosophy allows researchers to capture the views and independent thoughts of participants as they relate to the events happening in their lives.

Purposive sampling was used since it provides an opportunity to select the most appropriate respondents with knowledge about the social realities within their communities (Saunders et al., 2016). Through purposive sampling, a total of 30 research participants were selected. The research participants comprised 16 rural WwDs drawn from 2 wards in the Mutoko district. Fourteen (14) key informants were drawn from the Mutoko Rural District Council. The key informants were representatives from SGBV service providers from both the government line ministries and Civil Society Organisations (CSOs).

Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were used to collect data because they enabled participants to express explicitly their lived experiences. Two FGDs were conducted with 8 participants per FGD. The 16 FGD participants were selected through purposive sampling with assistance from the Mutoko Ministry of Women Affairs, Community Development, Small to Medium Enterprise.

KIIs were used to collect data from 14 key informants (that is, SGBV service providers and relevant government ministries). The 14 key informants were purposively selected because of their vast experience of working with SGBV issues. KIIs allowed the researchers to capture rich and comprehensive data on the research topic. Neuman (2012) observed that the use of KIIs helps to expansively probe questions on sensitive issues that would not have been possible to write on paper. In this regard, the use of KIIs allowed the researcher to dig deeper into the multiple jeopardy of WwDs in relation to SGBV.

Furthermore, relevant secondary sources like books, journals and reports were consulted to validate data collected from primary sources. The use of secondary data enabled the researchers to collect a large amount of data and thus broaden the researchers' knowledge of the research topic.

RESULTS/FINDINGS

Nature and prevalence of SGBV among WwDs during COVID-19

All research participants agreed that lockdown measures contributed immensely to the increase of SGBV in the home setup. The experiences that were reported by the key informants were largely about the challenges that they faced under COVID-19 lockdown restrictions as they attempted to provide services or assistance to victims of or cases of SGBV.

"…the COVID-19 era came with its complications. Intolerant behaviours are happening in homes as people are under lockdown. Women with disabilities are now being seen as an overburden on the caregiver. This complication is the one fuelling abuse..."

The FGD participants also mentioned a rise in child marriage in their community, which affected girls, including those with disabilities. The abuses experienced by the women with disabilities were linked to the fact that some of the perpetrators took advantage of the fact that some of the women with disabilities, such as those with speech and hearing impairments who use sign language to communicate, could not communicate what would have happened to them as few individuals understand sign language within their communities.

The key informants revealed that the SGBV service providers experienced resource limitations (human, economic and material) due to the overwhelming increase of SGBV cases during the COVID-19 lockdown. Some key informants also revealed that they lacked key skills to handle WwD survivors of SGBV. One of the key informants narrated that:

"…We are experiencing an unprecedented increase in cases of SGBV amongst women and girls with disabilities because of lockdown restrictions. It's one of the most difficult, delicate and hard decisions for any organisation to take. However, the coronavirus (COVID-19) outbreak has made the prospect of operating with lean staff and the need to reduce our workforce with immediate effect. This negatively affected our services and operations and capacity to deal with issues of SGBV against an incessant of rising cases. Additionally, we lacked necessary skills when dealing with women with disabilities…"

It also emerged during the FGDs that socio-economic stress in the context of the COVID-19 pandemic increased significantly the existing gender inequalities, resulting in SGBV rise in the community, especially among WwDs. 87.5% (that is 14 out of 16 FGD participants) stated that COVID-19-related loss of income in the household contributed to the emergence of violence. One respondent said:

"After food and savings ran out during the lockdown period, breadwinners—including spouses, caregivers, and family members—felt intense pressure. As hunger set in without any expected income, caregivers became dissatisfied and angry".

As the vulnerable members of their homes, women with disabilities were suddenly the target of their rage and fury. Consequently, WwDs experienced physical abuse, emotional abuse, and

Article DOI: 10.52589/JARMS-AAACDVC3
DOI URL: https://doi.org/10.52589/JARMS-AAACDVC3

financial abuse because the majority of them were unable to provide resources and food to the household (due to the prohibition of non-essential services being vending and begging).

"...in this village, I know one girl (with physical impairment) who was forced to be married for money and suffered abuse because it was a forced marriage..."

SGBV services available for WwDs during the COVID-19 pandemic

All the FGD participants reported the severe challenges associated with the provision of SGBV services. Women with disabilities found it difficult to easily and timely access sexual gender-based violence services during the COVID-19 era as support services had become remote. For instance, most services were provided via the helpline, and some of the women with disabilities did not have handsets to contact the help centres. In some cases, WwDs were in hard-to-reach areas with limited network reception, making it difficult to call for assistance. Furthermore, due to the pandemic, alternative options through various types of support services became unavailable for women with disabilities, while safe shelters became or continued to be inaccessible to or not inclusive of WwDs. The deaf community's previously unresolved access issues to helplines and other services persisted throughout the epidemic, making deaf women more susceptible to SGBV. One of the key informants said,

"*…survivors' needs and concerns differ. As such, a specific rather than uniform approach is needed to ensure that no one is left behind, including WwDs. There is a need for all organisations and the government to join hands and provide critical services to the survivors."*

Another challenge faced by SGBV service providers was the burden of cost and use of personal resources, which have become a contingent measure under the restrictive environment of the COVID-19 lockdown. All FGD participants noted that due to resource constraints, service providers were often forced to use their personal resources in interventions. Participants explained that the use of personal resources mainly affected the police and social workers. For example, SGBV service provider officials paid bus fares for SGBV survivors and SGBV offenders to and from the court and took survivors to therapeutic services. The participants attributed the burden of cost and use of personal resources to a lack of resources and unsupportive organisational leaders in some cases amongst most organisations. One of the key informants said:

"...the interaction that people are having in homes under lockdown are breeding grounds for sexual gender-based violence. There is a need to ensure that mechanisms are put across to address such issues. This could include a multi-sectoral approach to ending sexual gender-based violence as well as including a budget specific to ending sexual gender-based violence also noting the different needs of women with disabilities ..."

The majority of participants from the FGDs revealed that COVID-19 affected greatly the effective functioning of the police and court systems compared to the period prior to the pandemic. The research participants shared that justice was difficult to access during the COVID-19 pandemic. In other words, COVID-19 further worsened the situation for WwDs. One FGD participant argued that:

"....I noted that cases were put on hold as courts were closed. Only emergency matters were being heard in courts during that time. ...."

Article DOI: 10.52589/JARMS-AAACDVC3
DOI URL: https://doi.org/10.52589/JARMS-AAACDVC3

When the trials later resumed, women survivors with mental impairment had lost memory of the abuse they had suffered. In some instances, the perpetrators of SGBV had gone into hiding. Since SGBV cases were not being heard in court, termination of pregnancy cases was not being heard. Consequently, survivors with disabilities were forced to keep the pregnancies.

In some cases, WwDs failed to attend SGBV awareness programs because they did not have transport to ferry them to awareness programmes, resulting in their being left behind. Furthermore, while women with hearing and speech impairments attended awareness programmes on SGBV, the absence of sign language interpreters made it difficult to convey the message.

Respondents also pointed out that some communities still believe that women with disabilities are asexual. This has contributed to WwDs not reporting abuse for fear of discrimination. The situation was worsened with the emergence of COVID-19 since women with mental impairments were being abused. UN Women (2020) also noted the huge information gap that exists among WwDs. This is in line with intersectional theory, which identifies the above as perpetuating inequalities due to the interaction of different factors in the community.

SGBV professionals were also hindered from executing their services under the COVID-19 lockdown owing to a lack of transport. SGBV services failed to reach out to all the wards in Mtoko. Most of the organisations’ vehicles could not receive some routine maintenance as the lockdown reduced their staff and also resulted in the shutting down of other garages. Another claim made by the respondents was that when police travelled long distances to communities on foot or by hiking, the evidence they gathered got tainted. Since families of survivors are usually poor and lack the ability to cover the costs associated with reporting SGBV cases, the lack of transportation to give services to SGBV survivors also contributed to the underreporting of many cases. Thus, socio-economic status, disability and location played a critical role in hindering WwDs to report cases of abuse during the COVID-19 period.

Lack of consistency in service delivery caused by the loss of donor financing was another notable factor that hampered the accessibility of services for SGBV during the COVID-19 period. Participants discussed how the SGBV services are mostly funded by donations and how the cessation of donor support impacts both government agencies and non-governmental organisations' ability to continue providing services. The key informant's comment below shows how the absence of financing affected the continuity of SGBV service delivery:

“…everything has come to a halt because of the pandemic. Our major funders have since stopped, and some have completely withdrawn their funding citing reasons of being incapacitated by challenges of restrictions associated with COVID-19 lockdowns and other regulations…”

Strategies to increase the prevention and response to SGBV towards WwDs during disasters

The study participants revealed that the strategy of using social media platforms, particularly community WhatsApp groups was an essential mechanism that made it possible for the organisations to disseminate their information on SGBV awareness under the lockdown restrictive environment. The interviews revealed that community messages were used to raise awareness of the significance of assisting WwDs who are at risk of or are SGBV survivors, as well as to promote behaviour change by providing additional strategies for coping with the stress and difficult emotions brought on by the pandemic and pandemic response. The participants also disclosed that community messages through WhatsApp platforms were created or modified locally, in cooperation with at-risk groups to ensure their applicability and relevance, and they critically engaged with the already-existing community groups like women's groups, people of diverse backgrounds, or other social groups present in Mutoko District. The participants also added that available services needed to be adapted into different formats so that persons with different disabilities could access them. The formats raised by the participants included braille, audio, videos in sign language and pictorials. One of the key informants said,

"…in order to make our work easier in the face of the pandemic restrictive measures, we sought support from the local communities by engaging them through various WhatsApp groups where we regularly disseminate information about SGBV, for instances we regularly send SGBV awareness information in 8 groups belonging to Mutoko Community Association on a weekly basis…"

The respondents also indicated that the COVID-19 epidemic strained the current protection and WwD welfare services and presented special dangers and challenges to WwDs with regard to proper care, both at the policy or system level and in work with individual WwDs. However, the distribution of dignity kits was identified by the study participants as a crucial disaster response action.

The study indicated that some sexual gender-based violence service providers and the Zimbabwe Republic Police (Victim Friendly Unit) conducted SGBV awareness campaigns and made use of educational posters within communities. In light of the lockdown restriction, the service providers also suggested the use of traditional, community and religious leaders who could address negative practices that fuel SGBV amongst WwDs. This was reported during the interviews and focus group discussions as one of the crucial approaches that could help and support the organisations dealing with SGBV during the COVID-19 lockdown. It also emerged during the interviews that the community leaders and the professionals could work with a few community volunteers since SGBV prevention programs in rural Mutoko were largely coordinated by volunteers during the lockdowns.

DISCUSSION

Nature and prevalence of SGBV among WwDs during COVID-19

According to the study, SGBV is usually prevalent in the home set-up. Campbell (2020) confirmed this when he argued that the perpetrators of SGBV are usually close family members. The study further noted that SGBV was exacerbated during the pandemic in rural Mutoko, where resource limitations, lack of transport to provide support to SGBV survivors and lack of continuity in service delivery were obtaining. Zhang et al. (2020) confirmed this point when they argued that limited livelihood opportunities during the lockdown entrenched gender inequalities, which in turn contributed to the increase of SGBV in homes, communities, and nations. The COVID-19 situation exposed WwDs, who have already been a marginalised group, to SGBV.

UNFPA (2020) noted that SGBV rises during any type of disaster, be it a financial crisis or armed war. The COVID-19 outbreak was no exception, as high numbers of incidents of abuse were recorded in Mutoko. All of the participants in the FGDs stated that sexual abuse against women with disabilities was rising in their community as a result of stay-at-home and lockdown orders.

WwDs were systematically discriminated against from accessing services because of a lack of specialised personnel to handle their cases. This was highlighted by the intersection theory, which stipulates that an individual can be discriminated against because of the existing social differences and identities. The lack of specialised personnel among service providers during the COVID-19 period worsened the situation since they did not have the necessary skills to better deliver services to WwDs (LCDZ, 2021).

From this study, there is no doubt that an individual can be oppressed due to her disability and socio-economic background. WwDs faced abuse because they could not contribute financially to purchasing household necessities. Masomera et al. (2020) noted that stressors that came as a consequence of the lockdown were deadly as they contributed to the rise of SGBV across the globe and in Zimbabwe. In addition, those identified as weak by perpetrators bear the brunt of the abuse (ibid).

WwDs are more likely to experience higher levels of psychological stress and significantly higher levels of emotional, physical, and sexual violence by household members other than women without disabilities (Choruma, 2007). WwDs are up to four times more likely than women without disabilities to experience intimate partner violence (Muzarabani et al., 2020). It is imperative to note that disability increases the likelihood of non-partner sexual violence and that the severity of the disability increases the risk of both intimate relationships and non-partner sexual violence (Choruma, 2012).

While all crisis-affected situations are linked to an increase in the risk of SGBV, Samuels and DaigleI (2021) point out that COVID-19 was different in a way that makes it especially worrisome. WwDs suffered a higher risk of being exposed to SGBV through family members, intimate partners, or people residing in their homes because of the physical separation and mobility limitations implemented worldwide to stop the pandemic (Morgan & Davies, 2020). The bulk of SGBV instances were committed by known people rather than strangers in every emergency-affected situation (Rogaland & Krizsán, 2020). During times of crisis, the odds of suffering domestic violence were frequently increased by elements including mental stress, financial hardship, and changes in the roles and responsibilities of family members (Anderton, 2020). Due to the widespread job losses, economic hardship, disruption of daily routines, and persistent stress brought on by real or probable diseases that have affected regions around the world, all of these elements increased in the context of COVID-19 (Masomera et al., 2020). Lockdowns coupled with movement restrictions, homes became a hub of SGBV, with survivors having no SGBV support systems (ibid). According to SAFE (2020), COVID-19 came with its consequences, which ranged from government-induced quarantines, affected livelihoods, increased stress levels, and the inability to provide essential lifesaving services.

In Mutoko, women found themselves locked down with their abusers as part of the government's efforts to stop the coronavirus from spreading. 13 days into the lockdown, Musasa Project, a local non-governmental organisation, had registered 782 cases, which is 282 cases more than the normal number of cases reported each month (Choruma, 2007). One study showed that women with disabilities faced sexual gender-based violence during the COVID-19 period (UNESCO, 2020). The study also highlighted that the Zimbabwe Republic Police (Victim Friendly Unit) received a number of cases of SGBV of women with disabilities compared to the pre-COVID-19 era (Masomera & Chigwanda, 2020). The statistics provided by the Zimbabwe Republic Police (ZRP) revealed that rape was the highest form of abuse experienced by WwDs, followed by domestic violence and aggravated indecent assault (Choruma, 2007).

SGBV services available for WwDs during the COVID-19 pandemic in Mutoko

The study revealed the significance of the multi-sectoral mechanisms that involved all SGBV service providers, the community and the survivors of sexual gender-based violence were in place in rural Mutoko. In Zimbabwe, efforts were made to encourage service providers to prioritise SGBV prevention and response in their local plans. In response, SGBV service provision transformed ways of doing business and adopted remote service provision in assisting survivors of SGBV (Masomera & Chigwanda, 2020). However, remote service provision made it difficult for survivors with disabilities to access essential SGBV services. In Mutoko, not all SGBV service providers received authorisation from the government to operate during COVID-19 (Masomera & Chigwanda, 2020). Access to shelter in Mutoko remained unavailable or operated at a reduced capacity during the COVID-19 crisis (Choruma, 2007). Musasa Project (2020) noted that as a measure to curb the spread of the virus, they were forced to reduce the number of survivors at the safe shelters and did not accept new cases. Survivors with disabilities could not access the safe shelters as new cases were not accepted, and they usually travelled with their caregivers/support persons, which would increase the number of people admitted to the shelters (LCDZ, 2020).

During the quarantine period, courts in Mutoko were closed and were sitting for urgent matters only. During the lockdown period, the Judicial Service Commission in Zimbabwe operated with a skeletal staff and were only hearing urgent cases. SGBV was not identified as an urgent matter, and this impacted heavily on access to justice by WwDs. LCDZ (2015) noted that women with mental impairments have short memory spans; thus, cases involving them should be dealt with urgency whilst they still remember what would have occurred. Hence, WwDs were unable to access justice on an equal footing with others (Sharma et al, 2021).

Article DOI: 10.52589/JARMS-AAACDVC3
DOI URL: https://doi.org/10.52589/JARMS-AAACDVC3

LCDZ (2020) noted that in Zimbabwe in general and Mutoko in particular, some of the personnel who were responding to SGBV during the COVID-19 era were not equipped with the necessary skills to identify disability or how to communicate with women with hearing or speech impairment. In addition, most service providers were not capacitated to handle women with mental impairments. Some of the buildings where SGBV service provision was conducted were inaccessible to persons with physical disabilities.

The total lockdown implemented in Zimbabwe resulted in the withdrawal of public transport from key routes and the retention of only government buses (ZUPCO). This made travelling very difficult, especially for WwDs. Women with disabilities who lacked access to services and help ran the danger of encountering major risks at home (Masomera & Chigwanda, 2020). Likewise, a study done by UN Women (2021) in South Africa revealed that given the distances involved and the high cost of transportation during the COVID-19 period, it was challenging to obtain services in rural areas by women with disabilities. For women with disabilities, they had to incur double costs when they sought services during the COVID-19 era (UNESCO, 2020). The costs would include double costs for those travelling with their caregivers and triple for those who had a caregiver and a wheelchair, among other costs.

Provision of shelter and legal assistance were mainly limited or unavailable during the COVID-19 pandemic (UN Women, 2020). Safe shelters struggled to adjust to the new testing and social distance rules (Samuels & DaigleI, 2021). Nevertheless, despite the COVID-19 limitations, numerous groups discovered creative ways to continue their SGBV response actions. Zimbabwe, like other countries, came up with innovative ways of addressing SGBV using online platforms to reach out to survivors, provision of mobile One-Stop-Centres, and community-based information dissemination (UNFPA, 2020).

Strategies to increase the prevention and response to SGBV towards WwDs during disasters

The first step in addressing the problem of increased SGBV during pandemics is acknowledging the problem (Lakam, 2020). To reduce the number of SGBV cases, there is a need to strengthen community collaborations and raise public awareness of the necessity of reporting abuse (Oliveira & Alloatti, 2021). Samuels and DaigleI (2021) suggest that asking people frequently if they feel safe at home is one strategy for addressing the problem of SGBV. It is frequently feasible for survivors to convey in oblique as well as subtle manners that are simple to ignore (Devenish & Afshar, 2021). Online and telephone services are crucial for people looking for therapeutic interventions, counselling, or any other sort of help, according to Devenish and Afshar (2021). Samuels and DaigleI (2021) noted that by striking up a conversation with neighbours of SGBV-affected households, they can contribute to the reduction of domestic violence.

Additionally, there is a need to demand increased service accessibility as well as money for shelters and safety requirements during quarantine (Alon et al., 2020). To prevent it from worsening gender violence, SAFE (2020) recommended combining physical distance with social assistance. Additionally, there is a critical need to improve the helpline services so that survivors, including WwDs, can access them as well (Masomera & Chigwanda, 2020). The United Nations Secretary-General, Antonio Guterres, also stressed the necessity for nations to build emergency warning systems for those dealing with SGBV (Zhang et al., 2020).

According to SAFE (2020), in order to reduce SGBV, it is necessary to have trained staff, including specialised staff, who can handle WwDs.

Campbell (2020) claims that certain nations have actually tried to adjust to the quarantine scenario brought on by COVID-19 by putting in place a number of policies to lessen gender-based violence. For instance, NGOs in Zimbabwe are continuously providing life-saving services to SGBV services; they are making use of online platforms. The Judicial Service Commission introduced the integrated electronic management system, which unifies all institutions in the justice delivery sector. The system will enhance information accessibility and modernise operations. This is a move towards digitalising the court system so that even when a disaster strikes, the court will continue operating remotely.

The government and SGBV service providers should take steps to mainstream both gender and disability in SRH and SGBV programming, both during and outside of times of crisis Sharma et al. (2021). Coordinated and multi-sectoral services that support SGBV prevention, victim/survivor protection, victim/survivor health and rehabilitation needs, and successful redress are all part of a comprehensive package of SGBV services (ibid). These services must be provided as part of obligations in ending SGBV during times of disasters, in conjunction with local, regional, or global civil society organisations and include services that fall under pillars of health services (sexual reproduction, medication for injuries), justice services (legal representation, policing), psycho-social support services (shelters, counselling) among other things (Brooks et al., 2020).

During the COVID-19 epidemic, access to SGBV services and the court systems responsible for establishing this multisectoral approach for assisting survivors has decreased for all women, including women with disabilities (Alon et al., 2020). However, access to SGBV services is made much more challenging for this population due to pre-existing accessibility restrictions, lockdowns, and other policies that have a disproportionately negative impact on movement. In order to make sure that SGBV services, such as police and justice processes, are cognoscenti of the needs and concerns of women with disabilities, States and SGBV service providers should take certain steps (Anderton, 2020). In accordance with Article 29 of the Convention on the Rights of Persons with Disabilities (CRPD), States are required to "encourage their (persons with disabilities') participation in public affairs" in addition to providing an environment that allows for their participation in decision-making on issues that affect them (Alon et al., 2020). Additionally, under Article 33 of the CRPD, States are required to guarantee that civil society organisations, notably disabled people and organisations of disabled people, participate fully in monitoring the implementation of the CRPD's numerous components (Muzarabani, 2020). This commitment includes, among other things, the right to family life (art. 23), the right to health, including sexual and reproductive health (art. 25), and the right to wellbeing and safety during disaster situations. (Anderton, 2020).

The Government of Zimbabwe should establish enabling legal and policy frameworks for the rights of people with disabilities, SRHR, SGBV, and associated rights (Campbell, 2020). For instance, this necessitates making sure that sexual reproductive health services, as well as information, are not only legal and free or inexpensively priced but also that women with disabilities are not denied legal capacity and that laws and policies enable them to make healthcare decisions on their own, including with assistance when needed and requested (Muzarabani, 2020). Given the increased likelihood of domestic violence in the COVID-19

Article DOI: 10.52589/JARMS-AAACDVC3
DOI URL: https://doi.org/10.52589/JARMS-AAACDVC3

environment, service providers should also carefully consider how to approach survivors who could be prevented from seeking help because they are living in abusive circumstances (Simonovic, 2020). Mechanisms for the provision of cash and voucher assistance (CVA), where possible and appropriate, should also be put in place and modified as necessary to enhance SGBV survivors' access to the support they need. In addition to offering immediate response programs, providers need to make sure that details about available services and ways to get assistance during the COVID-19 pandemic are widely disseminated through the proper networks and channels (Campbell, 2020).

The consequences of SGBV during the COVID-19 pandemic were severe for its victims and widespread due to the frequently insufficient responses (Simonovic, 2020). Therefore, it is essential to retain a sense of urgency even in times of crisis with regard to cases of gender-based violence. It can be argued that a comprehensive response approach is required to address the problem of SGBV during the current and potential future pandemics. To effectively address the problem of SGBV, efforts from the community, media, and health professionals must be integrated. In addition, ongoing and persistent efforts are needed to eradicate the stigma attached to gender-based violence.

IMPLICATION TO RESEARCH AND PRACTICE

The study revealed that the interaction of intersecting factors such as age, disability, gender, location and socio-economic conditions heighten exposure to SGBV among women, especially during times of disasters like COVID-19. There is a need to ensure that WwDs feel safe and actively participate in development during times of disaster. When responding to disasters, the Government of Zimbabwe must introduce disability and gender-inclusive policies and strategies to avoid marginalisation of other groups.

CONCLUSION

In a nutshell, it can be argued that there was a sharp increase in incidences of SGBV against WwDs in rural Mutoko during the pandemic, with intersecting factors such as age, gender, location and disability inequalities exacerbated by COVID-19. Due to the COVID-19 lockdown, SGBV service providers were also dealing with a variety of difficulties in providing their services in restrained and restrictive settings. The effects of COVID-19 pandemic response measures, such as stay-at-home measures, and the resulting close physical proximity between SGBV perpetrators and survivors in the confines of the typically crowded home setting combined with family economic hardships created a perfect storm of circumstances for SGBV to occur with little public scrutiny. The decline in the availability and accessibility of support services for survivors was another issue resulting from the COVID-19 problem in Zimbabwe. Very few services were available to provide WwDs sexual assault survivors with life-saving care and support, including in the areas of clinical management of rape and mental health and psycho-social support, as the nation mobilises its resources to address COVID-19. WwDs are more susceptible to abuse as a result of information access issues, which is also essential.

FUTURE RESEARCH

Future research may be conducted on the effectiveness of policies and strategies targeting WwDs in pandemics.

REFERENCES

Abu-Habib, L (1997). Gender and Disability: Women's Experiences in the Middle East. Oxford, Oxfam.

Alon, T.M., Olmstead-Rumsey, J., Doepke, M., & Tertilt, M. (2020). The Impact of COVID-19 on Gender Equality. Cambridge: Working Paper National Bureau of Economic Research.

Anderton, C. H. (2020). The other virus Covid-19 and violence against civilians. Peace Economics, Peace Science and Public Policy, 26(3). https://www.degruyter.com/view/journals/peps/ahead-of-print/article-10.1515-peps-2020-0039/article-10.1515-peps-2020-0039.xml

Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N., and

Rubin, J. (2020). The psychological impact of quarantine and how to reduce it. Lancet, 395:912–920. https://doi: 10.1016/S0140-6736(20)30460-8

Browne, I. & Misra, J. (2020). Intersectionality, New York, Routledge.

Campbell, A.M. (2020). An increasing risk of family violence during COVID-19 pandemic: Strengthening community collaborations to save lives. Foreign Science International. 2:1–2. https://doi: 10.1016/j.fsir.2020.100089

Choruma, T. (2007). The forgotten tribe: People with disabilities in Zimbabwe. London, Progressio.

Collins. P.H (2012). Social inequality, power and politics: Intersectionality and American pragmatism in dialogue. The Journal of Speculative Philosophy, Vol 26(2): pp 442–457.

Crenshaw, K (1989). Demarginalising the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. University of Chicago Legal Forum. 1(8).

Devenish, A. & Afshar, C. (2021). Measures to tackle gender-based violence amid the global pandemic. https://www.wiego.org/resources/measures-tackle-gender-based-violence-amid-global-pandemic

DFID, (2000). Disability, poverty and development. London, DFID.

Dietz. T, Geest. K, and Obeng. F (2013). Local Perceptions of Development and Change in Northern Ghana in Yaro, J. (ed.). Rural development in Northern Ghana. New York, Nova Science Publishers.

Edmonds, J.L. (2005). Disabled People and Development. Poverty And Social Development Papers No. 12.

Fraser, E. (2020). Impact of COVID-19 Pandemic on Violence against Women and Girls, VAWG Helpdesk Research Report No. 284. London, VAWG Helpdesk

GIZ and CBM (2012). A Human Rights Based Approach to Disability in Development, Bonn, Deutsche Gesellschaft für Internationale Zusammenarbeit.

Groce, N. (2005). Violence against Disabled Children. New York: UN Secretary-General.

Hans, A. and A. Patri. (2003). Women, Disability and Identity. London: Sage Publications.

https://doi: 10.1080/16549716.2019.1694758.

Human Rights Watch, (2011). Sterilisation of Women and Girls with Disabilities. Briefing Paper.

Hussain, J. (2013). A Global Perspective on Violence Against Women with Disabilities: Evaluating the Response of Pastoral Care and Religious Organizations. Canadian Journal of Disability Studies 2(2): 59–85.

Lakam.E. (2020). At the intersection of vulnerabilities: The plight of women and girls experiencing homelessness during the global coronavirus pandemic. https://giwps.georgetown.edu/at-the-intersection-of-vulnerabilities-women-and-girls-experiencing-homelessness-during-the-global-coronavirus-pandemic

Leonard Cheshire Disability (UK), (2017). Inclusive Education Technical Information and Guidance Issue 2, 2017.

Leonard Cheshire Disability Zimbabwe (2015-2021). Unpublished project reports.

Mac-Seing, M., Zinszer, K., Eryong, B., Ajok, E., Ferlatte, O., & Christina Zarowsky (2020). The intersectional jeopardy of disability, gender and sexual and reproductive health: experiences and recommendations of women and men with disabilities in Northern Uganda, Sexual and Reproductive Health Matters. 28(2). DOI:10.1080/26410397.2020.1772654

Manatsa, P. (2015). Are disability laws in Zimbabwe compatible with the provisions of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)? International Journal of Humanities and Social Science Invention, 4(4) pp 25–34.

Masomera, A. and Chigwanda, E. (2020). CARE Rapid Gender Analysis for COVID-19, Harare: CARE International.

Mittal, S. & Singh, T. (2021). Gender-Based Violence During COVID-19 Pandemic: A Mini-Review. https://www.frontiersin.org/articles/10.3389/fgwh.2020.00004/full

Muzarabani, F. (2020). Lockdowns may increase unsafe and illegal abortions. Gender Links. https://genderlinks.org.za/news/lockdowns-may-increase-unsafe-and-illegal-abortions/

Naidu, E., Haffeejee, S., Vetten, L., & Samantha Hargreaves, S. (2005). On the Margins: Violence Against Women with Disabilities. London, Centre for the Study of Violence and Reconciliation.

Namatovu, F; Preet, R and Goicolea (2018). Gender-based violence among people with disabilities is a neglected public health topic. Global Health Action 2018;11(3):1694758.

Oliveira, A.L.M. and Alloatti, M.N. (2021). Gendering the crisis: austerity and the Covid-19 pandemic in Brazil. Brasil, Economia Politica.

Polit, D. F., & Beck, C. T. (2016). Nursing Research: Generating and Assessing Evidence for Nursing Practice. Philadelphia: Wolters Kluwer.

Roggeband, C. and Krizsán, A., (2020). Democratic backsliding and the backlash against women's rights: Understanding the current challenges for feminist politics. UN Women Discussion Paper No. 35. https://www.unwomen.org/en/digital-library/publications/2020/06/discussion-paper-democratic-backsliding-and-the-backlash-against-womens-rights

SAFE (2020). Violence against women and girls during the Covid-19 crisis in Zimbabwe: Analysis of practice-based data from Women's Coalition of Zimbabwe, Stopping Abuse and Female Exploitation (SAFE) Zimbabwe Technical Assistance Facility. http://www.adultrapeclinic.org.zw/wp-content/uploads/2020/09/SAFE-Report-on-Gender-Based-Violence-Data-in-Zimbabwe-during-C19-for-publication-with-logo.pdf

Samuels,F. and DaigleI. M. (2021). Sexual and reproductive health and rights after COVID-19: A forward-looking agenda. https://cdn.odi.org/media/documents/ODI-PB-SRHR.pdf

Saunders, M., Lewis, P. & Thornhill, A. (2016). Research Methods for Business Students. London, Pearson.

Sharma, V., Ausubel,E., and Heckman, C.(2021). Mitigating gender-based violence risk in the context of COVID-19: lessons from humanitarian crises. BMJ Global Health. https://gh.bmj.com/content/bmjgh/6/3/e005448.full.pdf

Singh, D. & Singh, V. (2021). An Increase in Gender-based Violence during COVID-19 Pandemic. Journal of Midwifery and Reproductive Health. 9(2):2771–2775. DOI: 10.22038/jmrh.2020.16036

Traustadottir, R. (1990). Obstacles to equality: the double discrimination of women with disabilities. Ontario: Disabled Women's Network.

UN Women. (2020). COVID-19 and Ending Violence Against Women and Girls. https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf

UNFPA (2020). Against my will: Defying the practices that harm women and girls and undermine equality. New York, UNFPA.

United Nations (2006). Convention on the Rights of Persons with Disabilities (UNCRPD). https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

Zhang J., Lu H., Zeng H., Zhang S., Du Q., Jiang T., et al. (2020). The differential psychological distress of the populations affected by the COVID-19 pandemic. Brain Behav Immunity. 87:49–50. https://doi: 10.1016/j.bbi.2020.04.031