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Impact of social inequalities and discrimination on vulnerability to crises

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Question

What is the evidence on the impact of social inequalities and discrimination (relating to gender; age; disability; sexual orientation, gender identity and/or expression, and sex characteristics; and religious belief) on individual and collective vulnerability to crises?

Contents

1. Summary

This rapid review summarises evidence that shows people who experience societal (political, economic and social) marginalisation and discriminatory treatment prior to a humanitarian event, are more vulnerable to adverse effects when a crisis occurs. Key themes in the literature are how negative consequences of conflicts, disasters, pandemics and food crises are exacerbated for certain individuals (and social groups), due to the combined effect of their 1) limited resilience and heightened exposure; 2) vulnerability to targeted protection threats; 3) vulnerability to deprivation and its consequences; and 4) vulnerability to exclusion from humanitarian response. There is also evidence on the relationship between group-based inequalities and grievances, and gender inequalities and gender-based violence, and a society's collective vulnerabilities to crises and conflict.

Review focus and scope

This rapid literature review summarises the key evidence on the impact of social inequalities and discrimination on vulnerability to crises. The review focuses on inequalities among groups in society arising from the discrimination of people based on their gender; age; disability; sexual orientation, gender identity and/or expression, and sex characteristics; and religious belief. It has looked for evidence on whether – and how – these inequalities and associated discriminatory norms and practices affect people's experiences of a severe humanitarian crisis. The review looks mainly at the impact on individuals, with a final section briefly summarising key points on the impact of social inequalities and discrimination on collective vulnerability to crises.

The scope of this rapid review is limited to providing some illustrative examples of the evidence relevant to this broad query. It is not a comprehensive mapping of all the available evidence; the review has been undertaken through nine days of research, through online searching of publicly available and English language materials, and input from a few experts.

Evidence base

The evidence base is broad but with key gaps. This rapid review has found a considerable body of work examining the impact of humanitarian crises on individuals and social groups through a categorical vulnerability lens (in particular looking at the impact of crises on women and girls, and on people with disabilities). There appears to be less evidence looking at how social inequalities and discrimination – through what drivers and impact pathways – shape people's vulnerability to crises. This review found more literature and data on the impact of social inequalities and discrimination on the crisis vulnerability of, and humanitarian response to, women and girls, and people with disabilities. There is less focused on adolescents and older people, and very little on people with diverse sexual orientation, gender identity and/or expression, and sex characteristics, and people from religious and ethnic minorities. There is advocacy for an intersectional approach to understand inequalities and vulnerabilities, but less evidence and research on how intersecting inequalities and discrimination affect people during crises. Overall the evidence tends to be on households or social groups; there is less on intra-household impacts on vulnerability. Furthermore, there appears to be more literature describing limitations to the inclusiveness of humanitarian response than in-depth evaluation of the institutional barriers underpinning this. Finally, for collective vulnerability, this rapid review includes evidence summarised from the findings of cross-country studies and information on risk indices.

Key findings

Vulnerability is not fixed or innate: it is shaped by historical, political, economic and social conditions. Individuals' vulnerability to disasters, conflict and other humanitarian crises is dynamic, contextual and compounded by intersecting forms of discrimination based on identity characteristics such as gender, age, disability, ethnicity, religious belief, and sexual orientation.

Analytical and explanatory frameworks on the relationship between social inequalities and crisis vulnerability highlight 1) broader societal power structures that shape people's vulnerability; 2) people's resilience – their ability to cope with a crisis (based on pre-crisis household livelihood strategies and various forms of assets); and 3) the separate potential channels for disproportionate adverse effects of crises on individuals who are already disadvantaged.

- **Limited resilience and heightened exposure:** Pre-crisis discrimination means some people have limited ability to cope with negative impacts of a crisis; in particular economic marginalisation of some population groups (such as women; young people; people with disabilities; people with diverse sexual orientation, gender identity and/or expression, and sex characteristics; and indigenous peoples) heightens their potential vulnerability to negative economic impacts of crises.

- **Vulnerability to targeted protection threats:** Structural discrimination means individuals or groups may be targeted for their identity and face heightened risk, and particular forms, of violence and exploitation. During crises, ethnic and religious minorities can be targets of violence; women and girls, women and girls with disabilities, and people with diverse sexual orientation, gender identity and/or expression, and sex characteristics are at particular risk of gender-based violence; and people with disabilities – particularly people with mental health and psychosocial issues, and older people are also vulnerable to violence and abuse.

- **Vulnerability to deprivation:** Individuals and households that face social inequalities tend to experience disproportionate vulnerability in crises to economic and food insecurity; exacerbated and new barriers to accessing basic services; mental ill-health and psychosocial issues; negative coping strategies; and longer-term adverse impacts.

- **Exclusion from humanitarian assistance**: people who are discriminated against prior to and during a crisis may be excluded from humanitarian aid; moreover the humanitarian aid system can inadvertently increase the risks of sexual exploitation and abuse. There is limited humanitarian response for, and data and research on, vulnerabilities faced by older people; people with diverse sexual orientation, gender identity and/or expression, and sex characteristics; and people from religious, ethnic and language minorities. There is limited operationalisation of awareness of intersectionality of drivers of inequalities, and little evidence of effective participation of affected people, in humanitarian responses. Reports note the consequences of inadequate humanitarian capacity and funding.

While the review's findings are presented by individual theme, the literature highlights that social inequalities and discrimination create **multiple challenges resulting in multiple impacts that combine to make certain individuals and households particularly vulnerable** during crises.

Finally, looking briefly at **collective vulnerability**, studies such as UN and World Bank (2018) summarise evidence on the strong links between group-based inequalities and grievances and a society's collective fragility and propensity for violent conflict.

2. Key terms, analytical approaches, emerging themes

Social inequalities and discrimination

This report is concerned with **inequalities among people and groups in society that stem from discrimination based on social identity characteristics** such as gender; age; disability; sexual orientation, gender identity and/or expression, and sex characteristics; and religious belief. Systemic societal discrimination[1] determines culturally defined groups' differential access to political, economic and social resources and opportunities (UN & World Bank, 2018: 111). These inequalities[2] tend to be underpinned by discriminatory social norms[3]: for example, gender norms (a sub-set of social norms) "shape acceptable, appropriate and obligatory actions for women and men", and "play a role in shaping women's and men's (often unequal) access to resources and freedoms, thus affecting women's and men's voice, agency and power" (Cislaghi et al., 2018): 7).

Social construction of individuals' vulnerability to crises

"Vulnerability is not a fixed criterion attached to specific categories of people, and no one is born vulnerable *per se*" (European Commission Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO), 2016: 10). A report by the Inter-Governmental Panel on Climate Change (IPCC) highlights how vulnerability stems from "a set of conditions of people that derive from the historical and prevailing cultural, social, environmental, political, and economic contexts" (Cardona et al., 2012: 71). DG ECHO (2016: 10) defines vulnerability as the "Life circumstances (e.g. poverty, education) and/or discrimination based on physical or social characteristics (sex, disability, age, ethnicity, religion, sexual orientation, etc.) reducing the ability of primary stakeholders (for example, individuals/households/community) to withstand adverse impact from external stressors".

This query focuses on **vulnerability to crises**: it considers evidence from crisis events such as conflicts, food crises, disasters (natural and man-made) and pandemics which have had a scale and severity to warrant substantial humanitarian response. Humanitarian crises are understood

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[1] The International Convention on the Elimination of All Forms of Racial Discrimination) defines the term "racial discrimination" as "any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life". Article 1, paragraph 1. https://www.ohchr.org/en/professionalinterest/pages/cerd.aspx [Accessed 22 March 2021] See Article 1 of the Convention on the Elimination of All Forms of Discrimination against Women for a definition of "discrimination against women". https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx [Accessed 22 March 2021]

[2] The literature tends to use the term "social inequalities" interchangeably as referring "to differences in social outcomes (such as education or employment), or to differences in social status or position". https://ec.europa.eu/international-partnerships/sdg/reducing-inequality_en [Accessed 23 March 20201] In this report the term "social inequalities" is used to refer to the unequal processes and outcomes that arise from discrimination on the basis of social identities and affecting socially defined groups.

[3] "Social norms are the implicit and informal rules that most people accept and follow. They are influenced by our beliefs, economic circumstances and sometimes by the rewards and sanctions we might expect for either adhering to or disobeying them. Norms are embedded in formal and informal institutions and produced and reproduced through our social interactions." (Harper et al., 2020: 14)

to be any "events or series of events which represent a critical threat to the health, safety, security or wellbeing of a community or other large group of people" (DG ECHO, 2016: 6).

A growing body of work points out that **individuals' vulnerability to disasters, conflict and other humanitarian crises is dynamic, contextual** and **compounded by intersecting forms of discrimination** (for example, the intersection of discrimination experienced by people with disabilities who also have diverse sexual orientation, gender identity and/or expression, or sex characteristics) (Barbelet & Wake, 2020: 23-25; Chaplin et al., 2019; Mercy Corps, 2018: 7; El-Bushra, 2017: 3; Cardona et al., 2012).

Analytical approaches and frameworks

Barbelet and Wake (2020: 23-24) highlight Clark's (2007: 293) approach of **asking "vulnerability to what?"** to "provoke an analysis of power structures and hence greater understanding of root causes of, and appropriate responses to, vulnerability than the categorical 'vulnerables' approach."

DFID's Sustainable Livelihoods Framework (see DFID, 1999) has been used to inform risk and vulnerability analysis (to disasters, conflicts and other shocks) as well as crisis resilience and response approaches. This framework gives a holistic overview of drivers of households' livelihood strategies, asset accumulation (including human, natural, physical, financial, social capital), and vulnerability. It involves appreciation of people both as "active agents" and with their possibilities, choices and outcomes "shaped by the broader structures of society in which they live, i.e. politics, power, institutions, culture and so forth" (Levine & Sharp, 2015: 2). Levine and Sharp (2015: 28-32) provide a useful summary of efforts to apply and adapt the sustainable livelihoods framework to analyse impacts of conflict, post-conflict and other crisis situations.

Looking at social inequalities and climate change, Nazrul Islam and Winkel (2017) identify **three channels for disproportionate adverse effects** experienced by pre-existing disadvantaged groups: 1) increased exposure (for example, larger proportion living in areas affected by climate change), 2) greater susceptibility to negative impacts of climate change (for example, due to limited livelihood diversification), and 3) reduced ability to cope and recover (due to fewer assets and other coping mechanisms).

Cardona et al. (2012) summarise approaches to understanding vulnerability and capacity, exploring **drivers of households' ability (or resilience) to absorb the impacts of a crisis (coping capacity), and to change and adjust (adaptive capacity**). They underline that "high vulnerability means low capacity" (Cardona et al., 2012: 72).

Key emerging themes

Key themes that emerge from the literature reviewed are how social inequalities and discrimination impact on individuals' and households' vulnerability to crises through shaping their 1) **Limited resilience and heightened exposure**; 2) **vulnerability to targeted protection threats**; 3) **vulnerability to deprivation**; and 4) **exclusion from humanitarian assistance**.

While the review's findings are organised by key theme, the literature highlights that **social inequalities and discrimination create multiple challenges resulting in multiple impacts**

that combine to make certain individuals and households particularly vulnerable during crises**.**

- Multiple challenges: for example, people with pre-existing mental health conditions (such as persons with psychosocial disabilities[4]) are particularly vulnerable during crises in various different ways:

  > "First, they are likely to experience more distress as a result of a crisis, exacerbating existing conditions and potentially causing new conditions to develop …. Second, the existing infrastructure for mental health care often breaks down in a crisis …. Third, people with psychosocial disabilities are often left behind in humanitarian response …. Fourth, people with psychosocial disabilities are already at higher risk of experiencing violence and abuse. Protection issues in humanitarian emergencies – for example, unsafe shelter – may disproportionately affect people with psychosocial disabilities." (Ryan et al., 2019: 29-30)

- Multiple impacts: for example, Robinson et al. (2020: unpaginated) find "a growing body of evidence on the impacts of humanitarian crises and disasters on people with disability and older people". Referencing individual studies, Robinson et al. (2020) note that the impacts "include higher mortality rates among people with disability and older people; increased disability from injury caused by disasters; and evidence of increased incidences of chronic illness, malnutrition, and negative psychological impacts."

3. Limited resilience and heightened exposure

For some people, **pre-crisis discrimination means they have limited capacity to absorb, cope with, and adapt to negative impacts of a crisis event.** When faced with a crisis, "Those who face the greatest levels of risk … are often those who face the highest inequality and barriers to accessing their rights in everyday life" (Chaplin et al., 2019: 2). In many societies this includes women and girls; older people; people with diverse sexual orientation, gender identity and/or expression, and sex characteristics; and people from minority religious and ethnic groups. To look at one example in more depth, Plan International (2020: 7) details how "Discrimination, exclusion and violence experienced by young LGBTIQ+ people[5] undermine their capacity to develop resilient livelihoods and heightens their vulnerability in shocks". The report details how LGBTIQ+ people are marginalised from childhood, vulnerable to violence by family members, often lacking forms of social support, and susceptible to dropping out of school and facing employer discrimination (Plan International, 2020). Consequently, LGBTIQ+ people are left with

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[4] "According to the Independent Commission for Aid Impact, **"the term psychosocial disability is used to describe people who have or are perceived to have mental health support needs and who have experienced discrimination (including but not limited to infringements on their liberty, autonomy, and effective participation) based on their needs or presumptions about their needs"** (p. 6). Because the concept of psychosocial disabilities is rooted in a social (as opposed to biomedical) approach, this term places the focus on barriers to participation rather than on symptoms or diagnosis." (Ryan et al., 2019: 8-9 – bold included in original quote)

[5] "LGBTIQ+ refers to Lesbian, Gay, Bisexual, Trans, Intersex, and Queer/ Questioning communities and people. ... The "+" refers to the fact that many other identities are not captured under the acronym itself." (Plan International, 2020: 4).

little resilience to cope with, for example, the economic, health and social consequences of the COVID-19 pandemic and associated lockdowns (Plan International, 2020: 5).

A common finding in the literature is that the **pre-existing economic marginalisation of some population groups exacerbates negative economic impacts of crises,** as they are more vulnerable to, and have fewer resources to cope with, "sudden loss of work and income", a key negative economic impact of the COVID-19 pandemic (Meaney-Davis, 2020: unpaginated). Research finds that across low- and middle-income countries, women, young people, people with disabilities, people with diverse sexual orientation, gender identity and/or expression, and sex characteristics, and indigenous peoples[6] tend to be more likely to have precarious, informal jobs or be unemployed; and, data shows for women and people with disabilities, less likely to have access to financial services such as credit (Meaney-Davis, 2020; Plan International, 2020; Meaney-Davis & Fraser, 2021; Rohwerder, 2020).

Evidence shows how **women's risk profile can be raised during crises due to pre-crisis gender norms, women's unequal access to resources and caring responsibilities, and the feminisation of certain occupations**:

- Studies find a link between women's increased vulnerability to COVID-19 economic effects and existing gender inequalities, with women more likely to be made unemployed as a result of the crisis than men (Madgavkar et al., 2020; UNFPA, 2020: 3). Meaney-Davis (2020: unpaginated) reports that "the ILO estimates that tourism and hospitality industries, in which the majority of workers are young women who earn on average 15% less than their male counterparts, will contract by 45% to 70% as a result of COVID-19 containment measures, and millions of garment workers, mostly women, have already been sent home without further pay due to the pandemic."

- "During the 2014–16 West African outbreak of Ebola, women were more likely to be infected by the virus, given their predominant roles as caregivers within families and as front-line health-care workers." (UNFPA, 2020: 6)

- A systematic quantitative analysis of data from 141 countries for 1981 to 2002 found women were more likely to die in greater numbers than men after a natural disaster had happened, where pre-crisis "female discrimination is more widespread" and women's socioeconomic status is lower (Neumayer & Plümper, 2007: 556). Key drivers include a gendered discrimination in access to resources and women's responsibility for basic survival strategies (securing water, food, heating) on top of caring for the family (Neumayer & Plümper, 2007: 555).

- Research on the impact of the Indian Ocean tsunami of 2004 found that women were more exposed than men because they were on the seashore, in their socially ascribed roles of preparing and selling fish while many fishermen were out at sea. Moreover, women's ability to escape was impeded by social norms 1) not encouraging girls to learn to swim or climb trees, and 2) making women primarily responsible for children and older relatives (Cardona et al., 2012: 81).

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[6] However, noting that "There is limited global comparative data available on the economic experiences of people from Indigenous or minority ethnic and religious groups" (Meaney-Davis & Fraser, 2021: 6).

- Mercy Corps (2018: 7) notes from research in the Sahel and other studies that within households there are gendered barriers to building resilience capacities to adapt to climate change, with women and girls lacking the opportunities to access critical information, build skills and take on decision-making power due to "sexual stereotypes, care responsibilities and time poverty"[7].

4. Vulnerability to targeted protection[8] threats

Many people will face threats and deliberate violence during a humanitarian emergency. However, the literature reviewed highlights how **structural discrimination means individuals or groups may be targeted for their identity and face heightened risk and particular forms of threats, abuse, exploitation and violence.**

Targeted for ethnic or religious identity

"Conflicts are frequently driven by discrimination", and individuals and groups can be a target for violence based on their ethnic or religious identity (Allouche et al., 2020: 3). For example, security forces in Myanmar have "carried out a campaign of ethnic cleansing and crimes against humanity against the ethnic Rohingya population in Rakhine State" (Human Rights Watch, 2021: 475). This led to the mass displacement of the Muslim minority Rohingya, internally within Myanmar and into neighbouring Bangladesh ([9]; Human Rights Watch, 2021: 475). Allouche et al. (2020: 7) also point out that "data shows that violence against religious minorities during conflict can also make them vulnerable to further attacks in refugee settings".

A literature review by Avis (2019: 6) notes the reportedly growing scale and intensity of persecution on the grounds of religious faith across the world. Looking at the impact on religious minorities in the context of conflict in Yemen, a 2016 study found a "rise in sectarian tensions, hate speech and targeted attacks on religious communities" (El Rajji, 2016: 15).

Gender-based violence[10]

Gender-based violence "is deeply rooted in gender inequality and discriminatory gender roles and norms" (Office for the Coordination of Humanitarian Affairs (OCHA), 2020: 51). While men and boys can also be targets for gender-based violence, in humanitarian crisis situations the literature highlights the heightened risk for **women and girls, women and girls with disabilities**

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[7] Mercy Corps (2018: 7) references this quotation as from Oxfam Canada, Learning Forum on Women's Rights and Resilience, Ottawa, September 2013.

[8] For the purposes of this summary, "protection" refers to "addressing violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crises", a narrower focus than the Inter-Agency Standing Committee's adopted definition of protection which covers "the broad spectrum of political, economic and social rights" (DG ECHO, 2016: 6).

[9] https://www.unhcr.org/uk/rohingya-emergency.html [Accessed 13 April 2021]

[10] Gender-based violence (GBV) is "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty" (Inter-Agency Standing Committee, 2015: 5). Different forms of gender-based violence common in humanitarian emergencies include "Domestic violence, rape, trafficking, early and forced marriage, sexual harassment, and sexual exploitation and abuse" (OCHA, 2020: 51).

and people with diverse sexual orientation, gender identity and/or expression, and sex characteristics:

- OCHA (2020: 49; 2018: 17) reports data that "70 per cent of women experience gender-based violence (GBV) in humanitarian contexts compared with 35 per cent worldwide", while "at least one in five women refugees in complex humanitarian settings has experienced sexual violence and its effects, which include trauma, stigma, poverty, poor health and unwanted pregnancy". To take one humanitarian setting, International Rescue Committee's community screening study finds gender-based violence is "an acute threat within the Cox's Bazar Rohingya community", as "existing trauma and sexism, insufficient protection services, and disruption of regular support networks leave women and girls exposed to a higher risk of [gender-based violence]" (Gerhadt et al., 2020: 6).

- A global consultation exercise by Handicap International (2015: 9) found that one third of female respondents with disabilities report having experienced psychological, physical, or sexual type of abuse, with physical or sexual abuse accounting for 16% of the responses, in natural disasters and conflicts. Key drivers are "stigma linked to disability, social isolation and the loss of protective community networks" (Jimenez-Damary, 2020: 14).

- People with diverse sexual orientation, gender identity and/or expression, and sex characteristics "generally experience disproportionate rates of [sexual and gender-based violence] because of their nonconformity to gender norms" (Plan International, 2020: 4). Their vulnerabilities are exacerbated in insecure and conflict zones (World Bank, 2020: 18). According to Blyth et al. (2020: 24), "A report outlining the impact of the 2010 earthquake in Haiti outlines increased sexual assaults and rape of gay and bisexual men, transgender individuals and lesbians" and that "The rape and murder of gay and bisexual men has also been noted in Syria and the Chechen Republic".

Drivers of gender-based violence in crises include the use of sexual violence by armed actors "as a tactic of war, control and exploitation", while "the ensuing proliferation of arms, mass displacement and collapse of the rule of law, triggers patterns of sexual violence, including rape, sexual slavery and forced marriage" (OCHA, 2020: 51; OCHA, 2018: 17). In humanitarian settings, pre-existing gender inequalities and gender norms valuing aggressive masculinities, and the collapse of rule of law – affecting justice systems, security conditions in/around camps/settlements, and community and family bonds – combined with stigma and discrimination, fuels further impunity for gender-based violence (World Bank, 2020: 18; Murphy & Bourassa, 2021: 10; Gerhadt et al., 2020). Another form of gender-based violence is the sexual exploitation and abuse that can arise from humanitarian structures and processes (with evidence summarised in Section 6).

Global attention in humanitarian settings has often focused on non-partner sexual violence (and in conflict situations "almost exclusively sexual violence of men against women") (El-Bushra, 2017: 2; Murphy & Bourassa, 2021: 11). However, **the most common form of gender-based violence is intimate partner violence**, with some studies finding "rates of up to three in four partnered women experiencing [intimate partner violence] **in conflict-affected areas**" (Murphy & Bourassa, 2021: 10 (bold added)). Factors include "Increased poverty, lack of livelihoods, increased alcohol consumption, and the inability of men to fulfil what they see as their 'masculine' roles"; many of these drivers have also been seen to increase after natural disasters (Murphy & Bourassa, 2021: 10). Other types of violence that tend to be overlooked in conflict settings are:

"sexual violence committed by civilians, sexual violence against men, and sexual violence committed by armed females" (El-Bushra, 2017: 2).

There are **short- and long-term impacts on survivors' physical and mental health**: "Women and girls may experience severe physical injuries, unwanted pregnancies and exposure to HIV or other sexually transmitted infections. Depression, anxiety, post-traumatic stress disorder (PTSD), the limited ability to complete daily tasks, and suicidal thoughts are also common."[11] Looking at the impact of gender-based violence on people with diverse sexual orientation, gender identity and/or expression, and sex characteristics, World Bank (2020: 18) finds that "Empirical evidence suggests that [sexual and gender-based violence] survivors who do not receive assistance carry deep psychological wounds which, left unattended, manifest themselves in the breakdown of community and family bonds, depression, suicide, and increased alcohol and drug consumption".

Other forms of violence, abuse and exploitation

Individuals and groups that were **vulnerable to neglect, abuse and harm in a society before a crisis, face the risk of targeted violence and abuse during a crisis**. For example, the UN Special Rapporteur on the human rights of internally displaced persons reports that: "Persons with disabilities experience violence at much higher rates than others and may experience targeted violence and abuse on the basis of their disability – risks that can be exacerbated in situations of displacement, including in camp settings, because of high levels of stigmatization, social isolation and the loss of protective community networks", and greater reliance on others (Jimenez-Damary, 2020: 12). Persons with disability in humanitarian settings are at increased risk of "physical, sexual and gender-based violence; robbery, bribery and intimidation and coercion; denial of food and essential medicine, harassment, emotional abuse and neglect, often perpetrated by persons known to them" (Jimenez-Damary, 2020: 12-13). Internally displaced persons with disabilities with high support needs, "are especially at risk of violence, isolation or neglect … such as persons with psychosocial or intellectual disabilities, unaccompanied, separated and orphaned children with disabilities or survivors of severe traumatic events" (Jimenez-Damary, 2020: 6). Also highly vulnerable are women and older persons with disabilities (Jimenez-Damary, 2020: 6).

In her review of the social impacts and responses related to COVID-19 in low- and middle-income countries, Rohwerder (2020: 2) highlights evidence that COVID-19 has resulted in the stigmatisation of those perceived to be associated with it, including social groups already discriminated against, such as racial and ethnic minorities, foreigners, people with disabilities, people who are homeless, people with diverse sexual orientation, gender identity and/or expression, and sex characteristics. Summarising from several sources, Rohwerder (2020: 2) notes that "This stigmatisation has led to discriminatory behaviour, social exclusion, economic marginalisation, and violence, particularly gender-based violence, against them, as well as further restrictions on access to essential support and services".

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[11] https://www.unicef.org/protection/gender-based-violence-in-emergencies [Accessed 24 March 2021]

5. Vulnerability to deprivation and its consequences

Economic deprivation and food insecurity

The literature shows that **individuals and households that face social inequalities and discrimination tend to experience disproportionate vulnerability to economic deprivation and food insecurity in the event of a crisis** (closely linked to their limited resilience and heightened exposure as discussed in section 3). For example:

- A monitoring survey of the household impacts of COVID-19 in Ethiopia found that "Female-headed households in rural areas have disproportionately experienced income losses and have more often relied on reducing food consumption as a coping strategy compared to male-headed households" (Ebrahim et al., 2020: 1).

- Evidence from Syria – one of the most significant ongoing crises – shows that households with members with a disability are more likely be suffering deprivation, and in a cycle of vulnerability and poverty (HNAP, 2019: 22). In June 2019, 80% of internally displaced households with two or more persons with disabilities reported to a national household survey that "their income does not sufficiently allow them to meet their household needs", while only 44% of children (ages 12-17) with disabilities were attending school (HNAP, 2019: 20, 16). Moreover "the disproportionate unemployment rate and increased dependence on community assistance suggests that households with a person with disabilities are more vulnerable to continuous shocks associated with the crisis" (HNAP, 2019: 22).

- "Children with disabilities are among the most marginalised people in disaster settings … A study following the 2015 earthquake in Nepal found that many children with new disabilities were unable to attend school while their parents struggled to restore their homes and livelihoods, and cover the medical costs associated with those disabilities" (Yasukawa, 2021: unpaginated).

Barriers to accessing basic services

Social inequalities and discrimination that impede normal access to basic services can be exacerbated in a crisis, while the crisis can also cause new constraints to access. These (socially constructed) barriers can be environmental, institutional and/or attitudinal. (This section looks at access to services more generally while Section 6 summarises evidence on humanitarian services.) For example:

- "In South Sudan 45 per cent of older persons reported that their access to health services had changed due to COVID-19, partly due to transport costs, partly due to fear of contracting the virus at a health facility and partly due to pre-existing difficulties in accessing health" (OCHA, 2020: 57).

- In crises people with disabilities can lose access to vital healthcare including medication, assistive devices and rehabilitation and psychosocial services, while interrupted medical treatment, unstable living conditions and poor nutrition "can lead to deteriorating health and new disabilities" (Yasukawa, 2021). Issues include physical and financial barriers in accessing services, and difficulty in accessing information and communicating their needs (Blyth et al., 2020: 15; Close, 2021: 6). During crises these challenges can be

particularly acute for "Persons with multiple disabilities, persons who are blind or partially sighted, deaf and hard of hearing persons, persons with deafblindness, and persons with intellectual and psychosocial disabilities" (Close, 2021: 6), and older persons with disabilities (HNAP, 2019: 7).

- Buschmann and Fuhrman (2020: 6) finds that women's and girls' access to sexual and reproductive health services is further restricted during the COVID-19 response due to the diversion of health care resources, noting that this "is particularly true for women and girls in development and humanitarian settings, as well as female migrants and refugees". Citing various studies, they note that this "increases the risk of unplanned pregnancies and maternal mortality, and has long-term effects on women's and girls' education and participation in the workforce" (Buschmann & Fuhrman, 2020: 6). The "Ebola outbreak led to a 75% increase in maternal mortality in West Africa", with Sierra Leone alone recording, 3,600 maternal deaths, neonatal deaths, and stillbirths during the crisis, "a number almost equal to the Ebola related deaths in the country" (evidence from several sources summarised by Rafaeli & Hutchinson, 2020: 3).

- UNFPA (2020: 5) notes that gender norms that inform women's limited decision-making power around a disease outbreak, mean "their general and sexual and reproductive health needs may go largely unmet". The report draws lessons from the Zika virus outbreak, where "differences in power between men and women meant that women did not have autonomy over their sexual and reproductive decisions, which was compounded by their inadequate access to health care and insufficient financial resources to travel to hospitals and health care facilities for check-ups for their children, despite women doing most of the community spread control activities" (UNFPA, 2020: 5).

Mental health and psychosocial threats

There is evidence of a high prevalence of mental ill-health in humanitarian crisis situations[12], with armed conflicts and disasters "commonly associated with substantial psychological and social suffering" (Tol et al., 2020: 2). Associated experiences of displacement, migration and settling into a new host context are also stressful events (Kamali et al., 2020: 1). **Social inequalities and discrimination relating to gender, age, disability and sexuality among others drive vulnerability to mental ill-health and psychosocial threats in crises**. For example:

- From conflict and non-conflict settings it is known that "women and girls who experience gender-based violence are more likely to develop mental health conditions" (Lee et al., 2021: 3). (See previous summary in Section 4)

- There is also evidence that humanitarian crises can have profound psychological impact on older people, in particular older people with disabilities (worsening pre-existing cognitive difficulties) (Yasukawa, 2021), and children ("who are already undergoing rapid and complex physiological, cognitive and emotional changes") (Kamali et al., 2020: 2)

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[12] From a review of 129 studies in 33 countries WHO found that among people who have experienced war or other conflict in the previous 10 years, one in five people (22%) have a mental health condition such as depression, anxiety, post-traumatic stress disorder, bipolar disorder and schizophrenia – more than double the figure for the general population. Of these one in 11 people (9%) have a moderate or severe condition. (Charlson et al., 2019; OCHA, 2020: 55; https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies [Accessed 22 March 2021]). Ryan et al. (2019: 29) note similar rates for natural disasters.

- "Male veterans with disabilities commonly experience economic exclusion, stigma, and demasculinisation anxieties", which is "psychologically damaging to veterans" and impedes re-integration into society (Close, 2021: 7).

Negative coping strategies

With few other options available, during crises **households affected by social inequalities and discrimination may resort to negative coping strategies**, which can have particularly adverse impacts for individuals that are already marginalised and disempowered. Here are some selected examples:

- Rohwerder (2020: 16-17) summarises evidence showing that "Globally, women are more likely than men to suffer from food insecurity, making up 70% of the world's hungry", citing evidence of women reducing their daily food consumption in informal settlements in Nairobi, and urban female headed households in Bangladesh. Moreover, "where women and adolescent girls are responsible for food security within the household, food shortages and increased food insecurity places them under heightened pressure and could expose them to intimate partner violence or reliance on negative coping mechanisms, such as resorting to transactional sex, sexual exploitation and abuse, and entering girls into child marriages" (Rafaeli & Hutchinson, 2020: 14, citing Buschmann & Fuhrman, 2020).

- When there is conflict or a natural disaster, girls may be forced to marry young when families cannot afford to provide for them, or as an attempt to "protect" them "if there is - or there is a perception of - an increased risk of sexual violence which could affect their virginity and thus marriageability" (Murphy & Bourassa, 2021: 11). OCHA (2020: 49) forecasts that the effects of the COVID-19 pandemic could lead to "an additional 13 million cases of child marriage".

- In Syria, research has found that households headed by a widow with disabilities "can increase negative coping strategies like dependence on humanitarian assistance, child employment or child marriage, negatively impacting the entire household" (HNAP, 2019: 10).

- For displaced older people in Nigeria with very limited livelihood options, many "routinely ran out of food assistance before the next distribution" and resorted to skipping meals (Amnesty International 2020: 53).

Longer term impacts

Social inequalities and discrimination can heighten individuals' vulnerability to longer term negative impacts from crises. Illustrative examples from the literature include:

- During COVID-19-related school closures, OCHA (2020: 42) finds that "At least 463 million children – a third of those affected by closures – were unable to access any remote learning during school closures". This "loss of educational opportunities has undermined productivity, reduced lifetime earnings and widened inequalities" (OCHA, 2020: 42). Rohwerder (2020: 42) summarises evidence that online learning can impede girls' participation, as girls' access to phones and the internet is limited in many countries: for example, during the Ebola crisis in Sierra Leone a survey found only 15% of girls

participating in home study, compared to 40% of boys (citing Rafaeli & Hutchinson, 2020: 6).

- Longer term if children do not return to school, there is increased "risk of a rise in physical and emotional violence, sexual exploitation and abuse, and the recruitment of children by armed groups", as well as in child labour (OCHA, 2020: 42). The report notes that adolescent girls are particularly vulnerable the longer they are out of school "the less likely they are to return as education disruptions greatly increase their risks of child, early and forced marriage and adolescent pregnancy" (OCHA, 2020: 42).

- Meaney-Davis (2020: unpaginated) highlights that "Past health crises have shown that women's incomes take longer than men's to recover in the long term". The multiple barriers to returning to the workforce include increased unpaid care responsibilities; unaffordable/inaccessible childcare; and prioritisation of the highest-paid earner in the household (usually a man) to return to work (Meaney-Davis, 2020). Moreover, "People with disabilities may also experience higher unemployment rates and find it more difficult to return to or find work due to barriers that are exacerbated by the pandemic", while "Children with disabilities may also be missing out on education during school closures if remote education is not provided in accessible formats, and specific effort may be required to support children with disabilities to return to school" (Meaney-Davis, 2020).

- Amnesty International (2020: 35) find that village burning by the military during the conflict with Boko Haram in Nigeria "has long-term effects on all civilians but can be pronounced for older people, who often lose, in addition to their home, the wealth and possessions they've acquired over a lifetime. They can also face greater challenges in rebuilding, due to the limited livelihood options for displaced older people".

- In growing informal urban settlements in Afghanistan, Schmeidl and Tyler (2015: 8) found many internally displaced women experiencing "high levels of psychological trauma", "many of whom are in despair, potentially suicidal and with unmet mental health needs". Having "lost freedoms, social capital and networks", they face "gendered constraints to accessing education, health, and employment opportunities" and violence from male relatives (Schmeidl & Tyler, 2015: 8). Moreover: (Schmeidl & Tyler, 2015: 8)

  > "Many have missed out on being children, youngsters and teenagers, taking on adult functions far too young and now feeling hopelessness. Negative coping mechanisms – such as not seeking health care, not seeking professional assistance during childbirth and drug use all entrench poverty."

6. Vulnerability to exclusion from humanitarian response

Discrimination and exclusionary norms and practices

People who are disadvantaged, and discriminated against, both prior to and during a crisis may be excluded from humanitarian aid (Barbelet & Wake, 2020: 26). Research reveals how the humanitarian response to crises is both informed by, and in turn informs, discriminatory social norms and power balances, which play out in the relationships between national authorities and international humanitarian actors, and affected populations and aid workers in displaced settings (Murphy & Bourassa, 2020: 17).

At times the **humanitarian response is constrained by local discriminatory laws and attitudes**. For example,

- In Myanmar, the Rohingya's legal and social exclusion, with discriminatory laws rendering the Rohingya stateless, has made it very challenging to provide humanitarian assistance (Barbelet & Wake, 2020: 26).
- Working to support people with diverse sexual orientation, gender identity and/or expression, and sex characteristics, and religious belief is challenging when "In most countries experiencing the most pressing humanitarian crises in 2020, same sex relations are criminalized" (World Bank, 2020: 12).

Other evidence shows how **discriminatory negative stereotypes and stigmatisation can be shared by humanitarian actors** (Jimenez-Damary, 2020: 14). For example, research from Syria finds that as well as physical barriers (such as inaccessible water, sanitation and hygiene facilities), persons with disabilities face "attitudinal barriers, such as bullying and threats of abuse and exploitation in their local communities as well as discrimination from humanitarian staff" (Inclusion Technical Working Group, Syria Protection Cluster (Turkey hub), 2020: 3).

This rapid review found **examples of where humanitarian assistance has excluded** individuals who are particularly vulnerable in a crisis due to social inequalities and discrimination:

- Devakula et al. (2018: 16) report that in the 2013 Typhoon Haiyan response in the Philippines, "heteronormative assumptions about what constitutes a family meant that people who lived outside of those norms – for example people in same gender relationships – were de-prioritised by relief providers"; consequently "same-sex partners were unable to access relief" (Barbelet & Wake, 2020: 20).
- In low- and middle-income countries "People with disabilities have reported that the limited social protection that is available during the COVID-19 pandemic has been inadequate and/or inaccessible due to communication barriers, physically inaccessible or unsafe collection points, and complex or inaccessible registration procedures" (Meaney-Davis, 2020: unpaginated).
- Close (2021: 7) points out that "It is notable that post-traumatic stress disorder (PTSD) is the second leading cause of disability in post-conflict countries, but mental health, particularly psychosocial initiatives, are generally not tailored to the needs of persons with disabilities or adequately resourced in these contexts".

Although there is "growing awareness of the importance of inclusive humanitarian response", in their gap analysis Robinson et al. (2020) found that "There is limited evidence on institutional barriers to the inclusion of people with disability and older people in response".

Furthermore, research has shown that **the humanitarian aid system can inadvertently increase the risks of sexual exploitation and abuse in crisis situations**. For example, a multi-year, multi-country participatory action research project – Empowered Aid[13] – led by the Global Women's Institute has looked at how aid delivery processes may increase risks of sexual exploitation and abuse (SEA) and other gender-based violence. The research on the delivery of

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[13] https://globalwomensinstitute.gwu.edu/empowered-aid [Accessed 24 March 2021]

food, cash, shelter, and water, sanitation and hygiene aid and the risks of sexual exploitation and abuse for refugee women and girls living in northern Lebanon found: (Potts et al., 2020: 2)

> "sexual exploitation and abuse by aid and non-aid actors is pervasive in all four types of aid explored and across all points of the distribution process. … Little clarity of or faith in reporting mechanisms, lack of support from families or communities, loss of aid, the normalization of SEA, and confusion around the identity of the perpetrator all serve as powerful deterrents to reporting sexual exploitation and abuse."

Limited participatory crisis risk reduction, planning and response, and supporting agency

While humanitarian policy recognises the importance of, and promotes, participatory crisis mitigation, planning and response, there is, for example, **"limited evidence on the meaningful participation of people with disability and older people in planning and decision-making in response"** (Robinson et al., 2020). A UN Women's 2020 review of gender-responsiveness and disability-inclusion in disaster risk reduction in Asia and the Pacific found that discriminatory cultural beliefs and practices towards women, LGBTQ+ people, people with disabilities and indigenous people, among others, contribute to their exclusion from disaster risk reduction planning and activities (cited in Dwyer, 2021: 12). In Northeast Nigeria, displaced older people are found by Amnesty International (2020: 50) to be "largely overlooked by the Nigerian authorities and by the humanitarian response. The invisibility and neglect underlie the ways their rights are not respected". During the research "older people described significant challenges in accessing assistance equally. The first problem, voiced by almost every older person interviewed, is that no one speaks with them about their needs and risks" (Amnesty International, 2020: 50).

Invisibility in policy, data, practice and research

The **prevalent humanitarian categorical approach to vulnerability has been critiqued** for: generalising everyone within a certain category as equally vulnerable; excluding others not typically thought of as vulnerable; not seeing how vulnerability changes across time and space; emphasising "powerlessness and victimhood, rather than capacity" (Barbelet & Wake, 2020: 24; also see Chaplin et al., 2019).

Vulnerabilities driven by some forms of discrimination tend not to be a focus in humanitarian response. Barbelet & Wake (2020: 8, 19) find that discrimination on the basis of ethnicity, sexuality, religion and language is rarely a focus in humanitarian assistance. The review by Allouche et al. (2020: 24) finds that the humanitarian and development "response to religious marginalisation has been limited due to the secular nature of the institutional architecture of the global humanitarian system, and the taboo around religious identity". Consequently "the needs of marginalised communities are often left unaddressed, and the capacities of religious actors as partners in humanitarian actions remain untapped" (Allouche et al., 2020: 24). Meanwhile McGivern and Bluestone (2020: 8) find "The rights and needs of older people, and their potential to contribute to their communities and families, remain widely overlooked".

There has been limited operationalisation of the awareness that drivers of exclusion are intersectional (Barbelet & Wake, 2020: 28). For example, the focus of sexual and gender-based

violence prevention and response programmes in humanitarian settings tends to be on women and girls without due consideration of the heightened vulnerability to gender-based violence of women and girls with disabilities or of sexual and gender minorities (Jimenez-Damary, 2020: 14; World Bank, 2020: 18).

Data (which informs aid priorities and funding) on who is affected by crises, in what way and why is either limited, not "collected or disaggregated appropriately", or lacking (Barbelet & Wake, 2020: 25). The literature provides examples from disaster risk reduction and other humanitarian data collection and reporting frameworks of the lack of focus on, or lack of disaggregated data on, older people; people with diverse sexual orientation, gender identity and/or expression, and sex characteristics; and indigenous peoples and minority religious and ethnic groups (World Bank, 2020: 5; Dwyer, 2021: 16; Meaney-Davis & Fraser, 2021; Allouche et al., 2020; McGivern & Bluestone, 2020). This may be because of "logistical, technical or due to financial constraints, political decisions or access" (Barbelet & Wake, 2020: 25). Often multiple factors contribute to under-identification of individuals requiring support. For example, internally displaced persons with disabilities tend to be under-identified due to "lack of accessibility, adequate capacity and/or prioritization, stigma and unduly narrow definitions of disability, particularly with regard to psychosocial functioning", combined with the "operational, political and conceptual constraints on collecting information more generally on internally displaced persons" (Jimenez-Damary, 2020: 10).

There are also **gaps in research and knowledge on what works in humanitarian assistance for specific vulnerabilities and population groups**. For example there are few research studies focused on the elderly, children with developmental disorders, persons with disabilities, men affected by humanitarian crises, or people with severe mental disorders, and neither on suicide prevention or alcohol and drug misuse in humanitarian settings (Tol et al., 2020: 8). Another identified gap is the "scarcity of literature relating to the intersectionality of people with disability and diverse [sexual orientation, gender identity and/or expression, and sex characteristics] within the humanitarian and development contexts" (Blyth et al., 2020: 14).

Capacity and funding constraints

The literature highlights that discrimination is not always deliberate; **people's needs may not be identified and addressed because humanitarian aid workers lack the capacity** (Jimenez-Damary, 2020: 14; Barbelet & Wake, 2020: 21; Dwyer, 2021: 14). For example, Dwyer (2021: 14) finds that "staff of international organizations often expressed a lack confidence addressing diverse [sexual orientation, gender identity and/or expression, and sex characteristics] issues and a fear that engagement may do more harm than good". In another example, Murphy and Bourassa (2021: 88) found that often in humanitarian situations "a lack of capacity and accessible support mechanisms are also a challenge facing staff in the sector. Non-[gender-based violence] specialists are tasked with mitigating [gender-based violence] risks, yet often do not have the appropriate support or capacity to engage in these activities".

Research points out the **negative impact of under-funding and over-stretched capacity on services prioritisation and provision** (Murphy & Bourassa, 2021). The 2021 gender-based violence gap assessment found that "in 2019 there was a 90% gap in the funding needed to implement [gender-based violence] programmes in Nigeria …. This resulted in [gender-based violence] programming that reached only 34% of the population at risk … Similarly, only 20% of

at-risk women were reported to have access to [gender-based violence] services in South Sudan in the 2020 Humanitarian Needs Overview (HNO). Furthermore, these statistics only reflect access and do not attempt to assess the quality of available services, which is often low in these settings." (Murphy & Bourassa, 2021: 28) Meanwhile reports from Yemen, the site of the world's largest humanitarian crisis at the start of 2021, reveal that "Some 350,000 women lost access to gender-based violence services in 2020, following the closure of 12 UNFPA-supported safe spaces. An estimated 6.1 million women and girls are in need of such services."[14]

7. Collective level vulnerability to crises

UN and World Bank (2018: 109) set out the evidence on why **many violent conflicts today "relate to group-based grievances arising from inequality, exclusion, and feelings of injustice"**. Quantitative and qualitative studies have found strong positive links between economic and political horizontal inequality (i.e. the economic or political exclusion/marginalisation of certain groups) and the likelihood of conflict (UN & World Bank, 2018: 111-112). Quantitative evidence on horizontal social inequalities and conflict is more limited: one study demonstrated "a robust relationship between higher levels of horizontal inequality in education among ethnic and religious groups and the likelihood of violent conflict" (UN & World Bank, 2018: 112-113).

There is a **body of evidence on the relationship between gender inequalities, gender-based violence and conflict**. UN and World Bank (2018: 116) note large quantitative studies have shown that "women's status relative to men's, especially their vulnerability to violence, is a significant predictor of the country's propensity for violent conflict overall". Birchall (2019: 3) reports "a strong evidence base on the ways that beliefs and values behind unequal gendered roles and power relations are instrumental in building support for and perpetuating conflict".

There is also **evidence on positive effects of inclusive peacebuilding processes**: "women's participation in peace negotiations has improved the quality and staying power of peace agreements across a range of countries" (UN & World Bank, 2018: 81). However, one research project found across 40 case studies that women's participation in peace processes was usually "contested" and "met with indifference and resistance" (Paffenholz et al., 2016: 18). Similarly there is evidence of "positive returns when persons with disabilities are included in development and humanitarian decision-making", but "very little attention has been paid to the meaningful participation of persons with disabilities in peacebuilding processes" (Close, 2021: 4).

There are a number of **frameworks for measuring national fragility to crises, which include measures of social inequalities and discrimination**. Here are two prominent examples:

- **INFORM risk index** identifies countries at risk from humanitarian crises and disasters that could overwhelm national response capacity[15], and includes measurements on gender inequality and marginalised and at risk groups (Marin-Ferrer et al., 2017: 34). However, there is only "effective monitoring and related indicators" for some of the social

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[14] https://news.un.org/en/story/2021/02/1085802 [Accessed 24 March 2020]

[15] https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Methodology [Accessed 22 March 2021]

groups that experience discrimination and associated social inequalities (Marin-Ferrer et al., 2017: 35).

- **OECD State of Fragility index** "characterises fragility as the combination of exposure to risk and insufficient coping capacity of the state, systems and/or communities to manage, absorb or mitigate those risks" (OECD, 2018: 82). Fragility is measured across economic, environmental, political, security and societal dimensions, with a sixth dimension on human capital to be introduced in 2022.[16] The societal dimension measures gender (reproductive, empowerment and economic) inequalities; gender-based violence laws and experience; and horizontal inequalities (civil liberties of social groups distinguished by language, ethnicity, religion, race, region or caste) (OECD, 2018: 268, 271).

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[16] https://www.oecd-ilibrary.org/sites/ba7c22e7-en/index.html?itemId=/content/publication/ba7c22e7-en
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