



Canadian Social Science
Vol. 16, No. 6, 2020, pp. 6-13
DOI:10.3968/11758

ISSN 1712-8056[Print]
ISSN 1923-6697[Online]
www.cscanada.net
www.cscanada.org

The Psychological and Social Effects of COVID-19 Outbreak on Persons With Disabilities

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Received 28 May 2020; accepted 20 June 2020

Published online 26 June 2020

Abstract

The current study aimed to describe the psychological and social effects of COVID-19 Outbreak on persons with disabilities in the State of Kuwait. The study sample consisted of 150 participants. To achieve the goals of the study, the two researchers constructed the study tool which included two dimensions, one for psychological effects and the other for social effects. The validity and reliability of study tool were achieved. The results reported that COVID-19 causes psychological and social effects on persons with disabilities, and these impacts vary according to the type of disability. Also, the vast majority of participants were reported that the virus caused a change in their daily social routine, as well as negatively affected their participating in social activities. In addition, many of the participants were stated fear of spread the virus and stigma if infected. The study recommended the necessity of providing psychological, social and health support to persons with disabilities.

Key words: Psychological and social effects; Covid-19 outbreak; Persons with disabilities; The state of Kuwait

El-Zraigat, I., & Alshammari, M. (2020). The Psychological and Social Effects of COVID-19 Outbreak on Persons With Disabilities. *Canadian Social Science*, 16(6), 6-13. Available from: <http://www.cscanada.net/index.php/css/article/view/11758>
DOI: <http://dx.doi.org/10.3968/11758>

INTRODUCTION

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus (World Health Organization (WHO), 2020). COVID-19 is a respiratory disease that can be transmitted from person to person (Centers for Disease Control and Prevention (CDC), 2020). It is believed that the virus mainly spreads through saliva drops or nasal secretions (World Health Organization (WHO), 2020), and among people who are in close contact with each other (within 6 feet). It is also possible for a person to be infected by COVID-19 through touching a surface or object containing the virus and then touching his mouth, nose, or eye (Centers for Disease Control and Prevention (CDC), 2020). The best way to prevent and slow the transmission of the disease is to be well aware of the virus, its causes and how it spreads (World Health Organization (WHO), 2020). The spread of COVID-19 outbreak has led to various challenges in psychological, social, educational, and economic levels. However; the study of Güzel, Yıldız, Esentas, and Zerengök (2020) aimed to identify the emotional, physical, psychological and social situations of individuals who had to stay at home for some time due to the measures taken to prevent the spread of COVID-19 epidemic and to determine what kind of recreational activities they preferred during this period. The results indicated negative effects in economic, social, psychological and physiological contexts. As for the positive effects, it has on families such as exploring new things together, happiness, and spending time effectively. The main activity source was technology, and the study recommended that recreational activities should be practiced in order to reduce the effect of the virus in isolation at home. The Cheng (2020) discussed measures for schools without stopping learning in China during the pandemic prevention and control period of COVID-19. The study suggested some measures such as providing technical support necessary for continuing out-of-school

education, enhancing home study guidance for students, standardizing educational behaviors online, enhancing the online educational resource, making full use of free learning resources, life education, public safety, empowering mental health, promoting of physical and mental health of students, and guiding students to practice activities and maintain a healthy life during the pandemic.

In addition to the impact of COVID-19 on the psychosocial aspects of persons with disabilities, the nature of the disability also has its effects on these people. However, the effect of disability on psychosocial aspects of persons with disability varies according to the nature, type, and severity of disability. Dunn (2016) pointed out the need to share information on some psychological aspects of disability which associated with the relationship between a person and the environment, and stressed that disability is a form of diversity, and also emphasized that the culture of disability is important topic which must be shared with students, especially that people with disability is part of daily social life. The results of Markowitz, Reyes, Embacher, Speer, Roizen, and Frazier (2016) stressed that the measure of a child's quality of life with autism spectrum disorder and related developmental disabilities and the family could measure six unique quality of life combinations (child, family / career, financial support, external support, partner relationship, and adaptation). The scale had good reliability across grade ranges, and the results showed that caregivers of children affected by autism spectrum disorder decreased the quality of family life before the time of diagnosis for caregivers of children with other developmental disabilities.

Laugen, Jacobsen, Rieffe, Wichstrøm (2016) concluded that children with hearing loss have more psychosocial problems than hearing ones. The female gender variable and early detection of hearing loss indicated a better psychosocial performance among children with hearing loss, while the vocabulary and degree of hearing loss did not. They recommended for an early intervention to address the psychosocial functioning of children with all degrees of hearing loss. El-Zraigat and Emam (2005) reported that students with hearing disability in Jordan had manifested challenges in their social interaction, as well as they suffered from some type of behavioural problems. Also, Awamleh and El-Zraigat (2016) indicated that the communication performance of students with hearing disability in Jordan were varies according their hearing loss levels impairment, and the females expressed their needs to communication skills compared to males. The study recommended providing students with hearing disability with specialized communication skills.

Backenson, Holland, Kubas, Fitzer, Wilcox, Carmichael, Fraccaro, Smith, Macoun, Harrison, and Hale (2015) confirmed that children with specific learning disabilities (SLD) suffer from a disability in the basic psychological processes that interfere with learning and academic achievement, and these deficits can also lead

to emotional and / or behavioral problems. The results showed that the speed deficiency processing may be behind cognitive and psychosocial disorders present in the so-called "non-verbal" SLD. A systematic review of Flynn, Hulbert-Williams, Hulbert-Williams, and Bramwell (2015) confirmed chronic diseases among individuals with intellectual disabilities causing negative psychosocial experiences, and they recommended the need to provide the necessary assistance and support. Samsari and Soulis (2019) were interested in studying problem solving and resilience self-efficacy as factors of self-well-being in Greek individuals with or without physical disabilities. The results showed positive correlations between solving self-problems, self-efficacy, self-flexibility and self-welfare, and these factors also affect the psychological and social adaptation of people with physical disabilities.

Hudcová, Stecová, and Chrastina (2018) focused on psychosocial first aid for persons with disabilities in crisis situations, and emphasized the role of a special education teacher when providing PFA in specific crisis situations, as identified by volunteers from community psychiatric intervention teams. Their findings also emphasized the need for a specific approach to providing PFA to persons with disabilities. Nevill and Benson (2018) reported that negative life events and recent stressors in adults with Down syndrome are closely related to mental and behavioral health, and also recommend that increased support is required for adults with Down syndrome to deal with life events and negative events.

THE PSYCH-SOCIAL IMPACT OF COVID-19 ON PERSONS WITH DISABILITIES

Disability alone may not be associated with a higher risk of getting COVID-19. The disease or infection is affected by the health and medical conditions of people. The infection of people with disabilities with COVID-19 depends more on their health condition, for example if they have diseases chronic lung, severe heart condition, or weakened immune system, this increases the possibility of people with disabilities getting COVID-19 (Centers for Disease Control and Prevention (CDC), 2020).

Exact information about the effect of COVID-19 on persons with disabilities remains unavailable. In light of the available information, the pandemic of the virus has increased the possibility of causing psychological stress and social isolation among the general population and among high-risk groups. Social isolation and lack of interaction with people in the surrounding environment negatively affects the mental health. Furthermore, the virus is more negative for people who have limited opportunities to access social support networks and economic resources. Compared to people without disabilities, people with disabilities suffer more from

social isolation and a sense of loneliness, especially in conditions of epidemic prevalence (American Psychological Association (APA), 2020).

Office for Civil Rights, US Department of Education (2020) emphasized that educators in the time of the COVID-19 epidemic they should not choose to close or refuse to provide distance education, and that school systems must make local decisions that take into account the health and safety of all of their students and staff as well as their well-being. Education departments must also provide free and appropriate public education consistent with the need to protect the health and safety of students with disabilities. The Department stressed that meeting the needs of people with disabilities requires the cooperation of parents, teachers, and administrators. Furthermore, the Department focused on the necessity of receiving all students, including students with disabilities a high-quality education during these difficult circumstances.

Objectives of the study

The object of this article was to describe and recognize the psychological and social effects of COVID-19 Outbreak on persons with disabilities in the State of Kuwait. Furthermore, the study aims to provide scientific recommendations in order to help the persons with disabilities achieving better adjustment with COVID-19 Outbreak.

The importance of studying

The current study is one of the first studies that aimed to describe and identify the psycho-social effects of COVID-19 Outbreak on persons with disabilities in the State of Kuwait, as well as providing recommendations based on the results helping them achieving good level of mental health.

Participants

The study included 150 persons with disabilities in the State of Kuwait. The following table shows the distribution of the participants according to disability variable.

Table 1
Distribution of the participants according to disability variable

Type of disability	Number of participants
Persons with visual disability	37
Persons with physical and health disability	30
Persons with hearing disability	23
Persons with behavioral and emotional disorders	15
Persons with autism spectrum disorder	11
Persons with learning disabilities	11
Persons with intellectual disability	10
Persons with other disabilities	13
Total	150

STUDY TOOL

The researchers have developed a special scale for measuring the psychological and social effects of COVID-19 Outbreak on persons with disabilities in the State of Kuwait by reviewing previous studies and relevant theoretical literature. The literature review was included the following: (Unite Nation, 2020), (Ryan, 2020), (Haynes, 2020), (Office for National Statistics, 2020), (American Psychological Association (APA), 2020), (Güzel, et al, 2020), (Cheng, 2020), and (Government of South Australia, 2020). The scale consisted of 14 items distributed into two main dimensions. The psychological effects dimension included 8 items, while the social effects dimension consisted of 8 items.

Validity of the tool

Validity of the tool was achieved through content validity. The tool was presented to (10) specialists with experience in educational psychology, special education, and counseling psychology. The specialists were asked to identify the clarity and integrity of the items and their belonging to the goals of the study.

Reliability of the tool

The reliability of the tool was obtained through Cronbach's alpha that measure of internal consistency. The internal consistency was 0.87 which reflects a very good reliability of the scale.

DATA COLLECTION

The data was collected by communicating with the clubs and special groups they belong to. The researchers explained to them the goal of the study and how to respond to the tool of the study. After that, the scale was sent throughout special link via the internet to clubs and special groups, who in turn sent it to participants with various disabilities. A two-week period was given to collect the data, and the percentages of responses of the participants were calculated. We were satisfied with calculating the percentages due to the variation in the numbers participated in each disability, and the different nature of the impact of disability on the person.

The Methodology of the Study

The current study is a descriptive survey study and it is an appropriate approach to achieve its goals. Percentages were used to answer study questions. The investigators try to answer the following questions:

- What are the psychological effects of COVID-19 Outbreak on persons with disabilities in the State of Kuwait?
- What are the social effects of COVID-19 Outbreak on persons with disabilities in the State of Kuwait?

RESULTS

Participants' responses were expressed by percentages, and following tables illustrate that.

Table 2
Responses of person with visual disability expressed by percentage (N. 37)

Items	Percentage			
	High	Moderate	Low	Not at all
Psychological effects dimension				
I am concerned about the spread of the virus	43.8%	33.8%	18.9%	16.9%
I am afraid of infection with the virus	35.1%	35.1%	18.9%	18.9%
I am afraid of stigmatizing with the virus if I getting it	18.2%	43.2%	10.8%	8.8%
I feel lonely because of the virus	48.6%	13.5%	18.9%	18.9%
The virus caused me stress	24.3%	32.4%	21.6%	21.6%
I feel nervous about the spread of the virus	30%	29.7%	29.7%	26.7%
I am afraid of death with corona virus	32.4%	13.5%	18.9%	18.9%
I am bored by the virus	58.7%	27%	13.5%	11.5%
Social effects dimension				
The virus caused me social isolation	35.1%	37.8%	18.9%	8.1%
The virus prevent me from participating in social activities	59.4%	18.9%	8.1%	5.4%
The virus prevented others' visits me	75.6%	13.5%	5.4%	5.4%
The virus kept me from visiting others	58.7%	27%	8.8%	5.4%
The virus caused a lack of welfare for me	10.8%	10.8%	18.9%	59.4%
The virus caused a change in my daily social routine	81.9%	16.9%	5.4%	2.7%

Table 3
Responses of person with physical and health disability expressed by percentage (N. 30)

Items	Percentage			
	High	Moderate	Low	Not at all
Psychological effects dimension				
I am concerned about the spread of the virus	56.6%	40%	3.3%	-
I am afraid of infection with the virus	63.3%	33.3	-	3.3%
I am afraid of stigmatizing with the virus if I getting it	30%	50%	13.4%	6.6%
I feel lonely because of the virus	40%	30%	23.3%	6.6%
The virus caused me stress	46.6%	36.6%	16.6%	-
I feel nervous about the spread of the virus	48.6%	38%	13.4%	-
I am afraid of death with corona virus	50.3%	27%	13.3%	13.3%
I am bored by the virus	58.6%	31.3	6.6%	3.3%
Social effects dimension				
The virus caused me social isolation	60%	20%	13.3%	6.6%
The virus prevent me from participating in social activities	70%	16.6%	6.6%	6.6%
The virus prevented others' visits me	80%	13.3%	6.6%	-
The virus kept me from visiting others	46.6%	53.3%	-	-
The virus caused a lack of welfare for me	10%	40%	23.3%	26.6%
The virus caused a change in my daily social routine	68.6%	31.3%	-	-

Table 4
Responses of person with hearing disability expressed by percentage (N. 23)

Items	Percentage			
	High	Moderate	Low	Not at all
Psychological effects dimension				
I am concerned about the spread of the virus	54.1%	32.7%	8.6%	4.3%
I am afraid of infection with the virus	73.9%	17.3%	4.3%	4.3%
I am afraid of stigmatizing with the virus if I getting it	47.8%	34.7%	8.6%	8.6%
I feel lonely because of the virus	67.2%	11%	8.6%	13%
The virus caused me stress	56.5%	18.7%	21.7%	4.3%
I feel nervous about the spread of the virus	60.8%	30.4%	-	8.6%
I am afraid of death with corona virus	39.1%	17.3%	30.4%	13%
I am bored by the virus	60.8%	21.7%	17.3%	-
Social effects dimension				
The virus caused me social isolation	60.8%	21.7%	17.3%	-
The virus prevent me from participating in social activities	86.9%	8.6%	-	4.3%
The virus prevented others' visits me	82.6%	8.6%	4.3%	4.3%
The virus kept me from visiting others	75.9%	15.3%	-	8.6%
The virus caused a lack of welfare for me	18.7%	30.4%	18.7%	17.3%
The virus caused a change in my daily social routine	56.5%	18.7%	13%	4.3%

Table 5
Responses of person with behavioral and emotional disorder expressed by percentage (N. 15)

Items	Percentage			
	High	Moderate	Low	Not at all
Psychological effects dimension				
I am concerned about the spread of the virus	80%	20%	-	-
I am afraid of infection with the virus	80%	6.6%	13.3%	-
I am afraid of stigmatizing with the virus if I getting it	13.3%	6.6%	6.6%	73.3%
I feel lonely because of the virus	13.3%	6.6%	73.3%	6.6%
The virus caused me stress	86.6%	13.3%	-	-
I feel nervous about the spread of the virus	75.3%	24.6%	-	-
I am afraid of death with corona virus	73.3%	6.6%	-	20%
I am bored by the virus	73.3%	13.3%	-	13.3%
Social effects dimension				
The virus caused me social isolation	80%	6.6%	13.3%	-
The virus prevent me from participating in social activities	68.6%	31.3%	-	-
The virus prevented others' visits me	66.6%	33.3%	-	-
The virus kept me from visiting others	73.3%	13.3%	13.3%	-
The virus caused a lack of welfare for me	6.6%	6.6%	86.6%	-
The virus caused a change in my daily social routine	82%	18%	-	-

Table 6
Responses of person with autism spectrum disorder expressed by percentage (N. 11)

Items	Percentage			
	High	Moderate	Low	Not at all
Psychological effects dimension				
I am concerned about the spread of the virus	72.7%	-	9%	18.1%
I am afraid of infection with the virus	54.5%	18.1%	9%	18.2%
I am afraid of stigmatizing with the virus if I getting it	45.4%	18.1%	18.1%	18.1%
I feel lonely because of the virus	56.5%	36.5%	7%	-
The virus caused me stress	54.5%	36.3%	9%	-
I feel nervous about the spread of the virus	54.5%	18.1%	-	27.2%
I am afraid of death with corona virus	38.3%	25.2%	18.1%	18.1%
I am bored by the virus	54.5%	27.2%	18.1%	-
Social effects dimension				
The virus caused me social isolation	63.6%	18.1%	9%	9%
The virus prevent me from participating in social activities	72.7%	18.1%	9%	-
The virus prevented others' visits me	63.6%	36.3%	-	-
The virus kept me from visiting others	63.6%	27.2%	9%	-
The virus caused a lack of welfare for me	27.2%	36.3%	36.3%	-
The virus caused a change in my daily social routine	48.4%	36.3%	9%	6%

Table 7
Responses of person with learning disabilities expressed by percentage (N. 11)

Items	Percentage			
	High	Moderate	Low	Not at all
Psychological effects dimension				
I am concerned about the spread of the virus	56.5%	43.5%	-	-
I am afraid of infection with the virus	63.6%	36.3%	-	-
I am afraid of stigmatizing with the virus if I getting it	54.5%	45.5%	-	-
I feel lonely because of the virus	63.6%	27.2%	-	9%
The virus caused me stress	81.8%	9%	9%	-
I feel nervous about the spread of the virus	45.5%	45.5%	9%	-
I am afraid of death with corona virus	29.2%	52.5%	-	18.1%
I am bored by the virus	63.6%	36.3%	-	-
Social effects dimension				
The virus caused me social isolation	81.8%	18.1%	-	-
The virus prevent me from participating in social activities	54.5%	45.5%	-	-
The virus prevented others' visits me	54.5%	45.5%	-	-
The virus kept me from visiting others	45.5%	54.5%	-	-
The virus caused a lack of welfare for me	9%	54.5%	27.2%	9%
The virus caused a change in my daily social routine	65.6%	34.3%	-	-

Table 8
Responses of person with intellectual disabilities expressed by percentage (N. 10)

Items	Percentage			
	High	Moderate	Low	Not at all
Psychological effects dimension				
I am concerned about the spread of the virus	60%	20%	20%	-
I am afraid of infection with the virus	50%	20%	30%	-
I am afraid of stigmatizing with the virus if I getting it	40%	30%	30%	-
I feel lonely because of the virus	50%	20%	10%	20%
The virus caused me stress	60%	10%	-	30%
I feel nervous about the spread of the virus	40%	10%	20%	30%
I am afraid of death with corona virus	50%	10%	10%	30%
I am bored by the virus	20%	60%	-	20%
Social effects dimension				
The virus caused me social isolation	60%	30%	10%	-
The virus prevent me from participating in social activities	70%	30%	-	-
The virus prevented others' visits me	60%	20%	10%	10%
The virus kept me from visiting others	70%	10%	10%	10%
The virus caused a lack of welfare for me	20%	20%	60%	-
The virus caused a change in my daily social routine	60%	10%	10%	20%

Table 9
Responses of person with other disabilities expressed by percentage (N. 13)

Items	Percentage			
	High	Moderate	Low	Not at all
Psychological effects dimension				
I am concerned about the spread of the virus	53.8%	30.7%	-	15.3%
I am afraid of infection with the virus	53.8%	30.7%	7.7%	7.7%
I am afraid of stigmatizing with the virus if I getting it	61.5%	23.%	-	15.3%
I feel lonely because of the virus	38.4%	23.%	30.7%	7.7%
The virus caused me stress	38.4%	15.3%	23.3%	23.3%
I feel nervous about the spread of the virus	53.8%	15.3%	7.7%	23.3%
I am afraid of death with corona virus	61.5%	-	15.3%	23.3%
I am bored by the virus	53.8%	30.7%	15.3%	-
Social effects dimension				
The virus caused me social isolation	30.7%	46.1%	15.3%	7.7%
The virus prevent me from participating in social activities	69.2%	23.%	-	7.7%
The virus prevented others' visits me	69.2%	30.7%	-	-
The virus kept me from visiting others	71.2%	23.%	5.7%	-
The virus caused a lack of welfare for me	38.4%	23.%	30.7%	7.7%
The virus caused a change in my daily social routine	63.5%	28.7%	-	7.7%

The percentages of the responses of the participants in the tables above show that the COVID-19 Outbreak had an high and moderate influence on the psychological and social aspects as it led to psychological stress, feeling of loneliness and boredom, preventing visits to others, restricting of communication and interaction with the surrounding environment. While the responses of the individuals participating were less on rating response of low and not at all. These results indicate that the COVID-19 has negatively affected the psychological and social life of people with disabilities and that this effect varies according to the type of disability. The vast majority of participants were reported that the virus caused a change in their daily social routine, as well as negatively affected their participating in social activities. In addition, many of the participants were stated fear of spread the virus and stigma if infected.

DISCUSSION AND RECOMMENDATIONS

The data collected from the participants indicated that the COVID-19 has an effect on the psychological and social aspects, and that this effect varies from one disability to another. The results explain the effect of the virus according to the effect of each disability on the person. Persons with visual disability are more affected by the need to mobility and orientation, as well as recognize and estimate distances during social interaction. People with hearing disability have an effect resulting from language problems and obtain appropriate information for them. While the impact of the virus on people with learning disabilities may resulting from problems in processing and understanding information about the virus. As for people with behavioral disorders, the effect they have comes from challenging of

controlling behaviors and desire of interaction with the surrounding environment. In relation to people with behavioral disorders, the effect they have comes from controlling behaviors and foams in interaction with the surrounding environment. On the other hand, people with health and physical disabilities they may be have more negative effects of the virus because of their health conditions. In regard of people with autism spectrum disorder, the effect comes through limited interaction and social communication, and the difficulty of obtaining information due to the impact of the disorder on social interaction. For people with intellectual disabilities, the nature of their disability causes significant difficulties in communication and understanding resulting from deficit in cognitive abilities, and this reflects negatively on dealing with the virus information.

Based on the results reached and reviewed literature mentioned above in this study, the researchers recommend the following:

- Providing psychological support to persons with disabilities.
- Providing social care and community support for persons with disabilities.
- Teaching people with disabilities needed skills to deal with psychological stress.
- Provide persons with disabilities with clear information about the virus and how it is transmitted and its symptoms.
- Providing the necessary health care for persons with disabilities.
- Teaching people with disabilities needed skills to deal with crises.
- Educating people with disabilities necessary skills to seek help in crisis's.

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