



COVID-19 at the Intersection of Gender and Disability:

**Findings of a Global Human Rights Survey,
March to April 2020**

EXECUTIVE SUMMARY

Women Enabled International



In March 2020, Women Enabled International (WEI) identified a gap in initial global responses to COVID-19, in that many actors were discussing how to include women and persons with disabilities in the response, but few were considering the unique experiences of women with disabilities and others living at the intersection of gender and disability. At the same time, we heard from organizations of women with disabilities that they were distressed about the situations in their countries and had concerns about women with disabilities, especially around violence, access to health goods and services, and meeting basic needs.

Persons living at the intersection of gender and disability have a right to health, to an adequate standard of living, and to be free from violence, even during times of crisis. As such, we created the qualitative *WEI COVID-19 Survey* (Survey) to better understand these issues and how the lives and rights of women, girls, non-binary, trans, and gender non-conforming persons with disabilities were being impacted by the COVID-19 crisis, with the hope of guiding pandemic response efforts moving forward. WEI's Survey was completed by 100 women, non-binary, and trans persons with disabilities across the globe.

Key Findings

Survey respondents identified that their mental and physical health was being negatively impacted by this crisis, that they feared health-care shortages combined with discrimination would mean they would not receive needed care if they were to become sick, that they were having trouble meeting their basic needs, and that many were in fear for their personal safety.* These issues frequently stemmed from historical and ongoing discrimination at the intersection of gender and disability, which meant that their health, well-being, and rights had not been prioritized both during and before this crisis.

Mental and physical health negatively impacted

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.

- ▶ 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.”
- ▶ Andrea, a woman with a visual impairment in Argentina, expressed that she would have difficulties accessing health services because “there is a total ban on the movement of people, except for essential cases, and because of my disability, I depend on the help of third parties to cross the streets.”

* Note that all Survey respondents were asked to provide consent to the use of any identifying information alongside quotations or other information shared in the survey. Any identifying information included in this report—first name, age, location, type of disability, gender or gender-identity—is used with the express permission of Survey respondents and varies across respondents.

CHARACTERISTICS OF SURVEY RESPONDENTS

Age Group

Under 18.....	0
18 to 29.....	24
30 to 45.....	41
46 to 60.....	22
60 to 75.....	13
Over 75.....	0

Geographic Location

Asia-Pacific	10
Central and South America	17
Europe	11
Middle East and North Africa	2
Sub-Saharan Africa	13
North America	41
Australia and New Zealand	3
Not specified	3

Gender or Gender Identity

Woman	91
Non-binary	7
Trans	1
Other	1

Disability

Physical impairment	58
Psychosocial disability	15
Hearing impairment/Deaf	8
Visual impairment/Blind	7
Autistic	4
Albinism	2
Intellectual Disability	1
Deafblind	1
Other or Multiple Disabilities.....	2
Not identified.....	2

- ▶ A Deaf woman from Brazil noted that, “In general, for me, the barriers are of a communication nature, in this case, the health providers must write things down for me because the use of masks prevents my lip-reading.”

In particular, Survey respondents reported significant barriers to accessing regular sexual and reproductive health check-ups, breast cancer screenings, pregnancy-related services, menopause services, and abortion, as well as hormones related to gender identity. For instance, one respondent with chronic illness who was 9 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.”

Furthermore, as healthcare systems become overloaded with COVID-19 patients and others who are experiencing mental health impacts because of the crisis, healthcare services, equipment, and medications come into shorter supply, further impacting the physical and mental health of these individuals. Indeed, the vast majority of Survey respondents (81) identified that healthcare rationing was occurring in their countries, in both formal and informal ways, or that they were afraid that such rationing would occur.

- ▶ Linda, a woman with an intellectual disability from New York, expressed fear about what would happen to her and other residents of a group home: “I heard about that [rationing] on Facebook. That makes me really scared to go to the hospital. Petrified.”

Barriers to meeting basic needs

According to Survey respondents, lockdowns, shelter-in-place orders, and other restrictions on movement during the pandemic have had a significant impact on their ability to meet basic needs, achieve an adequate standard of living, and live independently. This was because many respondents had lost their sources of income, their support services were no longer available, accessible transportation was shut down or became inaccessible, and social distancing rules and recommendations made community members or family unable or unwilling to help them.

- ▶ Jenny, a woman with a physical disability in El Salvador, shared: “I am an entrepreneur and my business has been affected because I cannot sell my artistic paintings or my crafts.”
- ▶ A Deaf woman in Nepal noted that her entire family was dependent on her salary. She described that losing her job has meant that she has “to borrow daily food and vegetables from the stores” near her home.
- ▶ 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.”
- ▶ A woman from Nepal with a disability resulting from polio emphasized the decreased access to sanitary products and services as a result of the lockdown, including the lack of supports to access these goods.

Greater risk of violence

Women and girls with disabilities experience violence from partners and family members at least two to three times the rate of other women, 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 as identified above. Furthermore, decreasing access to formal support services means that these individuals will be more reliant on informal methods of support, which can further expose them to violence, exploitation, and abuse. Institutionalized persons with disabilities are at further risk of violence due to their isolation, which increases when visitors and monitors may not be allowed in.

Twenty-two Survey respondents reported fear for their personal safety.

- ▶ Sabrina, a survey respondent from Colombia who is Deaf and has a physical disability 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.”

- ▶ Alex, a nonbinary 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.”
- ▶ The leader of an organization working with women with disabilities in Malawi reported “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.”

Key Recommendations 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.
- ▶ Issue specific guidance to healthcare providers on ensuring rights-based care during the COVID-19 crisis that makes clear that discrimination on the basis of gender and disability, is prohibited.
- ▶ Classify disability-related support services, sexual and reproductive health services, and gender-based violence services as essential services and allow providers movement to deliver services.
- ▶ Urgently adopt social protection measures to ensure an adequate standard of living. Target these measures at people living at the intersection of gender and disability.
- ▶ Undertake intentional efforts, including through campaigns that provide information in a variety of accessible formats, to ensure that social protection information reaches these individuals.

Read More

Please read [WEI's full report](#) for a description of Survey methodology, additional examples of participants' responses, and analysis of its findings. The report also includes secondary research, a summary of States' human rights obligations related to these issues, and further recommendations to States, U.N. agencies, healthcare systems, and violence service providers.



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Women Enabled International advances 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. Women Enabled International envisions a world where women and girls with disabilities claim human rights, act in solidarity and lead self-determined lives.



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