



Women Enabled International
Submission to the Special Rapporteur on Violence against Women:
Violence at the Intersection of Gender and Disability during COVID-19
June 30, 2020

Women Enabled International (WEI)¹ appreciates the opportunity to provide the below information to the Special Rapporteur on Violence against Women, its causes and consequences (SRVAW) on violence against women, girls, non-binary, trans, and gender non-conforming persons with disabilities during the COVID-19 pandemic. WEI hopes that this information will inform the SRVAW's forthcoming report on domestic violence during the COVID-19 pandemic.

Home may be a safe place for most, but for many women, girls, non-binary, trans, and gender non-conforming persons with disabilities, their homes are a place of fear. Women and girls with disabilities experience violence from partners and family members at least two to three times the rate of other women,² and during lockdowns, shelter in place orders, and other times of mandatory or recommended isolation, these individuals will be even less able to escape violence, particularly if their usual supports are not available to them.³ Institutionalized persons with disabilities are at further risk of violence due to their isolation,⁴ which increases when visitors and monitors may not be allowed in.

In March and April 2020, WEI conducted a [global human rights survey](#) of women, girls, non-binary, trans, and gender non-conforming persons with disabilities on the impact of COVID-19 on their rights (WEI Survey). This survey included questions about whether individuals were experiencing violence or felt a heightened risk of violence due to the COVID-19 pandemic and also asked several questions about risk factors for violence, including lack of access to sexual and reproductive health services and increased barriers to meeting basic needs. This survey, as well as supporting evidence from other similar surveys around the world, has revealed that women, girls, non-binary, trans, and gender non-conforming persons with disabilities are at a heightened risk of violence during COVID-19, due to discrimination, stigma, and stereotypes based on both gender and disability, among other characteristics.

This submission focuses on the heightened risk of violence at the intersection of gender and disability during the COVID-19 pandemic, including familial and intimate partner violence and violations in the context of reproductive health. It further draws out risk factors for gender-based violence that are unique to women, girls, non-binary, trans, and gender non-conforming persons with disabilities as compared with other women. This submission also provides some examples of good practices, where they exist, or good policy recommendations to address violence at the intersection of gender and disability during the COVID-19 pandemic, and concludes with a short list of recommendations to the SRVAW as she moves forward with this work.

I. Violence at the Intersection of Gender and Disability during COVID-19

A. Heightened Risk of Violence at the Intersection of Gender and Disability

As noted above, women and girls with disabilities are at a higher risk of violence than are other women, even in normal times. The World Health Organization (WHO) has recognized that violence typically increases during times of emergency, and older women and women with disabilities are likely to have additional risk factors making them more vulnerable to abuse.⁵ UNICEF has also reported that women and girls with disabilities who experience a disruption of essential services, restricted movements, and have primary caregiving responsibility—all of which are likely to increase during an emergency like the COVID-19 pandemic—are at a higher risk for gender-based violence.⁶

Nearly one-quarter (22%) of WEI Survey respondents reported fear for their personal safety due to COVID-19, and some identified particular issues impacting that safety.

- Alex, a person with multiple disabilities in the U.S. state of Texas, reported: “My family is emotionally abusive, and I am trapped in a house with them. I am also immunocompromised and am in danger every time someone leaves the house, in addition to being trans in a very transphobic family. This is an incredibly dangerous situation for me, and my mental health has suffered greatly as a direct result of the pandemic and respective quarantine measures.”⁷
- Lisa, an autistic woman in the U.K, reported: “I live in a camper van at the moment and try to keep safe as a lot of people in my former area just getting annoyed and aggressive with each other. I can't deal with the tension between the people around me.”⁸
- A woman with psychiatric disabilities from the U.S. state of Tennessee expressed fear from a particular individual due to the crisis, although she did not specify who: “There has been some reluctance on their part to accept what is happening because he has control issues and feels angry he has to live by someone else's timeline or time-table.”⁹

Superstition resulting from stigma and discrimination against persons with disabilities in some contexts has also been exacerbated by COVID-19, which may put women, girls, non-binary, trans, and gender non-conforming persons with disabilities at particular risk of violence.

- A woman with albinism in Southern Africa shared: “[B]ecause of lack of melanin people are speculating that I can easily contract COVID 19.”¹⁰
- Sabrina, a survey respondent from Colombia, shared that: “I have had to go out a couple of times for groceries and to the bank and in some of the lines it has happened to me that other people yell at me because they think that I should not go out or that I am a carrier of the virus just because I have a disability.”¹¹

WEI Survey respondents also reported forms of violence that are unique to persons with disabilities and disproportionately experienced by those living at the intersection of gender and disability, including withholding of caregiving support, medications, and assistive devices like wheelchairs or hearing aids, and fears of forced institutionalization.¹² For instance, one WEI Survey respondent described that, because of an argument with a family member, that family member would no longer deliver her medications to her.¹³ Rosario, a woman with muscular

dystrophy in Argentina, also shared that, “The moods and emotions of other people determine when they help someone, and in those moments where panic and anguish prevail, any request, whether it be ‘I want to go to the bathroom,’ can trigger a family conflict.”¹⁴

Other surveys and studies at the intersection of gender and disability during COVID-19 have shown similar results:

- Shanta Memorial Rehabilitation Centre has reported that domestic violence in India is expected to increase during COVID-19 due to higher household tensions.¹⁵ Women with disabilities are especially at risk of abuse due to a lack of community safeguards available and because women fear that if they report the abuse they will be abandoned and forced out of their homes, which could potentially lead them to face an even high-risk of abuse.¹⁶ Moreover, according to a webinar hosted by Shanta Memorial Rehabilitation Centre, the cultural power dynamics within the household contribute to violence against women with disabilities.¹⁷ The COVID-19-related economic downturn has further pushed families to re-prioritize resources and led some families to “dispose” of female family members with disabilities.¹⁸
- A June 2020 report from Humanity and Inclusion found further evidence of heightened risk of violence against women and girls with disabilities during COVID-19 in humanitarian settings, based on stigma and taboos around disability and issues related to gender. In Haiti, 81% of households led by or including a person with a disability, reported fears of increased violence because of local beliefs, traditions, and stigmas.¹⁹ Specifically, marginalized communities of the elderly, person with disabilities, and persons living with HIV or AIDS felt they were at a particularly high risk of violence.²⁰ In Ethiopia, 22% of persons with disabilities felt unsafe due to prolonged restriction on movement and 41% of children with disabilities experienced increased fear and anxiety associated with movement restrictions and difficulties communicating with family and caregivers.²¹ Uganda has also reported increased violence against women and girls with disabilities.²² Finally, multiple personal anecdotes from the Philippines identified that people with disabilities are being emotionally and psychically abused by those living in their household.²³
- According to the U.N. Population Fund (UNFPA), women with disabilities in Kazakhstan have also reported a fear of domestic violence increasing.²⁴ Sexual violence is already very prevalent in the community with rape accounting for 98% of the crimes against women and 17% of women reporting intimate partner violence.²⁵
- The U.N. Office of the High Commissioner for Human Rights (OHCHR) has further reported that, globally, women with disabilities, although likely facing higher numbers of domestic violence, are reporting less.²⁶

B. Specific Risk Factors Exacerbated by COVID-19 at the Intersection of Gender and Disability

Women, girls, non-binary, trans, and gender non-conforming persons with disabilities are also experiencing heightened risk factors for violence due to COVID-19, and many of these risk factors are based on discrimination, stigma, and stereotypes at the intersection of gender and disability.

1. Lack of Disability-Related Support Services and Income Supports

Many persons with disabilities require support for basic tasks of independent living, including preparing and consuming food, personal hygiene, and leaving their homes. Other persons with disabilities may require support to navigate inaccessible environments or to communicate with others, including healthcare providers. For women, girls, non-binary, trans, and gender non-conforming persons with disabilities, these support services may be the difference between being able to access needed health services, including sexual and reproductive health services and COVID-19 response services, and suffering alone at home. If a woman with a disability has to instead rely on a partner or family member to undertake these tasks, that dependence makes them vulnerable to violence and abuse.²⁷ Outside services provide a network of support for women with disabilities that allow them independence and give them an avenue to leave violent home environments, particularly important in times of increased isolation and heightened anxiety and stress.

Nearly one-third of WEI Survey respondents (32%) indicated that the COVID-19 crisis has affected their ability to access needed disability-related support services.²⁸ This is because these individuals themselves were not permitted to leave their homes, or because support services and personal assistants were not able to come to them. This has included, for instance, a decrease in access to technical assistance, personal assistance, wheelchair replacement and repair, and accessibility services such as Sign Language interpreters,²⁹ as well as a decrease in access to public transportation.³⁰

- A woman from Serbia with a physical disability noted in particular the barriers that restrictions on movement can have related to support services: “Our government passed a law banning movement ... but did not consider persons with disabilities, the movement of personal assistants, those PWD [persons with disabilities] who live alone or with parents over 65 years. Only after a month or so they made the decision that certain groups could get movement permits but this procedure took several days.”³¹
- A respondent from Uganda who is also herself a service provider for persons with disabilities specifically highlighted the lack of physical access to her office and expressed concern over the fact that the police were arresting individuals who stepped out for work,³² which would include care providers.
- A woman with chronic illness reported that she has decided to allow her mother to start coming to her house again to provide assistance: “Up till now my mother couldn't come to our place to help out in the house as she usually did every two weeks, but we have now decided it is probably safe for her to come as we both have been isolating for a few weeks now.”³³
- Sisters of Frida, a collective of women with disabilities in the United Kingdom (UK), also reported that due to the quarantine orders, women with disabilities have had less access to their one-on-one advocates.³⁴

WEI Survey respondents further identified that lack of access to wheelchairs and other needed assistive devices has been a significant issue during this crisis.

- A 33-year-old woman from the Netherlands with muscular dystrophy explained that “I was in the process of getting support from the rehabilitation centre for new assistive devices and other necessary solutions for my current physical challenges; this process is

now on hold because the rehabilitation centre is closed for external patients (to help corona patients from ICU's and to avoid spreading the virus). In addition, I was in the process of applying for personal assistance for daily activities at home (transfer bed-wheelchair, shower, etc). This is also on hold because having carers coming in and out of the house is too risky - and there are no protection materials or guidelines provided by the government for home care. Until all this is arranged, I cannot return to my full-time job (I'm currently on sick leave).”³⁵

- A woman with chronic illness noted: “I was in the process of getting a new wheelchair but this will take more time now.”³⁶

Social distancing policies in particular have impacted the ability of some respondents to meet their basic needs or to access community.

- A young blind woman in Argentina described how this lack of assistance made it hard for her to meet her basic needs on her own and has made her more dependent on family: “My family has to do the shopping because I have to cross an avenue to go to any business and nobody comes to help me because they want to avoid contact.”³⁷
- Andrea, a visually impaired woman in Argentina, expressed fear that her independence would be restricted because of social distancing: “Although the circulation of people who must assist people with disabilities is allowed, my fear is that many people with visual disabilities lived an autonomous life, although for that we needed help from other people to cross the streets. But that help would not meet the social distancing required in this emergency, so I suppose that our independent life will be restricted [as long as] the pandemic lasts.”³⁸
- Another respondent reported that: “This has really affected me as a deafblind individual in terms of how we the deafblind communicate, it has really affected my physical, emotional and psychological [well-being].”³⁹

This decreased access to services and the community has had an impact on meeting even the most basic needs, including those related to food, sanitation, and hygiene, as well as social and psychological needs.⁴⁰

- As Rosario, a woman with muscular dystrophy in Argentina, explained: “Before, I had a person who helped me change and bathe every day. With this situation the service is not available and I feel powerless to handle my own hygiene.”⁴¹
- Changes to public transportation were a particular issue for many. Lyness, a person with a physical disability from Malawi, noted: “Our minister of transport announced that the bus fares have been doubled and those who can not afford should walk without considering persons with disabilities.”⁴² Other respondents highlighted a decrease in ability to access groceries, including as a result of cuts in public transportation.⁴³
- A woman from Nepal emphasized the decreased access to sanitary products and services as a result of the lockdown, including the lack of supports to access these goods.⁴⁴
- A woman from Uganda stated “I fear I may run out of food. I was not prepared for this. The government is distributing food only in the city centre.”⁴⁵
- Lisa from London expressed how inconsiderate people are at this time, which makes meeting needs for people like her more difficult: “[T]he situation showed that people started to fight on their own - pushing each other in the supermarket to get the last milk etc. If you are a vulnerable person who has problems with fighting your way through and

standing up for yourself you get treated like a door mat. We are simply forgotten. I decided that I won't hoard food so that other people have a chance as well - the result was that I eat a whole week the few toasts which I had left in the house because the aisles in the supermarkets were empty.”⁴⁶

At least two respondents reported that the decrease in access to services, income, or assistance from the public made them more reliant on intimate partners or other family members.⁴⁷ As noted above, this dependence could open them up to violence or abuse by these individuals, as it changes the power dynamic between these individuals and exacerbates stress. Indeed, the leader of an organization working with women with disabilities in Malawi reported particular fear for some in her community: “My major concern are the women in rural areas who are vulnerable, with the lockdown, it means they are financially handicapped, they cannot feed themselves, so chances of sexual abuse will be high just for them to have bread and butter for the day.”⁴⁸ According to UNFPA in Kazakhstan, due to COVID-19 many women with disabilities who work with their hands are unable to work due to quarantine orders. The lack of work has caused some women to have increased hostilities at home stemming from the increasing financial constraints and lack of ability to contribute financially.⁴⁹

2. Accessibility Barriers to Violence-Related Services

Due to COVID-19, services to address violence have also become harder to access for all women, including women, girls, non-binary, trans and gender non-conforming persons with disabilities. For instance, Sisters of Frida in the U.K. has reported that Deaf women in the U.K. are having difficulties communicating since all communication is now occurring via phones.⁵⁰ OHCHR has further reported that alongside other risk factors, it is likely that many women with disabilities are unable to report or call hotlines, as many hotlines are not equipped with interpretation services for Deaf and Deafblind persons.⁵¹ Moreover, even when shelters are open, women with disabilities are unable to access them because the emergency shelters cannot accommodate their disabilities.⁵² This concern was also raised in response to WEI’s Survey question related to violence, with one woman reporting: “We are very worried because Deaf persons with disabilities are not getting information given by ministry due to lack of sign language interpreters.”⁵³

There have been some good practices related to access to violence-related services during the COVID-19 pandemic. For instance, Argentina, France, and England have all recognized the need for more resources as many of their shelters have reached capacity.⁵⁴ In response to this shortage, these three States have all suggested developing partnerships with private hotel chains to use their rooms to fill this gap.⁵⁵ Some States, like Tonga, have gone even further and ensured that their domestic violence centers are considered essential services and that women who are unable to access domestic violence assistance in person have the ability to communicate with staff via a group Facebook page.⁵⁶

Ensuring a variety of communication methods about domestic violence-related services is important for ensuring access for women, girls, non-binary, trans, and gender non-conforming persons with disabilities, and some States have taken strides to provide communications in accessible formats. For instance, in an effort to improve access Mexico has produced a list of

regional helplines for domestic violence⁵⁷ and Mexico has created communication plans that include indigenous languages.⁵⁸ Ecuador has produced a public protocol on communications about domestic violence and family violence during COVID-19.⁵⁹ Argentina has published a guide on local social services, therapy, psychological services, and legal advice that has been coordinated by civil society and community organizations.⁶⁰ Bolivia has also produced guidelines for women at-risk which includes information on essential services, family assistance, child custody, and protection.⁶¹ Ireland has used radio and television advertisements to inform domestic violence victims that domestic violence support services are still available,⁶² while Peru has used phones to reach people with disabilities and “check-in” with them during COVID-19.⁶³

3. Violence in Institutions during COVID-19

Many women, girls, non-binary, trans, and gender non-conforming persons with disabilities—particularly those with intellectual or psychosocial disabilities—are housed in crowded long-term residential care institutions or psychiatric hospitals. Without the ability to meet basic needs, persons with disabilities are more vulnerable to being placed in these institutions. Women, girls, non-binary, and gender non-conforming persons with disabilities may be especially vulnerable to institutionalization, as they may lack employment or other means of support to live in the community and may also receive less support from family than men with disabilities.⁶⁴

While institutionalized, these individuals are also more vulnerable to violence and abuse and have a higher-risk of contracting COVID-19. UN Women has reported that, in Asia and the Pacific, COVID-19 is specifically impacting women and girls who live segregated from communities or in institutions as women in these establishments are at a high-risk of abuse and neglect.⁶⁵ The Royal Commission in Australia reported similar concerns, noting that due to COVID-19 lockdown measures there may be less oversight and fewer visitors at institutional or residential living facilities.⁶⁶ The lack of formal institutional oversight and informal visitor oversight can lead to a higher risk of abuse, neglect, and exploitation.⁶⁷

II. Barriers to Sexual and Reproductive Healthcare during COVID-19

The Ebola outbreak in Western Africa and the global impact of the Zika virus have both demonstrated that during times of public health emergencies, access to sexual and reproductive health services decreases.⁶⁸ A primary cause for the disruption of services has been the reallocation of healthcare resources to manage the global pandemic/public health emergency.⁶⁹

COVID-19 is a healthcare crisis that has been testing States’ implementation of the right to health, particularly for the most marginalized. During the COVID-19 crisis, healthcare has changed in several respects. Many health services have either been cancelled, thereby delaying needed care, or moved to virtual means like telehealth, which are not always accessible or adequate to meet the sometimes-complex needs of people living at the intersection of gender and disability. In other circumstances, some health services have been classified as “essential” while others, including some needed particularly by women and/or persons with disabilities, have been classified as “non-essential,” meaning that these services are not available to people who need them.

Specifically, States have taken measures that impact access to sexual and reproductive healthcare and that can have a disproportionate impact on women, girls, non-binary, trans, and gender non-conforming persons with disabilities. For instance, some States have attempted to limit access to certain sexual and reproductive health services, particularly abortion, during the COVID-19 crisis by classifying abortion as a non-essential service (U.S. states of Texas and Ohio)⁷⁰ or attempting to adopt laws that further restrict access to abortion (Poland).⁷¹ In Italy, some hospitals that had previously provided abortions stopped providing the service and sent women elsewhere for care, making obtaining an abortion much more complicated.⁷² In parts of India, public health services and service providers have also been commandeered for treatment of COVID-19, private health facilities have closed due to lack of protective gear, public transportation has been shut down, and supply chains for medication abortion have been cut-off-further limiting access to abortion.⁷³ In Brazil, some local authorities have suspended access to some sexual and reproductive health services, including contraception, labeling them as “non-essential,” while the number of hospitals performing abortions has significantly decreased.⁷⁴ The Brazilian government dismissed officials from the Ministry of Health for signing onto a technical note that called on local authorities to ensure access to sexual and reproductive health services during the pandemic.⁷⁵

Women with disabilities may be particularly affected by such restrictions and complications, because, due to societal discrimination, they are more likely to have lower levels of education and less access to employment resulting in lower incomes, and so frequently cannot afford to travel far from their homes for abortion. Women with mobility-related disabilities face additional barriers to travel, as the means of travel are often inaccessible, and other women with disabilities are denied legal capacity, further complicating their access.⁷⁶

Furthermore, as with previous health crises,⁷⁷ prenatal, obstetric, and post-natal care have all been impacted by the COVID-19 crisis, including for pregnant people with disabilities. For instance in order to prevent the spread of COVID-19, some hospitals adopted or considered adopting policies that disallowed any support persons, including partners, from accompanying a pregnant person during labor, delivery, and the postpartum period.⁷⁸ These policies did not carve out exceptions for pregnant persons with disabilities and would have had a disproportionate impact on them, as they may need support persons simply to communicate with healthcare personnel or to get assistance meeting personal hygiene needs while hospital staff are overstretched. In India, the commandeering of public health facilities for COVID-19 treatment in some areas has also meant that pregnant people, particularly those with complications, cannot rely on these facilities for labor and delivery services, leading distressingly in some cases to maternal mortality.⁷⁹ As pregnant people with disabilities may be perceived as having more complicated pregnancies, this situation may particularly impact their access to obstetric care.

COVID-19 has also impacting sexual and reproductive health services supply chains thereby limiting access to certain contraception methods. Manufactures in Myanmar, India, and China all reported a “slow-down” in production due to quarantine orders requiring these manufacturing plants to temporarily shut down.⁸⁰

WEI Survey respondents identified increased barriers to accessing healthcare goods and services they needed specifically because of their gender or gender identity, including sexual and reproductive health services, due to COVID-19. They reported significant barriers to accessing, for instance, regular sexual and reproductive health check-ups,⁸¹ breast cancer screenings,⁸² pregnancy-related services,⁸³ menopause services,⁸⁴ and abortion.⁸⁵ Two non-binary individuals identified that their access to hormones has become more difficult.⁸⁶ These barriers sometimes caused WEI Survey respondents mental distress or threatened their overall health.

- One Survey respondent with chronic illness who was nine weeks pregnant was experiencing nausea and migraines and reported being worried about her health. “I cannot visit my acupuncturist for the nausea. My pregnancy related care is usually on the telephone instead of in person, except for the ultrasounds.”⁸⁷
- A 48-year-old woman with psychosocial disabilities reported that “[I] am putting off treatment for menopause due to the crisis, which is not good because my mental health condition is compounded by the stress of the crisis and menopause (which is so rarely listed as a women's health issue).”⁸⁸
- Marcela, a woman with a psychosocial disability in Chile, noted that the law in that country already limits access to abortion, particularly for women and girls with disabilities who have been placed under guardianship and for those who face conscientious objection from providers, and that COVID-19 would compound those barriers.⁸⁹

A March report from Shanta Memorial Rehabilitation Centre in India found that public health facilities have been frequently repurposed for COVID-19 care, and private health facilities were too expensive and not covered by insurance.⁹⁰ When women with disabilities could access health facilities or providers, there were several instances where they were denied medical treatment and healthcare.⁹¹

Some States have taken proactive measure to ensure that access to sexual and reproductive health services is maintained during the pandemic. For example, the U.K. has modified its policies to allow for abortion pills to be taken from home, and a midwife group has recommended using empty hotels near hospitals as birthing centers.⁹² Midwives in the Netherlands have also turned local hotel rooms into delivery centers.⁹³ France has continued to allow for birth control pills to be delivered without a renewed prescription.⁹⁴ Finally, in the U.S., Planned Parenthood has continued to offer a variety of sexual and reproductive health services through telemedicine appointments,⁹⁵ which can help fill the gap in services so long as accessibility services such as sign language interpretation are also provided.

III. Recommendations for the SRVAW’s Consideration

Women, girls, non-binary, trans, and gender non-conforming persons with disabilities are specifically at heightened risk of violence and violations of their sexual and reproductive rights as a result of COVID-19 and the government and healthcare responses to this crisis. In order to prevent further abuse, States and healthcare actors must ensure that the needs, priorities, and voices of these individuals are included in the government and health responses to the COVID-19 crisis at the local, national, regional, and international levels.

With this in mind, we hope the SRVAW will be considering including the following recommendations in her upcoming report on COVID-19 and domestic violence.

To States:

- Involve women, girls, non-binary, trans, and gender non-conforming persons with disabilities in planning for and implementation of the COVID-19 government and healthcare responses.
- Ensure that lockdowns, stay-at-home orders, and other limits on movement specifically allow for people to leave their homes to escape violence, including physical, sexual, emotional, psychological, and financial violence.
- Urgently adopt social protection measures—including income supplementation, rent subsidies and eviction moratoriums, food subsidies, and free clean water and hygiene measures, including menstrual hygiene—to fill the gap in income for all persons so that they can meet their basic needs. Ensure those who worked as freelancers, entrepreneurs, or in the informal sector or who received other types of income support are eligible for these measures.
- Undertake particular efforts to reach women, girls, non-binary, trans, and gender non-conforming persons with disabilities with social protection measures, including through campaigns that provide information in a variety of accessible formats, and ensure that social protection goes directly to these individuals rather than to families or partners.
- Classify disability-related support services, sexual and reproductive health services, and gender-based violence services as essential services during COVID-19 lockdowns, stay-in-place orders, or other restrictions on movement and ensure a streamlined process for obtaining any needed permits for movement for these service providers.
- Continue or initiate efforts to tackle stereotypes and stigma about gender and/or disability, as a means of protecting individuals from violence during this crisis and ensuring they get the community supports and healthcare they need without discriminatory rationing.

To Violence Service Providers:⁹⁶

- Ensure that communications around ongoing services for victims of violence is available in accessible formats, including Sign Language, Braille, and plain language, and distributed in a variety of ways, including through radio, television, in hard copy, and on social media.
- Undertake targeted measures to reach out to women, girls, non-binary, trans, and gender non-conforming persons with disabilities with information about services during COVID-19, including by reaching out to disability support service providers or other civil society organizations (including organizations of women with disabilities) that are most likely to be in touch with these individuals apart from their family or intimate partners during the crisis.

To Healthcare Systems:

- Involve women, girls, non-binary, trans, and gender non-conforming persons with disabilities in planning for and implementation of new protocols for providing care.
- Provide accessibility supports for virtual or remote medical appointments, including Sign Language interpretation.
- Prioritize marginalized groups, including women, girls, non-binary, trans, and gender non-conforming persons with disabilities, in the provision of all forms of available care, including sexual and reproductive healthcare.

- Recognizing the likely increase in violence due to COVID-19, continue or initiate efforts to screen patients for violence when they access health services.

¹ Women Enabled International is an international non-governmental organization working to advance human rights at the intersection of gender and disability to: respond to the lived experiences of women and girls with disabilities; promote inclusion and participation; and achieve transformative equality.

² UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), UNITED STATES STRATEGY TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE GLOBALLY 7 (Aug. 10, 2012), <http://www.state.gov/documents/organization/196468.pdf>. It is worth noting that no global data exists on the incidence of such violence, and studies draw on different sources of data.

³ Emma Pearce, *Disability Considerations in GBV Programming during the COVID-19 Pandemic* (Mar. 2020), http://www.sddirect.org.uk/media/1889/gbv-aor-research-query_covid-19-disability-gbv_final-version.pdf.

⁴ WORLD HEALTH ORGANIZATION & WORLD BANK, WORLD REPORT ON DISABILITY 59 (2011), https://www.who.int/disabilities/world_report/2011/report/en/.

⁵ World Health Organization, *COVID-19 and violence against women: What the health sector/system can do 1* (2020), <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>.

⁶ UNICEF, *COVID-19 Response: Considerations for Children and Adults with Disabilities* (2020), https://www.unicef.org/disabilities/files/COVID-19_response_considerations_for_people_with_disabilities_190320.pdf

⁷ Alex, a non-binary, autistic person with physical, emotional, and mental disabilities, age 23, Texas, U.S.

⁸ Lisa, an autistic woman, age 30, U.K.

⁹ A woman with psychiatric disabilities, age 48, Tennessee, U.S.

¹⁰ Pamela, a woman, age 42.

¹¹ Sabrina, a Deaf woman with a physical disability, age 34, Colombia, translated from Spanish (“He tenido que salir un par de veces por viveres y al banco y en algunas de las filas me ha sucedido que otras personas me griten porque creen que no debería salir o que soy portadora del virus sólo por tener discapacidad.”).

¹² See, e.g., a woman with physical paraplegy, age 56; Barbara, a woman with a physical disability, age 71, Indiana, U.S.; a non-binary person with depression, age 25, U.S.

¹³ Survey from a person who wished not to be identified.

¹⁴ Rosario, a woman with muscular dystrophy, age 23, Argentina.

¹⁵ Shanta Memorial Rehabilitation Centre, *COVID 19 and Impact of Lockdown on Women with Disabilities in India* 3 (2020), http://www.internationaldisabilityalliance.org/sites/default/files/covid_and_women_with_disabilities_in_india_-_edited_1.pdf.

¹⁶ *Id.*

¹⁷ Shanta Memorial Rehabilitation Centre, et al, “Webinar: Reducting Risk for Women with Disabilities during COVID-19,” June 9, 2020.

¹⁸ *Id.*

¹⁹ Humanity and Inclusion, *COVID-19 in humanitarian contexts: no excuses to leave persons with disabilities behind! Evidence from HI’s operations in humanitarian setting* 5 (June 2020), https://blog.hi.org/wp-content/uploads/2020/06/Study2020_EN_Disability-in-HA-COVID-final-2.pdf.

²⁰ *Id.*

²¹ *Id.* at 12.

²² *Id.* at 13.

²³ *Id.*

²⁴ UNFPA, *Need for disability-sensitive response to violence amplified by COVID-19* (2020), <https://eeca.unfpa.org/en/news/need-disability-sensitive-response-violence-amplified-covid-19>.

²⁵ *Id.*

²⁶ U.N. Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities Guidance* 7 (2020), https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf.

²⁷ See, e.g., MATTHEW J. BREIDING & BRIAN S. ARMOUR, THE ASSOCIATION BETWEEN DISABILITY AND INTIMATE PARTNER VIOLENCE IN THE UNITED STATES, 25(6) ANN. EPIDEMIOL. 455 (2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4692458/>.

²⁸ See, e.g. Pratima, a woman with a physical disability, age 39, Nepal; Nanyunja, a woman with a physical disability, age 30, Uganda; an autistic woman with various psychiatric and learning disabilities, Washington, U.S.;

Karina, a woman with mental disabilities, age 41, U.S.; Barbara, a woman with a physical disability, age 71, Indiana, U.S.

²⁹ See, e.g., Marilene, a woman with a hearing impairment, age 46, Brazil; Rachel, a woman with a physical disability, age 61, Malawi; A Deafblind woman, age 45; a woman with a psychosocial disability, age 39, Ireland; Lyness, a woman with physical disabilities, age 54, Malawi; a woman with paraplegia, age 56; Aver, a woman with a physical disability, age 34, Nigeria; a woman with psychosocial disabilities, age 48; Lisa, an autistic woman, age 30, U.K.; Alex, a non-binary, autistic person with physical, emotional, and mental disabilities, age 23, Texas, U.S., Namugabwe, a person with a psychosocial disability (access to support groups), Line 42, Abia, a woman with a physical disability, age 34, Pakistan; Caroline, a woman with a physical disability, age 48, France; a woman with depression, age 65, Indiana, U.S.; Cassandra, a woman with diabetes and a compromised immune system, age 25, U.S.

³⁰ Daisy, a non-binary person with ME, age 27, U.K.; Caitlin, an autistic woman, age 22, Australia; Estefania, a blind woman, age 26, Panama; Asia, a woman with a physical disability, age 30, Jordan; A woman with a physical disability, age 43, Serbia (dependent on husband now and restricted to neighbourhood); Joyce, a woman with physical disabilities, age 55, Canada.

³¹ A woman with a physical disability, age 43, Serbia.

³² A woman from Uganda.

³³ A woman with chronic illness, age 34.

³⁴ Sisters of Frida, *The Impact of COVID 19 on Disabled Women From Sisters of Frida* 26 (May 2020), <http://www.sisofrida.org/wp-content/uploads/2020/05/The-impact-of-COVID-19-on-Disabled-women-from-Sisters-of-Frida.pdf>.

³⁵ A woman with muscular dystrophy, age 33, the Netherlands.

³⁶ A woman with chronic illness, age 34.

³⁷ Celeste, a blind woman, age 19, Argentina, translated from Spanish (“Mi familia es quien tiene que hacer las compras porque yo para ir a cualquier negocio tengo que cruzar una avenida y nadie se acerca a ayudar para evitar el contacto”).

³⁸ Andrea, a woman with a visual disability, age 33, Argentina, translated from Spanish (“Si bien se permite la circulación de personas que deban asistir a personas con discapacidad, mi temor es que muchas personas con discapacidad visual llevábamos una vida autónoma, aunque para eso necesitábamos ayuda de otras personas para cruzar las calles. Pero esa ayuda no cumpliría con el distanciamiento social requerido en esta emergencia, por lo que supongo que nuestra vida independiente se verá restringida hasta tanto dure la pandemia”).

³⁹ A Deafblind person.

⁴⁰ A woman with a disability resulting from polio, age 44, Nepal; Pratima, a woman with a physical disability, age 39, Nepal.

⁴¹ Rosario, a woman with muscular dystrophy, age 23, Argentina, translated from Spanish (“Antes tenía una persona que me asistía a cambiarme y bañarme todos los días. Con ésta situación se hace imposible el servicio y me siento impotente frente a mi propia higiene.”).

⁴² Lyness, a woman with physical disabilities, age 54, Malawi.

⁴³ Daisy, a non-binary person with ME, age 27, U.K.; Caitlin, an autistic woman, age 22, Australia; Estefania, a blind woman, age 26, Panama; Asia, a woman with a physical disability, age 30, Jordan; A woman with a physical disability, age 43, Serbia (dependent on husband now and restricted to neighbourhood); Joyce, a woman with physical disability, age 55, Canada.

⁴⁴ A woman with a disability resulting from polio, age 44, Nepal.

⁴⁵ A woman from Uganda.

⁴⁶ Lisa, an autistic woman, age 30, U.K.

⁴⁷ A woman with a physical disability, age 43, Serbia (dependent on husband now and restricted to neighbourhood); Celeste, a blind woman, age 19, Argentina, translated from Spanish (“Mi familia es quien tiene que hacer las compras porque yo para ir a cualquier negocio tengo que cruzar una avenida y nadie se acerca a ayudar para evitar el contacto”).

⁴⁸ Rachel, a woman with a physical disability, age 61, Malawi.

⁴⁹ UNFPA, *Need for disability-sensitive response to violence amplified by COVID-19* (2020), <https://eeca.unfpa.org/en/news/need-disability-sensitive-response-violence-amplified-covid-19>.

⁵⁰ Sisters of Frida, *The Impact of COVID 19 on Disabled Women From Sisters of Frida* 26 (May 2020), <http://www.sisofrida.org/wp-content/uploads/2020/05/The-impact-of-COVID-19-on-Disabled-women-from-Sisters-of-Frida.pdf>.

⁵¹ U.N. Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities Guidance 7*, https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf.

⁵² *Id.*

⁵³ A person with physical disabilities.

⁵⁴ UN Women, *Strategies for the prevention of violence against women in the context of COVID-19 in Latin American and The Caribbean 7* (2020), <https://www2.unwomen.org/-/media/field%20office%20americas/documentos/publicaciones/2020/05/un%20women%20violence%20prevention%20brief%20ingles.pdf?la=en&vs=2939> [hereinafter, UN Women, *Violence against women during COVID in LAC*].

⁵⁵ *Id.*

⁵⁶ UN Women, *The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens 17* (2020), https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publicaciones/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400 [hereinafter UN Women, *First 100 Day of COVID in Asia-Pacific*].

⁵⁷ UNFPA, *Violence against women during COVID in LAC*, *supra*, note 55, at 8.

⁵⁸ *Id.*

⁵⁹ *Id.* at 6

⁶⁰ *Id.* at 7.

⁶¹ *Id.* at 8.

⁶² Government of Ireland, “Press Release: Department of Justice and Equality launches campaign reaching out to victims of domestic abuse,” Apr. 15, 2020, <https://www.gov.ie/en/press-release/8ee32e-department-of-justice-and-equality-launches-campaign-reaching-out-to/>.

⁶³ U.N. Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities Guidance 7*, https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf.

⁶⁴ *See, e.g.*, U.N. Commission on Human Rights, *Women and adequate housing: Study by the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, Miloon Kothari*, para. 64, U.N. Doc. E/CN.4/2005/43 (2005), https://www.un.org/womenwatch/enable/E-CN4-2005-43_Housing.pdf.

⁶⁵ UN Women, *First 100 Day of COVID in Asia-Pacific*, *supra* note 57, at 23.

⁶⁶ Women With Disabilities Australia, “Disability Royal Commission calls for urgent action,” Mar. 26, 2020, <http://wwda.org.au/media-release-disability-royal-commission-calls-for-urgent-action/>.

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⁶⁸ U.N. Office of the High Commissioner for Human Rights, *COVID-19 and Women’s Human Rights: Guidance 3* (2020), https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf.

⁶⁹ UN Women *First 100 Day of COVID in Asia-Pacific*, *supra* note 57, at 18; UN Women, *Gender-Responsive Prevention and Management of the COVID-19 Pandemic: From Emergency Response to Recovery & Resilience 4* (2020), <https://www.unwomen.org//media/headquarters/attachments/sections/news%20and%20events/in%20focus/covid-19/gender-responsive-prevention-management-covid19.pdf?la=en&vs=1519>.

⁷⁰ Sabrina Tavernise, “Texas and Ohio Include Abortion as Medical Procedure that Must Be Delayed,” N.Y. TIMES, Mar. 21, 2020, <https://www.nytimes.com/2020/03/23/us/coronavirus-texas-ohio-abortion.html>.

⁷¹ Shaun Walker, “Concerns over Polish government tightening abortion laws during Covid-19 crisis,” THE GUARDIAN, Apr. 14, 2020, <https://www.theguardian.com/world/2020/apr/14/concerns-over-polish-government-tightening-abortion-laws-during-covid-19-crisis>.

⁷² Laura Smith-Spark, “Abortion access thrown into jeopardy by coronavirus pandemic,” CNN, Apr. 9, 2020, <https://www.cnn.com/2020/03/27/health/coronavirus-abortion-access-intl/index.html>.

⁷³ IPAS, *Compromised Abortion Access due to COVID 19* (2020), <https://www.ipasdevelopmentfoundation.org/publications/compromised-abortion-access-due-to-covid-19-a-model-to-determine-impact-of-covid-19-on-women-s-access-to-abortion.html>.

⁷⁴ *See, e.g.*, Human Rights Watch, “Brazil: Protect Sexual, Reproductive Rights in Pandemic; Officials Who Defended Women’s, Girls Rights Demoted,” June 12, 2020, <https://www.hrw.org/news/2020/06/12/brazil-protect-sexual-reproductive-rights-pandemic>.

⁷⁵ *Id.*

⁷⁶ Inclusion Ireland, “Inclusion Ireland Joins ‘Together for Yes’” 5 (May 2018), <http://www.inclusionireland.ie/sites/default/files/attach/news-item/1680/inclusion-ireland-together-yes.pdf>.

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- ⁷⁷ UN Women, *Gender-Responsive Prevention and Management of the COVID-19 Pandemic: From Emergency Response to Recovery & Resilience* 4 (2020), <https://www.unwomen.org/-/media/headquarters/attachments/sections/news%20and%20events/in%20focus/covid-19/gender-responsive-prevention-management-covid19.pdf?la=en&vs=1519>; UN Women, *COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming: Findings of a Rapid Gender Analysis of COVID-19 in Palestine* 14 (2020), <https://www2.unwomen.org//media/field%20office%20palestine/attachments/publications/2020/4/covid%2019%20-%20un%20women%20rapid%20gender%20analysis.pdf?la=en&vs=4626>.
- ⁷⁸ Christina Caron & Katie Van Syckle, “Some Pregnant Women in New York City Will Have to Deliver Babies Alone,” N.Y. TIMES, Mar. 24, 2020, https://www.nytimes.com/2020/03/24/parenting/coronavirus-labor-birth.html?fbclid=IwAR030piD_alLrkjAolxM3cKM31TEfUHKShu1mNmd65Lpi0aOw0Jrdvuo7X8.
- ⁷⁹ See, e.g., Jeffrey Gettleman and Suhasini Raj, “8 Hospitals in 15 Hours: A Pregnant Woman’s Crisis in the Pandemic,” N.Y. TIMES, June 22, 2020, <https://www.nytimes.com/2020/06/21/world/asia/coronavirus-india-hospitals-pregnant.html?action=click&module=Top%20Stories&pgtype=Homepage>.
- ⁸⁰ UN Women, *First 100 Day of COVID in Asia-Pacific*, *supra* note 57, at 19.
- ⁸¹ Cassandra, a woman with diabetes and a compromised immune system, age 25, U.S.; Celeste, a woman with a visual impairment, age 19, Argentina.
- ⁸² Yolanda, a woman with a physical disability, age 55, Canada.
- ⁸³ A woman with chronic illness, age 34.
- ⁸⁴ A woman with psychosocial disabilities, age 48.
- ⁸⁵ Marcela, a woman with a psychosocial disability, age 59, Chile.
- ⁸⁶ Alex, a non-binary autistic person with physical, emotional, and mental disabilities age 23, Texas, U.S.; Gwen, a non-binary autistic person, age 24, France.
- ⁸⁷ A woman with chronic illness, age 34.
- ⁸⁸ A woman with psychosocial disabilities, age 48.
- ⁸⁹ Marcela, a woman with a psychosocial disability, age 59, Chile, translated from Spanish (“La cuarentena obligatoria comunal deja libre acceso a servicios esenciales del comercio como servicios de salud público o comercial, el aborto esta regido por la Ley de 3 causales, y ya era difícil que los servicios públicos aplicaran este derecho a las mujeres que reúnen los requisitos por tema de objeción de conciencia y por Interdicción en caso de mujeres y niñas con discapacidad”).
- ⁹⁰ Shanta Memorial Rehabilitation Centre, *COVID 19 and Impact of Lockdown on Women with Disabilities in India* (2020), http://www.internationaldisabilityalliance.org/sites/default/files/covid_and_women_with_disabilities_in_india_-edited_1.pdf.
- ⁹¹ *Id.*
- ⁹² U.N. Office of the High Commissioner for Human Rights, *COVID-19 and Women’s Human Rights: Guidance* 3 (2020), https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf.
- ⁹³ *Id.*
- ⁹⁴ *Id.*
- ⁹⁵ *Id.*
- ⁹⁶ For more information on gender-based violence services during the COVID-19 crisis, see Madre, Women Enabled International, et al, *From Global Coordination to Local Strategies: A Practical Approach to Prevent, Address and Document Domestic Violence under COVID-19* (Apr. 2020), <https://womenenabled.org/pdfs/MADRE%20Domestic%20Violence%20Under%20COVID-19%20Briefing%20Paper%204-21-2020.docx>.