



**COVID-19, GENDER, AND DISABILITY CHECKLIST:
PREVENTING AND ADDRESSING GENDER-BASED
VIOLENCE AGAINST WOMEN, GIRLS, AND GENDER
NON-CONFORMING PERSONS WITH DISABILITIES
DURING THE COVID-19 PANDEMIC**



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BACKGROUND

Gender-based violence (GBV)—which refers to violence resulting from structural power differentials based on gender—can take several forms, including physical, sexual, psychological, emotional, economic, or financial violence, and is one of the most prevalent human rights violations in the world.¹ Even though data on GBV against women, girls, and gender non-conforming persons with disabilities is scarce, research has found that persons with disabilities are at least three times more likely to experience physical violence, sexual violence, and emotional violence than persons without disabilities.² Women with disabilities in particular are up to 10 times more likely to experience sexual violence, and estimates suggest that 40 percent to 68 percent of young women with disabilities will experience sexual violence before the age of 18.³

Women, girls, and gender non-conforming persons with disabilities experience the same forms of GBV as individuals without disabilities, and also face unique forms of violence, including when perpetrators withhold medications or assistive devices or decline to assist with tasks of daily living.⁴ The root causes of the higher rates of violence against those living at the intersection of gender and disability are numerous, ranging from stigma, discrimination, and harmful stereotypes based on gender and disability, to the dependence that persons with disabilities have on others in navigating inaccessible information and environments and the lack of respite for caregivers.⁵ Many persons with disabilities may also lack access to sexuality education, which might otherwise help them to identify and prevent abuse, and face increased barriers to access justice and report violence, leading to impunity for perpetrators.⁶ In addition, women with disabilities are more likely to experience poverty and isolation than are men with disabilities or non-disabled persons, even in countries with a higher standard of living,⁷ thus increasing their vulnerability to economic violence and exacerbating financial barriers to leaving violent situations and to accessing services.⁸

During health crises, the risk of GBV is increased, as the measures imposed to stem the spread

of the disease and the diversion of resources to respond to the crisis weaken States' and societies' ability to prevent GBV.⁹ Reports from around the world indicate an increased risk of violence against women, girls, and gender non-conforming persons with disabilities as part of the “shadow pandemic” of GBV during the COVID-19 crisis.¹⁰ Measures to prevent the spread of the virus have created additional risk factors for women, girls, and gender non-conforming persons with disabilities, as power imbalances between genders have increased since March 2020, while already largely inaccessible environments, justice mechanisms, and GBV support services have become even harder to access.¹¹ These increased risk factors, which are explored in more depth in the forthcoming publication as part of this project, *The Impact of COVID-19 at the Intersection of Gender and Disability: A Global Assessment and Case Studies*, include:

- Lockdowns and quarantines, which have led to isolation, increased stress, unemployment, and more barriers to meeting basic needs, such as professional services or informal community support. All of these factors, when combined with a sexist and ableist culture, contribute to increasing the risk of GBV and hinder access to GBV support services;¹²

- Resource reallocation to respond to the pandemic and away from GBV-related supports, investigations, and prosecutions;
- The shift away from in-person service provision and towards virtual services, sometimes excluding those who have disproportionately lower access to technology, including women with disabilities, who are among the most affected by the digital divide¹³; and
- The elevated risk in humanitarian emergencies, including natural disasters or conflict.¹⁴

International human rights law recognizes that all persons with disabilities—including women, girls, and gender non-conforming persons with disabilities—have a right to be free from violence, even when facing humanitarian crises, and all States must respond effectively to GBV, taking appropriate measures to protect all persons with disabilities from violence, exploitation, and abuse, while addressing violence when it occurs.¹⁵ Furthermore, as the U.N. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW Committee) has found, States parties must exercise “due diligence” to address GBV committed by non-State actors and “will be responsible if they fail to take all appropriate measures to prevent as well as to investigate, prosecute, punish and provide reparation for acts or omissions by non-State actors which result in gender-based violence against women.”¹⁶

Objectives of this Checklist

This *COVID-19 Gender, and Disability Checklist: Preventing and Addressing Gender-Based Violence (GBV) against Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic* (the GBV and Disability Checklist) is intended to guide a wide range of States, GBV support service providers, and other stakeholders—as well as United Nations Country Teams (UNCTs) providing guidance on pandemic

response and recovery efforts—on how to prevent and respond to GBV against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic and other emergencies. It is also a tool to guide recovery efforts from the COVID-19 pandemic and to ensure that rights at the intersection of gender and disability are respected, protected, and fulfilled as part of that recovery.

How to Use this Checklist

This Checklist is divided into three sections, focused on (1) Addressing the root causes of and preventing GBV against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic; (2) Ensuring access to GBV services, including justice mechanisms, for women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic; and (3) Preventing and addressing GBV against women, girls, and gender non-conforming persons with disabilities in the recovery from COVID-19. Under each section, there are several “Key Actions” for States and GBV service providers to take to ensure that their actions are rights-based and inclusive of gender and disability in the COVID-19 response and recovery.ⁱ

The GBV and Disability Checklist, part of the project *Build Back Better for All* funded by the UN Partnership on the Rights of Persons with

ⁱ These “Key Actions” are the result of findings from 20 virtual consultations with and responses to written surveys from approximately 250 women, men, girls, and gender non-conforming persons with disabilities conducted by UNFPA, Women Enabled International, UN Women, and eight national and regional partner organizations throughout the world. Partner organizations include CIMUNIDIS (Chile), Disabled Women in Africa, HYPE Sri Lanka, META (Latin America), My Life, My Choice (U.K.), National Forum for Women with Disabilities (Pakistan), Shanta Memorial Rehabilitation Centre (India), and Special Olympics (Eastern Europe and Central Asia). Written survey results were also gathered in the Middle East and North Africa, as well as West and Central Africa.

Disabilities, should be read in conjunction with other important tools to better understand the needs and rights of women, girls, and gender non-conforming persons with disabilities, including:

- The UN Women series, [*COVID-19 and Ending Violence Against Women and Girls*](#), which examines implications for the prevention of and response to violence and provides guidance for the collection of data on the impact of COVID-19.
- The 2018 publication, [*Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights*](#) [hereinafter, UNFPA-WEI Guidelines], which provides practical guidance for making GBV services more inclusive of and accessible to

women and young persons with disabilities and for targeting interventions to meet their disability-specific needs in all settings, including humanitarian emergencies.

- [*COVID-19, Gender, and Disability Checklist: Ensuring Human Rights-Based Sexual and Reproductive Health \(SRH\) for Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic*](#), developed by WEI and UNFPA, which provides guidance on how to ensure the needs of women, girls, and gender non-conforming persons with disabilities related to SRH during emergencies.

A more detailed list of resources is contained in [Annex A, on page 17](#).

Accessibility and Accessible Formats

Accessibility means that information, goods, and services can be used by persons with disabilities on an equal basis with others.¹⁷ Throughout this GBV and Disability Checklist, there are several recommendations to ensure that information, communications, facilities, and services are accessible. Accessibility in this context may include:

- disseminating information related to GBV in accessible formats such as digital formats accessible to screen readers, braille, sign language, plain language, and Easy-Read formats,
- providing sign language interpretation in police stations and courts,
- providing accessible helplines, including offering text service,
- ensuring victims/survivors have physical access to accessible shelters that include ramps, railings and elevators and are close to where victims/survivors live,
- ensuring that services are free or low-cost,
- and providing training on disability inclusion to all the staff working in GBV related services.¹⁸

For more information about accessibility in the context of GBV, see [*Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights*](#).

I. Addressing the Root Causes of and Preventing GBV against Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic

The COVID-19 pandemic and government and public health responses to it have exacerbated and presented additional violence-related risk factors for women, girls, and gender non-conforming persons with disabilities. These include lack of income, lack of access to social support networks, lack of social protection guarantees and support services, increased isolation and stress at home, and increased reliance on family and intimate partners to help meet basic needs, among other factors.

Preventing GBV, including addressing the root causes of GBV, is a crucial component of a State's due diligence obligations under international human rights law. In order to ensure the rights of women, girls, and gender non-conforming persons with disabilities in this context, policies must reflect the rights of persons with disabilities and their specific needs, while programmes must be gender- and disability-inclusive and based on human rights. This section provides Key Actions tailored to the COVID-19 pandemic to ensure that these policies and programmes are in place. Note that longer-term measures for addressing the root causes of and preventing GBV are included in [Section III, on page 13](#).

Key Actions for States

- Laws, policies, or action plans have been developed** specifically related to preventing and addressing GBV during COVID-19, and/or broadly related to humanitarian emergencies, as well as adapting service delivery in case of lockdowns or other mobility restrictions.
 - Women, girls, and gender non-conforming persons with disabilities have been meaningfully engaged in the development, implementation, and monitoring.
 - The laws, policies, and action plans recognize that women, girls, and gender non-conforming persons with disabilities may experience the same forms of GBV as others and also experience unique forms of violence, such as violence perpetrated by caregivers or support staff or the withholding of medications, assistive devices, or assistance with daily living tasks, and all of these forms are included in the definition of GBV.
 - Accountability mechanisms have been established and funded to ensure the effectiveness of these laws, policies, and action plans, including to monitor the provision of GBV support services.
 - Plans include monitoring residential institutionsⁱⁱ and establishing appropriate and accessible reporting mechanisms to guarantee the right to safety and privacy for all institution residents.

ii The GBV and Disability Checklist contains specific measures to prevent GBV in institutions, because institutions remain in operation in many contexts and house many women, girls, and gender non-conforming persons with disabilities, particularly those with intellectual or psychosocial disabilities. However, as the Committee on the Rights of Persons with Disabilities (CRPD Committee) has recognized, institutionalization is a form of segregation and a violation of Article 19 of the CRPD, which recognizes the equal right of all persons with disabilities to live independently and be included in the community. Therefore, the measures to prevent GBV in institutions should be implemented along with laws and policies to promote community-based living and end institutionalization. See CRPD Committee, *General Comment No. 5 on living independently and being included in the community*, U.N. Doc. CRPD/C/GC/5 (2017).

Public awareness campaigns about the heightened risks of GBV during the COVID-19 pandemic have been undertaken.

- These campaigns include GBV perpetrated against women, girls, and gender non-conforming persons with disabilities and their rights, as well as how to access GBV support services during the pandemic, how service delivery has been adapted to prevent transmission of COVID-19, and how individuals at risk of violence can seek help.
- Information about GBV is provided in several accessible formats (see [Accessibility and Accessible Formats on page 5](#)).
- Campaigns provide age-appropriate information and portray women, girls, and gender non-conforming persons with disabilities in a positive way.
- Agencies undertaking these campaigns work closely with organizations of persons with disabilities to ensure the information is disseminated effectively among women, girls, and gender non-conforming persons with disabilities.

Professional support services to assist persons with disabilities in meeting basic needs, as well as sign language interpreters, are designated and adequately resourced as **essential services** and their staff are defined as **essential workers**.¹⁹

- Support workers and users are given accessible personal protective equipment (PPE), such as masks that allow lip reading.
- Support workers have priority access to childcare and other social supports.
- Support workers have been considered when prioritizing frontline workers in health and social care settings in vaccination.
- Persons with disabilities have been given income supplements to pay for support workers and interpreters, as needed and where the State does not directly pay these support workers (see below for more information about social protection measures).
- Essential health services and psychosocial support, including counselling, are included in primary health care services and are community-based.

COVID-19 national social protection and unemployment relief programmes have been adopted.

- Women, girls, and gender non-conforming persons with disabilities, as well as independent, human rights-based organizations of persons with disabilities and feminist organizations that work at the intersection of gender and disability, have been meaningfully engaged in the design, implementation, and monitoring of these programmes.
- These programmes ensure adequate income or in-kind support for all persons to meet basic needs for clean water, food, housing, heat, sanitation, accessible transportation, communications, hygiene products, and compensation to individuals who were previously employed in the informal sector, were self-employed, or who were independent contractors.

- These programmes ensure that cash or in-kind support goes directly to the person affected, rather than to a family member or caregiver/support staff, as a means of preventing financial abuse.
- Applications for social protection are available in accessible formats and do not include onerous requirements, such as the need to obtain a disability identity card.
- Relief programmes include emergency funding for home and community-based services to prevent the institutionalization of persons with disabilities.

Key Actions for GBV Support Service Providers

- GBV support services have established **relationships with women-led organizations of persons with disabilities**, as well as youth and feminist organizations that work at the intersection of gender and disability.
 - GBV support services, NGOs, National Human Rights institutions, National Gender Commissions, and local independent monitoring mechanisms work together to develop accessible safe spaces for all women to share their fears and feelings about the pandemic, including peer-to-peer support networks.
 - Special measures have been taken—such as ensuring access to technology as well as training on technology and establishing safe in-person opportunities for meetings—to include women, girls, and gender non-conforming persons with disabilities in these networks, ensuring they face no accessibility-related or attitudinal barriers to meaningfully engage.

II. Ensuring Access to GBV Services, including Justice Mechanisms, for Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic

A full package of GBV services includes coordinated and multi-sectoral services, such as those outlined in the *Essential Services Package*,²⁰ that help prevent GBV, protect victims/survivors of GBV, provide needed health and rehabilitation services for victims/survivors, and ensure effective redress. These services, which must be provided by States as part of their due diligence obligations,²¹ may be in collaboration

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