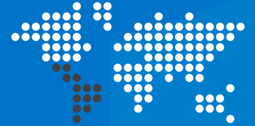

ACCEPTING THE CHALLENGE

Women with disabilities: for a life free of violence. An inclusive and cross-cutting perspective

LATIN AMERICA AND THE CARIBBEAN

GUIDANCE DOCUMENT

2021

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Women with disabilities: for a life free of violence. An inclusive and cross-cutting perspective

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Women with disabilities: for a life free of violence.
An inclusive and cross-cutting perspective
—
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The United Nations Entity for Gender Equality
and the Empowerment of Women
2021

This document was written in collaboration with UN Women's Disability Inclusion and Intersectionality Portfolio (DIIP) within the context of the Disability-Inclusive COVID-19 Response and Recovery Global Programme in the country, with support from the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD).

It incorporates the inputs of representatives and experts from UN Women, in particular Magdalena Furtado, from UN Women's Country Office in Uruguay, and Amy Rice Cabrera, Yeliz Osman, Leah Tandeter and Bárbara Ortiz, from UN Women's Americas and the Caribbean Regional Office. Emicel Guillén was responsible for the graphic design, and Constanza Narancio for proofreading and editing. Both are members of UN Women's Americas and the Caribbean Regional Office Communications Team.

This publication explores some of the lessons learned within the framework of the joint project *The right to equality and non-discrimination for persons with disabilities*, implemented in Uruguay during the 2018-2020 period. The content and information of this publication can be used provided the source is cited appropriately.
Quote **UN Women (2020).** ***Accepting the challenge. Women with disabilities: for a life free of violence*. Montevideo.**

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Summary

Considering the intersection of disability, gender and violence from a human rights perspective for a life free of violence for all women is a challenge that must be addressed, especially during the COVID-19 pandemic. Accepting this challenge can save lives. Postponing and ignoring it in the name of other priorities is neither ethical nor beneficial for society as a whole and, in particular, for persons with disabilities, considering the health crisis has increased the violation of their rights and the inequalities that affect them. This document describes some of the lessons learned during the joint project *The right to equality and non-discrimination for persons with disabilities*[1] implemented in Uruguay during the 2018-2020 period. These experiences can help other countries in the Latin America and the Caribbean region to coordinate actions to address disability, gender and violence and advance inclusion and the equality of women and girls with disabilities.

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Convention on the Rights of Persons with Disabilities, article 1

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1 This project was funded by the United Nations Partnership on the Rights of Persons with Disabilities (UNPRDP) and it was implemented in Uruguay from 2018 to 2020.

Introduction

"Gender-based violence does not discriminate; it can affect us all."[2] That is what Ana[3] said while standing up leaning on her white cane. She was addressing an audience made up of other women with disabilities. She explained that women or girls who are victims of gender-based violence should not be blamed or stigmatized for it, and gender-based violence is an unacceptable injustice that occurs more often than people think.

In effect, violence against women and girls[4] is one of the world's most systematic and widespread human rights violations.[5] The multiple forms and dimensions of gender-based violence (hereinafter referred to as GBV) can occur in development, conflict, humanitarian, peace or other contexts and in any sphere (family, education, work, urban or rural, among others). Not all women and girls are exposed to violence in the same way; that mainly depends on existing gender inequalities and their intersection with other vulnerability and discrimination situations.

Socio-economic, demographic, ethnic, religious and disability conditions, among others, can intersect and increase their exposure. And the different situations of marginalization and inequality experienced by women or girls increase the spiral of violence to which they are exposed.

In times of crisis, preexisting gender inequalities —which are worsened by the problems created by an emergency, such as greater economic pressure, lack of employment, uncertainty about the future, increased care work and, in some cases, forced displacement—[6] are often exacerbated and increase the risk of exposure to GBV for women and girls, including in their households.

The disruption of health services due to decisions to redirect resources towards COVID-19 has resulted in the neglect of many other issues, including access to health services by the diversity of women, who must now fulfill the role of caregivers.

2 Comment from a participant in one of the gender, human rights and disabilities awareness workshops "Among women: my rights, our rights", organized by the Alliance of Organizations for the Rights of Persons with Disabilities within the framework of the joint project in Uruguay, in 2019.

3 Her real name was changed to protect her identity.

4 The expression "girls" used throughout this document refers to female children below the age of 18 years, while the term "women" refers to women above the age of 18. The expression "young women" refers to women between the ages of 18 and 24.

5 General Assembly of the United Nations, 2006

6 For example, migrant, internally or forcefully displaced women or women in refugee camps or shelters.

THE DIFFERENT FORMS OF GBV

The term "gender-based violence" (GBV) refers to harmful acts directed at an individual or group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is mainly used to highlight the fact that gender-related structural power differences place women and girls at risk of multiple forms of violence. Although gender-based violence affects women and girls disproportionately, men and boys can also experience it. The term is sometimes used to describe violence directed at LGBTQI+ populations and, in particular, violence related to masculinity/femininity or gender norms. Gender is a social construct that varies depending on cultures, contexts and times in history and, together with other factors of diversity —such as ethnicity, level of education, disability, sexual orientation, displacement situation, etc.— it can create barriers and privileges of access to opportunities, resources and rights in all spheres of life. In most contexts, gender constructs limit opportunities for women and girls to enjoy their rights and expose them to situations of exclusion, marginalization and violence that are different and more common compared to men and boys. For example, denying women the right to education can favor adolescent and child marriage, which is a form of gender-based violence.

It is precisely due to these increased gender inequalities and resulting forms of violence experienced by women and girls that the terms "gender-based violence" and "violence against women and girls" (VAWG) are used interchangeably. However, it is worth noting that men and boys can also be subjected to GBV. It is also important to note that women and girls are not more vulnerable than men and boys "by nature"; instead, they are more (or less) vulnerable depending on the context and the gender inequalities they experience.

Gender inequalities have social, economic and political consequences that are reflected in multiple forms of VAWG, including physical, sexual and psychological violence (i) that occurs within the family or domestic unit, including, among others, sexual abuse, marital rape and battery, among others; (ii) that occurs in the community in general, including rape, sexual abuse, sexual harassment in the workplace, as well as in educational institutions or any other place, women trafficking and forced prostitution; and (iii) that is perpetrated or condoned by the State (Belém do Pará Convention).

Source. Frequently asked questions: Types of violence against women and girls

Gender inequalities during crises

Beyond the context where they occur, their moment in history or their nature, crises tend to exacerbate preexisting inequalities. And one of them is gender inequality, which means the emergency situation will have a different impact on women, girls, men and boys. The gender-related disadvantages often faced by women and girls prior to a crisis expose them to increased financial risks and levels of violence and the violation of their rights and physical integrity during and after an emergency.

For example, women and girls in general are more likely to die during natural disasters:[7] the gender roles attributed to them in many societies, which mean they must assume the task of caring for children, older adults or family members with disabilities, make them more likely to be next to those persons when disasters occur and to need more time to get them and themselves to safety. Women and girls are more exposed to the dangers of human trafficking and sexual exploitation after a conflict or disaster or in a context of migration.[8] In armed conflict situations, they are often the victims of sexual violence and are even used as sexual slaves by armed groups.[9] In displacement contexts, among others, women are more exposed to acts of abuse and violence while fetching water or collecting firewood, or the lack of privacy or security in everyday activities like going to the toilet, and can even be sexually exploited in exchange for food. In emergency contexts, they can also be more exposed to other types of GBV —sexual, physical, psychological and patrimonial— in their own homes. In addition, in all these emergency settings, the rights of women and girls to sexual and reproductive health —from access to contraceptives to situations of forced abortions or unwanted pregnancies— are often violated.

In this regard, the COVID-19 pandemic has exacerbated GBV against women and girls across the world. Providing a snapshot of the impact of the COVID-19 health crisis on GBV is extremely complex due to the global nature of the pandemic and the different contexts affected by other types of crises prior to the pandemic. However, where data has been collected, the numbers speak for themselves. For example, in the Latin American region, despite the difficulty for many women under lockdown to seek help, there was an increase of up to 80% in requests for support services for victims of violence.[10] But these figures are far from reflecting a much more complex reality, considering it has been estimated that, prior to the pandemic, 60% of women victims of violence did not seek support

7 See for example, Mainstreaming gender in climate change and risk disaster reduction in the Caribbean, ECLAC, 2019.

8 See IOM, “Why does vulnerability to human trafficking increase in disaster situations?”

9 UN Peacekeeping, Conflict-Related Sexual Violence.

10 Organization of American States (OAS): CIM/MESECVI, Violence against women and the measures to contain the spread of COVID-19 (Washington DC: OAS, 2020).

for different reasons, including protection risks, the lack of information, distrust or lack of access to response services.[11]

This situation led to an urgent call by the Secretary-General of the United Nation to make the fight against GBV a key part of countries' response plans for COVID-19. At the same time, UN Women has proposed specific measures States can integrate into their pandemic response plans, such as ensuring that hotlines and services for victims and survivors are considered «essential services»[12]

The disability approach

The pandemic has made it clear that the response to the emergency requires a cross-cutting gender, intersectional and human rights approach that takes into account its differentiated impact on women and girls in all its intersections. Failure to recognize the diversity of inequalities will only deepen gender gaps between men and women.

However, there is an intersection that, despite being internationally recognized,[13] raramente es atendida o priorizada: el cruce entre discapacidad, género y violencia.is seldom addressed or prioritized: the intersection between disability, gender and violence.

Women and girls with disabilities face gender biases perpetuated by society in general through non-inclusive, marginalizing, demeaning and discriminatory attitudes towards persons with disabilities.

In fact, disability and gender are intersecting social constructs exacerbated by stereotypes leading to structural discrimination, especially against women and girls. We are not talking about the mere addition of different forms of discrimination, but the creation of new situations of discrimination that result in many possible forms of intersections between different factors (social, economic, political, cultural and symbolic) that determine a person's life.

The gender approach —and its link with violence— is being increasingly considered and adopted in different settings, but its association with disability is still uncommon. Public policies, and even the actions of civil society, seldom take into account the link between gender and disability, and when they do, the main individuals in this intersection, that is, women and girls with disabilities, are still considered a small homogeneous group separated from the rest of women. They also assume that the specific actions required will be expensive and difficult to manage.

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11 "Exacerbating the other epidemic: how COVID-19 is increasing violence against displaced women and girls", Refugee International.

12 Gender equality in the time of COVID-19, UN.

13 General comment No. 3 of the CRPD (2016) on women and girls with disabilities.

In times of pandemic, this perspective can delay disability-related interventions and, in particular, efforts to address the intersection between gender and disability in the name of other priorities considered more pressing. This approach will only deepen the gap experienced by women and girls with disabilities and affect society as a whole, as well as the principle of "leaving no one behind" that guides the 2030 Agenda for Sustainable Development.

Given that international and national efforts on disability have to a certain degree failed to systematically take into account a gender perspective, it is urgent to pay special attention to the multifaceted discrimination and marginalization and the compounded violations of human rights that women and girls with disabilities face in most societies.

Catalina Devanda Aguilar, United Nations Special Rapporteur on the rights of persons with disabilities (see A/HRC/28/58, paragraph. 19 d

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Photo G. González

A world apart, part of the world

Even though reality sometimes seems to show otherwise, women and girls with disabilities are not a world apart. They are part of the world and account for almost 20% of women and girls worldwide.[14] We are talking about more than 500 million women and girls of all ages (girls and young, adult and older women) who live in all kinds of contexts (humanitarian, development, conflict, post-conflict, peace, in high-, middle- or low-income countries), with different types of disabilities; from different ethnicities, religions, nationalities, gender identities, etc., and also from different educational and socio-economic levels and geographical locations. Women and girls with disabilities are one of the largest and most heterogeneous population groups. Like other women, their lives are characterized by multiple intersections but, above all, they have the same right to live a life free of violence. However, they are one of the most marginalized and excluded population groups, and historically they have only had a marginal place in collective conscience and the global discourse.

Women with disabilities are not a homogeneous or small group

General Recommendation No. 18 of the Committee on the Elimination of all Forms of Discrimination against Women[15] (1991) highlighted the double marginalization experienced by women and girls with disabilities and laid the foundations, a few years later, through the Beijing Declaration and Platform for Action (1995), to identify specific actions to ensure the empowerment of women and girls with disabilities. However, it was only more recently, in 2006, with the Convention on the Rights of Persons with Disabilities (CRPD), and ten years later, with General Comment No. 3 on article 6 of the CRPD, that the multiple forms of discrimination faced by women and girls with disabilities were recognized, with a focus on gender and/or disability.

Thanks to the CRPD, the recognition of women and girls with disabilities as rights holders and agents of participation and change in all contexts is being increasingly incorporated into international instruments in all areas, from humanitarian action to development, beginning with the 2030 Agenda for Sustainable Development[16] and later on in the Joint Statement[17] by UN Women, the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of Persons with Disabilities (2020),

14 Washington Group on Disability Statistics.

15 General Recommendation No. 18 of the Committee on the Elimination of Discrimination against Women.

16 For a summary of actions for the inclusion of persons with disabilities in the 2030 Agenda, see: IDA, The 2030 Agenda, The Inclusion of Persons with Disabilities.

17 UN Women, CEDAW Committee, CRPD Committee, "Ending sexual harassment against women and girls with disabilities", October 22 2020.

which launched a call to join efforts to ensure the intersection between disability and gender is systematically incorporated in the work of all institutions and decision makers (see Figure 1).

However, the adoption of international instruments that recognize the importance of a crosscutting gender and disability perspective has not yet been reflected in the collective consciousness of society, which continues to influence and perpetuate negative and discriminatory attitudes towards women and disability. This perspective, on the other hand, has not been systematically adopted in national public policies, the main deficiency of which is that they lack disaggregated data.

The availability disaggregated data is essential for the development of inclusive public policies. If a particular population group is not reflected in statistics, it will hardly be taken into account in public policy. The Washington Group Set of Questions is an internationally accepted and evolving tool for the development of inclusive and comparable statistics. However, its use has not been fully adopted in national censuses, not to mention country thematic surveys (education, employment, violence, etc.).

Figure 1. Evolution of the main international instruments for the recognition of women and girls with disabilities as right holders

1989 — Convention on the Rights of the Child. The CRC includes a specific article (article 23) on the rights of children with disabilities that states they have the right to special care and support, in addition to all the rights established in the Convention, so they can have full and independent lives.

1991 — General Recommendation No. 18 adopted by the Committee on the Elimination of Discrimination against Women (CEDAW). While the CEDAW (1979) does not refer explicitly to women and girls with disabilities, General Recommendation No. 18 does by highlighting the double discrimination they are exposed to (for being women and having a disability), in addition to recognizing the lack of data on this population group and encouraging States to provide periodic information and ensure the participation of women and girls with disabilities in all spheres of social and cultural life.

1995 — Beijing Declaration and Platform for Action. These instruments identify specific actions to ensure the empowerment of women and girls with disabilities in different areas and refer to the inclusion of the issue of disability in efforts to address the barriers faced by women and girls.

2006

Convention on the Rights of Persons with Disabilities (CRPD). The CRPD is the main reference framework on the rights of persons with disabilities based on a human rights approach. The Convention addresses the rights of women and girls with disabilities based on a cross-cutting dual approach. It includes specific articles on children with disabilities (see articles 6 and 7), who are also referred to in the general principles and other substantive articles (see articles 3, 4, 8, 13, 16, 18, 23, 25 and 30).

The CRPD includes two references to women and girls with disabilities: on one hand, it recognizes inequality between women and men as one of its general principles, with several of its articles making reference to women and girls. On the other hand, article 6 is specifically about women and girls with disabilities, recognizing the multiple forms of discrimination they face, and calling for their full development, progress and empowerment.

Within the framework of the CRPD, the Committee on the Rights of PWD was created. This is a group of independent experts that monitors the implementation of the Convention by States. It has made a series of general comments, including General Comment No. 3 on article 6 of the Convention: Women with Disabilities. In this General Comment, the Committee acknowledged that international and national laws and policies on disability have historically neglected aspects related to women and girls with disabilities. *In turn, laws and policies addressing women have traditionally ignored disability. This invisibility has perpetuated the situation of multiple and intersecting forms of discrimination against women and girls with disabilities. Women with disabilities are discriminated against on the grounds of gender and/or disability, or other possible grounds.*

2015

2030 Agenda for Sustainable Development. With the promise to “leave no one behind”, it calls for the empowerment of persons with disabilities. It also recognizes that the systematic and cross-cutting incorporation of the gender approach is crucial to advance the Sustainable Development Goals, which, if implemented effectively, will further the Inclusion and empowerment of women and girls with disabilities.

Addis Ababa Action Agenda. This agenda is a commitment to provide social protection and access to education, employment and technology for persons with disabilities that recognizes that achieving gender equality, the empowerment of women and their human rights are essential steps to achieve economic growth and sustainable development.

Sendai Framework for Disaster Risk Reduction 2015-2030. This framework emphasizes the importance of incorporating a gender and disability approach in the design and implementation of disaster risk reduction policies, plans and standards.

World Humanitarian Summit (2016). This Summit generated a series of commitments to achieve gender equality, the empowerment of women and girls and the inclusion of the disability approach in humanitarian action.

2016

UN Charter on the Inclusion of Persons with Disabilities in Humanitarian Action. Adopted during the World Humanitarian Summit with support from more than 70 stakeholders, including States, the UN System and human rights networks and organizations, it makes special reference to women and girls with disabilities. It also calls for their empowerment and protection and a makes a commitment to collect data on persons with disabilities disaggregated by age and gender.

New York Declaration for Refugees and Migrants. This declaration recognizes the vulnerability of several groups at risk, including women and children with disabilities, and the significant contribution and leadership of women in communities of migrants and refugees.

New Urban Agenda. Approved at the United Nations Conference on Housing and Sustainable Urban Development (Habitat III), it implicitly applies to women and girls with disabilities by recognizing the multiple forms of discrimination faced by different population groups. The Agenda made a commitment to eliminate discrimination, provide equal access to technology, employment and public services (including transportation infrastructure for persons with disabilities) and ensure their participation in decision-making and urban planning processes.

2017

Report of the United Nations Special Rapporteur on the sexual and reproductive health and rights of girls and young women with disabilities. In 2014, the UN Secretary General appointed a special Rapporteur on the Rights of Persons with Disabilities with the mandate to develop a regular dialogue with States and other stakeholders for the identification, exchange and promotion of good practices, and make concrete recommendations to better promote and protect the rights of persons with disabilities. From 2014 to 2020, that position was held by Catalina Devandas Aguilar, who submitted nine annual reports on the situation of persons with disabilities across the world in different thematic areas, in addition to a series of specific recommendations for the systematic inclusion of women and girls with disabilities and recognizing the multiple forms of discrimination on the grounds of gender and disability that affect them. In August 2020, Gerard Quinn was appointed as the new Special Rapporteur.

2019

United Nations Disability Inclusion Strategy (UNDIS). This strategy recognizes the urgent need for the systematic and cross-cutting inclusion of disability in the work of all UN agencies, based on the recognition that the full realization of the human rights of all persons with disabilities is an inalienable, integral and indivisible part of all human rights and fundamental freedoms.

THE WASHINGTON GROUP SET OF QUESTIONS

The Washington Group is an international leading organization in the field of disability measurement. One of its objectives is the international and regional standardization of a set of questions to identify the population with disabilities in censuses and facilitate comparison of this information between countries.

In this regard, the consistent incorporation of this set of questions is of great help both for the sociodemographic characterization of persons with disabilities, the development of specific surveys on disability and the design of public policies and programmes for this population group and their monitoring and evaluation.

The document *The Measurement of Disability: Recommendations for the 2010 Round of Censuses* (WG, n.d.) includes a recommended set of questions on disability to identify difficulties, including their severity. The response categories capture a range of difficulties persons may face upon doing certain activities due to health problems.

- Do you have difficulty seeing, even if wearing glasses?
- Do you have difficulty hearing, even if using a hearing aid?
- Do you have difficulty walking or climbing steps?
- Do you have difficulty remembering or concentrating?
- Do you have difficulty (with self-care such as) washing all over or dressing?
- Using your usual (customary) language, do you have difficulty communicating, (for example understanding or being understood by others)?

Each question has four response categories:

- No, no difficulty,
- Yes, some difficulty
- Yes, a lot of difficulty
- Cannot do it at all

The severity scale is used in the response categories in order to capture the full spectrum of functioning from mild to severe.

Source. Propuesta metodológica para la inclusión de preguntas sobre discapacidad en los Censos de Población y Vivienda, ronda 2020. CEPAL.

GBV against women and girls with disabilities

While women and girls with disabilities are almost never reflected in statistics, they are one of the population groups most affected by GBV. They also face more barriers of access to violence prevention and response services.

Only a few countries have conducted research on GBV against women and girls with disabilities, and their data is not comparable due to the lack of commonly agreed statistical criteria. However, existing research estimates that women and girls with disabilities are more than two times more likely to experience GBV compared to their peers without disabilities.[18] 80% of them experience some form of GBV in their lifetime and are four times more likely to be exposed to sexual violence compared to those without disabilities.

Generally speaking, women with disabilities are at greater risk of exposure to different forms of GBV compared to their peers without disabilities, with violence at the hands of a perpetrator in their own families, households or care settings being especially frequent.

However, it is important to note that not all women and girls with disabilities are exposed to GBV in the same way given the heterogeneity of the disabilities, intersections and barriers that characterize their lives.

The first aspect to consider is the age factor: in the case of disability, exposure to GBV often begins at an early age and while it can be present throughout their life, girls without disabilities are four times more likely to be victims of violence compared to girls without disabilities.[19]

But the different types of disabilities also have an influence on violence: the risk of exposure to GBV is systematically higher for deaf, blind and autistic girls, girls with psychosocial or intellectual disabilities or girls with multiple disabilities.[20]

On the other hand, the intersection with other factors of discrimination, such as being part of a racial, religious or sexual minority, as well as living in contexts of poverty, humanitarian crisis or conflict, heightens

18 Women Enable International, "Blog: Women with disabilities at higher risk of domestic and sexual violence with Covid-19" and IDA, "The missing millions from the gender lens discussion of COVID-19".

19 Sexual and reproductive health and rights of girls and young women with disabilities, Report of the Special Rapporteur, A/72/133, July 14 2017.

20 *Idem*.

the risks of experiencing GBV. Indigenous girls and women with disabilities, for example, are more exposed to child marriage, sexual violence and unwanted pregnancies.[21]

In addition, the places where women and girls with disabilities live can exponentially increase the risks of GBV: institutionalized women and girls are extremely vulnerable to violence, often perpetrated by staff members of residential facilities, caregivers or other residents with disabilities.

Finally, it is important to consider the impact of disability on the different forms of violence faced by women and girls with disabilities, including physical, psychological and emotional abuse, sexual abuse, harassment, coercion, arbitrary deprivation of liberty, institutionalization, female infanticide, sex trafficking, neglect, harmful practices such as child and forced marriage, female genital mutilation, forced sterilization, invasive and irreversible forced treatment[22] and impediments related to raising, and separation from, their children. In the particular case of disability, these forms of violence, such as GBV, can sometimes be difficult to recognize, which complicates access to GBV care and responses. Examples of these practices include hiding prostheses or canes from them, taking away their wheelchairs or denying them access to medication to limit their autonomy and exert more violence against them.

> "It is estimated that 83% of women with disabilities worldwide have been sexually abused in their lifetime. And when women with disabilities experience abuse, it is often over a longer period of time. They often suffer more severe injuries as a result of that violence."
>
> ***Aleema Shivji, Executive Director of Humanity & Inclusion, at Blog: Women with disabilities at higher risk of domestic and sexual violence with Covid-19***

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21 Inter-Agency Support Group on Indigenous Peoples' Issues, "Thematic paper on sexual and reproductive health and rights of indigenous peoples", 2014.

22 Sexual and reproductive health and rights of girls and young women with disabilities, Report of the Special Rapporteur, A/72/133, July 14 2017.

The sexual and reproductive rights of women and girls with disabilities

Upon considering the intersection between disability, gender and violence and its incorporation into inclusive public policies, it is essential to consider the sexual and reproductive health of women and girls with disabilities to guarantee access to their rights. States have an obligation to promote, protect and implement sexual and reproductive rights. The violation of these rights exacerbates the multiple forms of discrimination on the basis of gender and disability that ultimately lead to the public issue of gender inequality.

The sexuality of women and girls with disabilities is often considered taboo due to the social rejection of the sex-gender dimension of girls with disabilities that reinforces stereotypes assigned to women with disabilities as vulnerable, dependent, asexual or hypersexual individuals incapable of making decisions, taking care of themselves or others, or having a free, consensual and positive motherhood. These factors the lack of, or limited, access to sexual education and information, or the lack of intimacy or limited autonomy to make decisions about contraceptives, just to name a few— often lead to multiple forms of gender-based violence, including extremely harmful acts such as rape and forced sterilization.

Even though the forced sterilization of girls and young women with disabilities,[23] especially those with an intellectual, hearing or psychosocial disability, is prohibited by article 23, paragraph c, of the CRPD, both because it can violate their individual rights and increase their risk of experiencing sexual abuse, it is still a widespread human rights violation across the world. In fact, girls and young women with disabilities are three times more likely to experience these violations compared to the rest of the population.

The importance of sexual and reproductive rights for the fulfillment and dignity of women and girls with disabilities has been highlighted in one of the thematic reports of the UN Special Rapporteur on persons with disabilities.[24] Taking them into consideration from the perspective of GBV rights violations is key for the design of intersectional responses, including aspects such as infantilization, decision-making autonomy, access to information and appropriate communication, among other factors. This should also apply to the different stakeholders involved, considering this type of violence

23 Girls and young women with disabilities are disproportionately subjected to forced sterilization for various purposes, including eugenics-based practices of population control, menstrual management or pregnancy prevention. Open Society Foundations, Human Rights Watch, Women with Disabilities Australia and International Disability Alliance, "Sterilization of women and girls with disabilities: a briefing paper" (November 2011).

24 Report on sexual and reproductive health and rights of girls and young women with disabilities.

goes beyond households and extends to health teams, and its severity is often hidden or justified in the name of decisions made by third parties (families, institutions, society) under the argument of protecting girls and young women with disabilities, who are seldom considered as right holders.

Multiple and intersecting forms of discrimination

Based on the above, it is undeniable that the links between disability and gender play a key role in the exposure to violence of women and girls with disabilities. However, this link goes beyond the mere intersection of two dimensions. In fact, the situation of structural inequality experienced by most women and girls with disabilities, which creates a fertile ground for GBV, is driven by multiple and intersecting forms of discrimination. As explained by the Committee on the Rights of Persons with Disabilities (CRPD), multiple discrimination refers to a situation in which a person experiences discrimination based on two or more grounds, which compounds or aggravates it, and intersecting discrimination refers to situations in which several grounds are inseparably intertwined, creating vicious circles where the different agents influence each other negatively. The only way to reverse that trend and lay the foundations for inclusion is by making positive, joint and cross-cutting changes in each of the different dimensions of discrimination.

However, all women, including women without disabilities, are exposed to multiple intersections. Therefore, how can a situation of disability that affects girls and women, intersected with other factors, have such a big impact on GBV exposure? The reason is the distorted but still predominant interpretation of disability. Society continues to perceive disability mainly as a limitation *inherent in the individual*, even though disability actually results from the *interaction between the person with impairments and social barriers*, as stated in the CRPD. Physical, communication, information and especially attitudinal barriers, and in some countries even legal barriers, are widespread in society and represent the core of discrimination on the grounds of disability.

Placing the focus of disability exclusively on the individual is an attitude that, combined with gender inequalities, often leads women and girls with disabilities to be identified only on the basis of their disability from an early age, denying them all recognition as individuals and women.[25]

25 This has been defined as the "de-genderization process" of girls with disabilities, which is determined by the patriarchal and "normalizing" nature of society that causes girls with disabilities to be considered less sexually attractive both by society and themselves, because they do not meet the beauty standards upheld by society. In extreme cases, this can even lead to expressions such as 'damaged goods', a grim incentive for sexual and gender violence. See Caballero, Isabel (2016). *Género y discapacidad. Una vida sin violencia para todas las mujeres. Lineamientos y recomendaciones.* Programa Integral de Lucha contra la Violencia de Género.

Thus, their limitations become the only variable that defines their identity, overlooking other dimensions of their development and denying them the tools they need to learn about their rights or receive education as girls, women or professionals, in other words, as rights holders. Trapped in a stereotypical and negative conception of disability, they can get caught in a vicious cycle resulting from the lack of personal and decision-making autonomy, opportunities to gain knowledge, opportunities of access to education and socio-economic alternatives and, above all, their physical isolation and limited access to information and communication with the rest of society.

These factors result in an increased level of dependence in all spheres of life, from socio-economic aspects to decisions regarding their bodies and persons, including sexual and reproductive health. Without autonomy, many women and girls with disabilities may find themselves in situations of increased isolation, subjected to the power of family members, caregivers or institutions that are often characterized by stereotypes and discriminatory attitudes that lead to GBV.

These stereotypes, combined with information and communication barriers faced by many women and girls, also result in omissions in different areas of the GBV response (interinstitutional prevention and response services, policing and judicial services), especially in the case of women and girls with intellectual or psychosocial disabilities, who are less likely to be believed when they report GBV events. For victims with disabilities, response times also tend to be longer and response strategies are often deficient, lack clear protocols or dedicated resources, and support channels, access to justice and reintegration are seldom accessible or inclusive.

Inadequate responses

The discriminatory and stereotypical perspective characteristic of gender and disability not only increases the risk of GBV for women and girls in this situation; it can also distort the response to cases for which support is sought.

This situation is the result of the lack of application, at the strategic and programmatic levels, of the intersection between disability, gender and violence from a human rights perspective. This includes prevention, protection, response and reintegration protocols that are seldom inclusive and often fail to consider the peculiar forms of GBV associated with disability, leaving decisions about the response to the discretion of those who operate the services; resource planning without actions to mainstream disability; training for operators of GBV support services without a human rights approach to disability, perpetuating attitudinal barriers and feelings of lack of preparedness to deal with situations of GBV and disability, and architectural, information and communication barriers. These are some of the main challenges for the provision of adequate care for women and girls with disabilities in many GBV prevention and response services.

This means efforts to address GBV against women and girls with disabilities often place an excessive focus on disability that overshadows the situation of violence. When women and girls with disabilities

finally manage to access support services, they often find their disability takes precedence over the actual situation of violence, and it is not uncommon for these women and girls to be directly referred to disability-related services, minimizing or even failing to provide a response to the situation of violence.

For women with disabilities, this constitutes a double violation of their rights: on one hand, the system is not responsive to their requests for support and, on the other, they are discriminated against by denying them a service that should be available for all women with or without disabilities.

This approach, which prioritizes disability over violence, can sometimes have a devastating impact on the lives of women and girls: faced with very complex situations, especially in the case of women with intellectual, psychosocial or hearing disabilities, victims face the risk of ending up institutionalized (with the ensuing separation from their children, if they have them), without the possibility of access to adequate and quality care to address the situations violence they face[26] all of which is contrary to the above-mentioned joint statement that refers, among other things, to the need to end the practice of institutionalization.

Identified exclusively with their impairments, women and girls with disabilities are relegated to a world apart that is forgotten and invisible. A change in that perspective, that is, by shifting the focus on their limitations to barriers in the system and how to eliminate them, is key to recognizing them as part of the world and also as rights holders.

Towards inclusive policies: structural changes

States have an obligation to respect, protect and uphold the rights of women and girls with disabilities, especially the right to live a life free of violence.

Focusing on barriers means working on structural changes, that is, collective changes on all levels, from the individual to the community sphere, to the design and implementation of public policies for inclusion.

Since inclusion is a collective endeavor, the structural changes required to achieve it cannot be one-directional and isolated, but should be based on the intersections that characterize all aspects of people's lives. Efforts to achieve gender equality without including disability will only perpetuate inequality, and seeking inclusion without linking it to gender equality will only result in more exclusion.

26 Barro, L., *Las mujeres detrás de las cifras,* 2019.

The actions required to ensure structural changes occur are many and must be adapted to different contexts, resources and stakeholders. However, all of them should aim to achieve two goals: mainstreaming the inclusion of persons with disabilities in all public policies and promoting the participation of women with disabilities, taking into consideration their diversity from a human rights perspective and integrating their voices, proposals and needs.

The heterogeneity of disability is a factor that should be taken into account in all actions to achieve structural changes, considering it represents one of the main obstacles both to the inclusion of persons with disabilities and to the planning of inclusive public policies. In fact, given the particular requirements inherent in each type of disability, there is a tendency to rely on specific actions that will only address a single disability, overlooking the need to adopt inclusive policies that recognize it as a cross-cutting variable.

The tendency to formulate public policies exclusively directed to a single type of disability while ignoring others comes from the deeply rooted and false idea that women and girls with disabilities are vulnerable persons and, therefore, must be protected.

While women and girls with disabilities usually experience multiple and varied situations of vulnerability compared to their peers without disabilities, and policies should include short-term actions and initiatives specifically aimed to women and girls with disabilities, all the activities should be part of a long-term strategy to mainstream the disability and gender perspective in State policies.

This would be a step forward towards equality and non-discrimination for all persons with disabilities and, therefore, to achieving equality in dignity and rights with respect for the specific requirements and the potential of individuals.[27]

This will require engaging multiple stakeholders in the areas of disability and gender, who should work as a coalition in all aspects related to these social constructs, considering that “a form of subordination never remains in isolation”.[28] Stakeholders directly involved in the planning, design and implementation of public policies come from the areas of health, GBV prevention and protection, statistics and data analysis and security and justice systems. However, there are many other stakeholders that play important roles, such as transport systems, the education system, the labor market, etc. The diversity of stakeholders involved in the design, implementation, monitoring and evaluation of these policies is a key element to guarantee the multiplicity of capacities, perspectives and potentialities that should work together successfully under the umbrella of inclusion if managed in a coordinated fashion. These include state institutions, civil society, national and international cooperation organizations (and, for specific activities, collaboration with stakeholders from the private sector).

27 Garcia Prince, Evangelina (2008): *Políticas de Igualdad, Equidad y Gender Mainstreaming ¿De qué estamos hablando?* Marco conceptual, El Salvador. PNUD.

28 Caballero, Isabel (2016). *Género y discapacidad. Una vida sin violencia para todas las mujeres.* Lineamientos y recomendaciones. Programa Integral de Lucha contra la Violencia de Género.

While achieving the full inclusion of women and girls with disabilities in all their diversity requires long-term initiatives, the actions required to achieve that inclusion do not have to be complex. Instead, they should (i) be intersectional and cross-cutting, involving different areas linked through the gender and disability perspective; (ii) have continuity to promote structural changes for inclusion; and (iii) be developed by multiple international, national, public, private, academic and civil society stakeholders.

“Disability inclusive policies are critical to removing those barriers, by enabling the conditions and support that persons with disabilities may require to participate in and benefit from development outcomes and processes. That means considering disability-related issues in all public policies and programmes and enabling the participation of persons with disabilities through their design, implementation, monitoring and evaluation (…)”

Catalina Devanda Aguilar, Special Rapporteur of the UN on the rights of persons with disabilities, see A/71/314

La crisis sanitaria, económica y social causada por el COVID-19 amenaza con frenar este camino. Pero es justamente en este nuevo contexto que resulta aún más apremiante incorporar la discapacidad y el género desde una perspectiva transversal, multidisciplinar e interseccional, en todas las actividades de respuesta a la pandemia, como resalta la Comisión Interamericana de Derechos Humanos.[29]

Figure 2. Moments of joy during the workshop *Entre Mujeres* (“Among Women”), Uruguay 2019. (Photo: G. González)

29 In Discapacidad y derecho a la igualdad en tiempos de pandemia, Agustina Palacios, December 2020.

This crisis, which increases the risk of exposure to situations of vulnerability, a use and violence,[30] has highlighted the need to rethink GBV support and protection mechanisms amid lockdown measures.[31]

To avoid exacerbating inequalities non-discriminatory policies should be adopted, ensuring that reporting mechanisms and victim support services are accessible.[32] Therefore, in this context, it is important to promote models based on the intersection between disability, gender and violence that are more inclusive, efficient, effective and egalitarian for all women.

Lessons learned in Uruguay

Uruguay is one of several LAC countries that have made significant efforts to promote structural changes in the intersection between disability, gender and violence.

While statistical data on disability for Uruguay is limited and hardly comparable, based on different sources, criteria and the most recent data of the 2011 Population Census, we estimate that 15.9% of the people in the country have some form of disability. And more than half of them, that is, 350,000 persons, are women and girls.

Uruguay ratified the CRPD in 2010, but its implementation is still limited in many areas, including VBG protection and support services and the promotion of the sexual and reproductive rights of women and girls with disabilities. It is urgent to incorporate the human rights approach and promote a cultural change so people can understand that persons with disabilities are, above all, individuals with capacities, potentialities and needs. This form of discrimination, which intersects with gender discrimination against women and girls and is exacerbated by other intersections, reinforces the situation of invisibility and subordination of women with disabilities on a daily basis.

These structural causes limit the recognition of the right of women and girls with disabilities to live a life free of GBV. First, stereotypes and negative attitudes fail to recognize women and girls with disabilities as “women”; instead, they focus exclusively on their disability and the idea that they are asexual human beings, eternal girls incapable of making autonomous decisions. These ideas, which are deeply rooted in the Uruguayan society, lead to misinformation about rights, violence and sexual and reproductive health, in addition to overprotective paternalism and a lack of autonomy.

Second, access to GBV support services is limited by physical, attitudinal and communication barriers that affect the design and organization of those services (lack of access to hotlines and counseling, architectural barriers to services and shelters, interference with communication and negative attitudes in access to the justice and response systems).

30 Strategies for the Prevention of Violence Against Women In The Context Of Covid-19 in Latin America And The Caribbean.

31 Women Enabled International, 2020.

32 In Discapacidad y derecho a la igualdad en tiempos de pandemia, Agustina Palacios, December 2020.

Third, the lack of disaggregated data (by sex, age, socio-economic status or geographical location, education, type of disability, etc.) limits knowledge about the issue and contexts and, therefore, makes it difficult to identify adequate and long-term solutions.

At the programmatic level, there are other causes mainly related to "technical" limitations such as the lack of accessible information, limited training opportunities for staff operating GBV support services and limited information to raise awareness among families and society about the importance of independent decision-making and the rights of women and girls with disabilities.

The main consequences of this situation include, on one hand, misinformation, which prevents awareness raising and the fulfillment of their rights and, on the other, the psychological, physical and financial dependence they are often subjected to, which may result in increased exposure to GBV at the hands of a partner or former partner, as shown by the 2019 Second National Survey on Gender- and Generation-based Violence in Uruguay. This survey estimated a GBV prevalence rate of 55.4% during the lifetime of women with disabilities, compared to 47.0% for women without disabilities.[33] Another common problem is the lack of free and informed access to contraceptives, and even being denied the right to make decisions, with practices such as forced sterilization, forced abortions or lack of access to resources provided for by the law in cases of rape, in addition to separation from their children.

In this environment, where stigma, discrimination and violence against women and girls with disabilities still persist, Uruguay has evolved towards an inclusive normative structure over the course of the last decade. The CRPD and its optional protocol, adopted by Uruguay, respectively, in 2008 and 2011, are the basis for the development of a national policy framework[34] to mainstream gender and disability. Thus, in 2017, the Uruguayan Parliament passed Law No. 19.580 on Gender-based Violence against Women, which adopted the disability perspective with a human rights approach throughout the whole text. This was a major milestone for the country, not only because this law establishes a wide range of options for protection from violence in different public and private spaces for all women and girls but, above all, because, for the first time in the history of Uruguay, disability is recognized as one of the dimensions that can influence and increase the impact of gender-based violence. Article 30 of the Law establishes the guidelines for the competent government agencies or bodies to consider the disability variable not only as an option, but an obligation.

The importance of this policy framework also lies in the design of national plans[35] with a gender and disability approach that should also include these dimensions in budgets and allocate the resources necessary to implement them.

33 Second National Survey on the Prevalence of Gender- and Generation-based Survey, Final Report of Results, 2020. Uruguay.

34 It is also important to mention the law on protection of persons with disabilities (Law No. 18.651 on the Comprehensive Protection of Persons with Disabilities), as well as the promotion of the sexual and reproductive rights of all persons (Law No. 18.335, on the Rights of Patients and Users of Health Services, and Law No. 18.426 on Sexual and Reproductive Health).

35 For example, the upcoming National *Plan for Access to Justice and Legal Protection of Persons with Disabilities and the Action Plan for a Life Free of Gender Violence*, with a generational perspective, and *the 2030 National Strategy for Gender Equality*.

Project "The right to equality and non-discrimination for persons with disabilities"

It was on this fertile ground that, between 2018 and 2020, the joint project "The right to equality and non-discrimination for persons with disabilities" was implemented in Uruguay. Funded by the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), the project was characterized by a cross-cutting disability, gender and human rights approach. The project also aimed at promoting long-term public policies to create positive changes in attitudes, perceptions and the perspective of disability and gender among all actors in society. To create the same opportunities of access to GBV support and sexual and reproductive health services, the project implemented temporary, specific and cross-cutting measures. The objective was to address the disadvantages faced by persons with disabilities that prevent them from exercising their right to a life free of GBV (or doing it with dignity).[36]

The project "The right to equality and non-discrimination for people with disabilities" has focused on three cross-cutting issues: (i) universal access to health, with a focus on sexual and reproductive health, (ii) violence, gender and disability; and (iii) data and information on and for the population with disabilities.

To work on such a wide range of issues, the project involved multiple stakeholders whose cooperation in diversity helped to enrich the process. Three large groups of stakeholders worked together on the adoption of the human rights approach to mainstream disability and gender. And the CRPD has been a beacon to guide their actions. The participants included several UN agencies (UN Women, PAHO/WHO and UNFPA, with support from the Office of the Resident Coordinator); state agencies[37] efrom different areas, including health, gender equality, disability, social protection and statistics; and civil society organizations represented by the Uruguayan Alliance of Organizations for the Rights of Persons with Disabilities.

36 "Positive, affirmative or reverse discrimination measures," according to According to García Prince, 2008: 38. These are temporary measures to promote equal treatment, which means that, once implemented, they will become part of the universal design of services (for example, training would require refresher sessions or new plans would require training courses without the need for positive measures to continue to promote them).

37 Specifically: State Health Services Administration (ASSE), Social Security Administration (BPS), National Statistical Institute (INE), Ministry of Social Development —through the National Women's Institute (INMUJERES) and the National Disability Programme (PRONADIS)— and National Health Ministry (MSP), with support from the Uruguayan Agency for International Cooperation (AUCI).

Alliance of Organizations for the Rights of Persons with Disabilities

This Alliance is a coalition of 29 organizations working on disability[38] that reflect the heterogeneity of disability and specialize in different types of disabilities (including organizations of persons with disabilities (OPDs) and civil society organizations (CSOs) working on disability, especially associations of parents of persons with disabilities).

The project promotes actions to address the intersection between disability, gender and violence at all levels, specifically by helping women with disabilities to learn more about their rights; training GBV response and sexual and reproductive health teams; providing accessible information to society as a whole; and advocating for inclusive public policies.

The five lessons learned from this experience, with the necessary adaptations, are applicable to all types of contexts, as well as during and after the health emergency, and can facilitate the adoption of an inclusive approach in the path towards a life free of violence for all women, particularly women with disabilities.

Figure 3. Representative of young persons with disabilities participating in an event of the Alliance within the framework of the project in Uruguay. (Photo: G. González)

38 Alliance of Organizations for the Rights of Persons with Disabilities.

Lesson learned 1

Finding out where women with disabilities are

In any initiative, project, programme or policy, it is important to ask ourselves where our main target is. In this case, the question is, "Where are women with disabilities?". The answer to this question is key to ensuring their meaningful participation and involvement.

Placing people, not their disability, at the center is the first step to achieve positive changes. For this project, this meant working together with the different stakeholders to support women with disabilities. But where are they?

In Uruguay, as in many other countries, most women with disabilities, who are subject to discriminatory and stigmatizing social norms and multiple accessibility barriers, live in isolation, with limited opportunities to exercise their autonomy, and depend heavily on their families, caregivers or institutions that make it difficult for them to make independent decisions.

Across the world, civil society organizations often represent the most effective and accessible channels for women, including those with disabilities, to participate and express their voices. However, in Uruguay women with disabilities often lack access to these channels, which also represents a challenge for civil society. On one hand, the main organizations working on disability issues (CSOs or OPDs) often lack a gender perspective; on the other, organizations that promote gender equality have not yet adopted the disability perspective. In addition, there are only a few organizations of women with disabilities in Uruguay, which means the diversity of women with disabilities lacks opportunities for recognition and participation.

The lack of opportunities for participation increases the isolation of women with disabilities, both in the capital, Montevideo and, above all, in the interior of the country. Trapped in restrictive and sometimes violent settings with limited alternatives, many women with disabilities do not have access to information about their rights. However, that isolation also makes it difficult for external actors to know where to find them to involve them in activities, initiatives and projects and, thus, identify their priorities and needs.

That is why, since the early stages of the project, the question "Where are women with disabilities?" was one of the main challenges, especially considering the areas in which the project was seeking their participation: disability, rights and GBV, a triad that is still taboo in many Uruguayan settings.

"Among Women: my rights, every woman's rights" was one of the responses of the project to help women with disabilities learn about their rights, gender equality and GBV, including access to

information about GBV support services available at the national and local level. To this end, a series of inclusive in-person workshops were organized in different departments of the country by civil society organizations participating in the project. In this context, 130 women, 80% of them with disabilities, participated in these activities, which were led by a diverse group of professionals with and without disabilities.

For many of these women —who were between the ages of 18 and 60— these workshops were the first time in their life they were not only able to talk about rights, gender and violence, but also to do so in an inclusive environment where they were able to share experiences with women with other types of disabilities.

"I participated in one of the *Entre Mujeres* workshops. Another participant shared a patrimonial violence experience and told us how her family took her personal documents away. She got very emotional as she shared her experience. You live in your own world, but when you learn about somebody else's experiences you discover situations you didn't know about and realize we must keep on working. This participant later joined the disability group and we continued to work together."

Woman with a disability attending the workshops "Among Women: my rights, every woman's rights"

The target audience of these workshops was a population sector the majority of which had no links to the civil society organizations leading them. The female professionals with disabilities participating in the project suggested using WhatsApp to invite other women with disabilities to participate, considering it was the communication tool most commonly used by them in the country. This app, which is easy-to-use, free and accessible, is one of the few contact tools and sources of information for women with disabilities, who can use it autonomously (although it is sometimes controlled by other family members, especially in the case of women with intellectual or psychosocial disabilities). To engage these women, they put together a list of individual contacts they shared, mainly via WhatsApp, with groups of women who already knew each other because they lived in the same localities and had the same disability.

Once they discovered the value of staying connected, they suggested an activity after the workshops that had not been originally planned: the creation of an inclusive WhatsApp group to stay in touch with each other and with other women interested in the project. One year after the last of our workshop activities, this WhatsApp group remains active, with almost 30 women with hearing, visual and psychosocial disabilities still participating in an inclusive exercise that, to some extent, has helped to reduce the communication, information and even geographical gaps between them and the isolation that, in many cases, has characterized their lives. However, there is a significant absence

of women with intellectual disabilities in the WhatsApp group, especially considering that several women with this type of disability participating in the workshops had expressed interest in joining the group. However, the family members of several of them had expressed doubts and concerns around the possibility of them joining the group. The only three women with an intellectual disability who joined the group left a short time later, probably compelled by the pressure of their family members.

COVID-19

The COVID-19 health crisis has exposed the world's population to a new situation: social and physical isolation. However, this isolation is a reality many women with disabilities already experienced on a daily basis, not only during the pandemic. For these women, those barriers, such as stigma, the lack of access to basic services, invisibility, abandonment or institutionalization, have been exacerbated.[39]

The alternatives, especially virtual ones, that are being used to mitigate their isolation during the pandemic, should adopt an inclusive gender and disability perspective because, otherwise, they will only discriminate and exclude women with disabilities. To ensure the availability of inclusive tools for women to share information and, if necessary, seek support, it is essential to identify the communication channels used by women with disabilities in different contexts, adapt them to include prevention measures and reinforce them so nobody is left behind.

In addition, the experience of the population with disabilities can inform solutions that can be applied to the population in general. For this reason, providing inclusive opportunities to participate in the identification of problems and solutions with the added value of women with disabilities is a key exercise for more inclusive and sustainable public planning.

Key stakeholders

Organized civil society is a key partner in the process of developing an independent and efficient contact network to, among other things, share information. OPDs and CSOs, both those working on the promotion of gender equality and those working on disability issues, can also play a key role in identifying how women with disabilities communicate with each other locally, encouraging them to open up to new contacts and creating national, regional and international inclusive networks with other women with and without disabilities.

39 Discapacidad y derecho a la igualdad en tiempos de pandemia, Agustina Palacios, December 2020.

Figure 3. Young women with and without disabilities committed to gender equality at an event organized within the framework of the project "The right to equality and non-discrimination for people with disabilities" in Uruguay. 2019 (Photo: G. Gonzáles/Alianza)

Lesson learned 2

The right to information

Producing and disseminating accessible information is not only an effective tool to protect women with disabilities from GBV; it also allows a more efficient use of resources and raising social awareness about the issue.

The right to accessible information has been identified as one of the most common and urgent needs of women with disabilities during the COVID-19 crisis. But that lack of accessibility for women and girls with disabilities goes beyond the pandemic, regardless of the context or issue. It is also closely related to the lack of autonomy, especially when it comes to decision-making. It can be difficult to imagine the magnitude of this barrier and its consequences in terms of violence. One of its consequences is one of the most extreme forms of violence many women with disabilities experience: sterilization. While forced sterilization is illegal in Uruguay, it was reported by both young and adult women with disabilities, especially hearing or visual disabilities, participating in the project's activities.[40] Infantilization, the lack of recognition of their sexual and reproductive rights and the right to take care of their children and see them grow up, the lack of autonomy in decision-making, illiteracy, inadequate communication and non-accessible information are factors that lead families and medical teams to intervene in decisions regarding the bodies and lives of women with disabilities, for example, by

40 Spontaneous comments from women with hearing disabilities participating in a workshop to update the Recommendations on the approach to Sexual and Reproductive Health for People with Disabilities, organized in Montevideo within the framework of the project in May 2019.

forcing them to sign informed consent forms even if they do not understand their content. However, all of these issues have a common origin: the lack of consideration of women with disabilities as rights holders.

The project's response to the lack of accessible information not only focused on forced sterilization[41] it was broader in nature. To improve information on GBV support services and sexual and reproductive health and rights, the project redesigned several existing materials on dignified treatment for persons with disabilities, legislation and basic GBV response and prevention measures with an accessible format.[42]

The initiative focused on two main objectives: ensuring the availability of accessible information for persons with disabilities, and showing that accessibility will benefit society as a whole. Regardless of the content or target audience, accessible materials make it easier for persons with or without disabilities to understand information. However, accessible materials whose content is not related to disability (which can also be distributed by workers from the public and private sectors working with persons with disabilities) also have the potential to raise awareness about inclusion by spreading information about their rights to transform these practices.

It is worth mentioning that the channels for the distribution of information materials are as important as materials themselves. The isolation of women with disabilities, which is often amplified by the control exerted on them in their individual settings, makes the dissemination task more complicated and challenging. For this reason, a key aspect of the planning process is finding out how women with disabilities seek information and how they share it with each other. Again, in the case of Uruguay, technology has been key in the process of sharing materials with women with disabilities, both through WhatsApp and the project's accessible website. In this regard, the production of accessible "light" materials made available on social media can facilitate the dissemination process.

But we should not ignore traditional and more popular dissemination channels, including those easily accessible online and also in other environments such as health centers, public transport, schools, offices, shopping centers, markets and municipal and police services, that not only have the duty to ensure access to rights and services though accessible information —for example, through the use of pictograms— but also have a great potential to promote inclusion. In this regard, public institutions have the responsibility to promote inclusion in their official communications, public media channels, etc.

41 As part of a series of efforts to give continuity to a process initiated in the area of sexual and reproductive health of the project "The right to equality and non-discrimination for persons with disabilities", an initiative financed by JICA for the development of materials to promote accessible communication, including the use of accessible informed consents, is currently being implemented among health workers.

42 While universal access has not been achieved, the initiative has implemented the use of inclusive language, sign language, audio descriptions, subtitles, contrast and pictograms.

COVID-19

The health crisis, which has fueled the massive use of technology to disseminate messages and highlighted the need for complete, understandable and extended information, has favored the design of accessible and inclusive messages with a gender, disability and human rights approach. These materials should also take into account the diversity of women with disabilities and the intersections that affect them, for example, in the case of indigenous women with disabilities by translating materials into their native languages.

Key stakeholders

All stakeholders, from civil society to public and private institutions, academia and international organizations, can benefit from including accessibility in all the materials they produce. Providing alternative forms of communication will bring attention to the issue of disability and, in particular, to the existence of inclusive solutions. For this reason, accessibility is a powerful inclusion tool, especially when applied to all communications and not only to messages on disability or messages designed for this particular audience.

Lesson learned 3

Violence, not disability, kills

Ensuring survivors of gender-based violence have access to adequate care requires an inclusive quality approach, without allowing disability to divert the focus from the situation of violence.

Support services for women and girls victims of violence in Uruguay clearly reflect the gap between the need for an inclusive approach and the difficulties of its application.

As in other contexts in Latin America and the Caribbean, in Uruguay women with disabilities victims of GBV often lack access to support services, but when they do have such access, they seldom receive adequate support.

One of the challenges in this regard is the capacity of response of support services. Filing a police report, which can often be against their own families' wishes, can be very complicated for women without disabilities. However, for women with disabilities this can be almost impossible, even for logistical reasons; women with mobility impairments or those who cannot use a cell phone independently, for example, can find it very difficult to access a support center or other protection channels and file a report.

The second and most important limitation to consider (although there are many more) is how cases of GBV against women with disabilities are approached. If a woman with disabilities manages to access support services, her disability will often make the situation of violence invisible. Women with disabilities seeking support from the interinstitutional response system are are almost always referred to the disability system, which lacks the professional resources or areas of responsibility to deal with cases of violence and, in some cases, the only response is the institutionalization of victims.

As already explained, this failure is the result of structural causes associated with the distorted but still predominant interpretation of disability centered on the individual and not on existing barriers. And that is why the protocols, plans and resources allocated to address violence lack an inclusive and human rights perspective of disability. Therefore, when these women seek GBV support, the responses are often inadequate, because they focus on their disability and, in some extreme cases, even lead to human rights violations, for example, through their institutionalization.

For this reason, the project conducted an in-depth analysis of the disability perspective in policy frameworks, guides, protocols and reference documents on gender and violence in Uruguay. It is only by identifying and bringing attention to gaps in existing national frameworks that we will be able to design roadmaps and inclusive quality response mechanisms, in addition to providing appropriate tools response operators can use to prevent the reproduction of institutional violence.

COVID-19

The pandemic is placing unprecedented pressure on GBV support services worldwide. One of the challenges faced by the system in Uruguay is that of assessing its capacity of response to address the increase in the number of cases of violence and requests for support. Women with disabilities, now more than ever, continue to be referred to teams specializing in disability, not GBV. However, these requirements can be transformed into opportunities for inclusion. The changes brought by the crisis can be enhanced through more inclusive planning with long-term actions that, if successful, can continue and be improved after the pandemic. One response, for example, could be making sign language interpretation available on GBV prevention and response hotlines via video calls; organizing online courses on disability, gender and violence for those stakeholders that act as gateways or points of contact between women survivors and support services; improving the accessibility of shelters to make them more inclusive; and including professionals working with disability in GBV response and prevention teams, such as sign language interpreters or other specialized professionals, depending on service requirements

Key stakeholders

To ensure all women, including women with disabilities, have access to appropriate care, the public response system must be effective, with well-defined areas of competence and coordination between areas and institutions, and follow an inclusive approach to mainstream the intersection between gender and disability. All stakeholders play a key role in the process of making GBV support

mechanisms more effective and, therefore, it is important to start coordinating their actions after the first intervention. In Uruguay, the project has involved joint coordination efforts that should continue, for example, through ad hoc or periodic online meetings to replicate efforts at the regional level.

Lesson learned 4

Awareness raising and capacity building

Disability can create fears, such as the fear of not knowing what to do, making mistakes, not being prepared or not knowing who should intervene. The limited visibility of disability in GBV support services can result in the loss of trust among professionals in the field in these services.

Faced with situations of disability and violence, these professionals may feel unprepared and lack the tools they need to provide an appropriate response, including referral of cases to other services. To address that loss of trust and fear, the project made the decision to create knowledge-sharing opportunities.

The first step in this process was to organize workshops on disability and human rights not only targeted to the project stakeholders, but to anyone interested in learning more about the CRPD, disability and the human rights approach, as well as its implementation in the intersection between violence, gender and disability. This resulted in a series of open workshops with the participation of more than 300 persons that laid the foundations for the adoption of a common perspective that has a strong connection between disability and human rights.

The project also planted seeds of knowledge among the operators of interinstitutional GBV services through targeted training courses. The project's training courses on gender-based violence, disability and human rights have not only been opportunities to learn more about the issue from a rights perspective, but also to share information about the challenges, problems and situations faced by the operators of these services, even in the absence of appropriate tools to address them. 223 professionals from the Police, the Prosecutor's Office, NGOs and the health sector, among others, participated in these workshops, where they developed relationships and shared experiences. It is worth noting that, after three months of training, 83% of the participants reported their ideas, perceptions and attitudes around gender, disability and human rights had changed, and 87% of the operators stated they were using the outputs developed during the training in their everyday work.[43]

43 Project monitoring reports, October 2019

The workshops provided knowledge-sharing and learning opportunities for stakeholders that, despite being part of the same response system, had not had the opportunity to interact with each other in the past. Building knowledge and trust in the roles of other stakeholders in the referral system is also essential for the design of inclusive response services to address cases of violence regardless of the women who face them, adopting specific solutions where necessary, but without allowing disability to hide the situation of violence.

"Until now I had never thought about the situation of women in situations of disability and violence. It made me reflect, for example, about the motherhood experience of these women."

"I stopped infantilizing persons with different disabilities and now I take more time to listen to them."

"It made me reflect about the limitations faced by persons with disabilities disabilities and how I failed to perceive them."

Comments from participants in training courses for the GBV interinstitutional response system in Uruguay (2019)

COVID-19

For an emergency response to be successful, it is important to know the context, the different stakeholders participating in the response and their roles, existing risks, resources available and who the most vulnerable persons are. Another essential aspect is that of providing knowledge-sharing and refresher training opportunities with an inclusive perspective during the pandemic, and a focus on the most important aspects related to women with disabilities and GBV. To this end, it is necessary to optimize the use of resources, for example, by incorporating an inclusive perspective in all training sessions and, depending on the context, by reflecting on other intersections with disability: sexual diversity, ethnicity, immigration status, etc.

The project's website has several resources developed by it, for example, specific modules on GBV and disability, that are available to the public in general.

Key stakeholders

All stakeholders working in the areas of access to services and rights play a key role in the response to GBV against women with disabilities. The mounting pressure faced by GBV support services during the pandemic and increased risks for women with disabilities clearly show the need to reinforce knowledge, strengthen areas of responsibility, and the intervention possibilities for the different stakeholders in the response and access to justice systems.

Lesson learned 5

Bursting the disability bubble

The intersection between disability, gender and violence should not only be applied by services specializing in violence or disability; it should also be considered by all stakeholders and sectors as an essential variable of public policies.

Creating the conditions for a life free of violence for all women requires cross-cutting actions. In fact, gender is a social variable that interacts with all spheres of life. And this aspect is often overlooked upon considering women with disabilities. It is often believed they live in a bubble delimited by discrimination for reasons of gender and disability. However, women with disabilities are part of society and interact in all spheres of life: education, employment, health, culture or politics, among others. While there are significant barriers that hinder their participation in many spheres, that does not mean women with disabilities do not want or do not need to live life to the fullest.

To burst this bubble, it is necessary to adopt a cross-cutting gender equality and human-rights based approach that considers women with disabilities in all aspects of society. The starting point to fulfill this commitment and carry out sustainable actions for inclusion is data systematization. It is through data and data analysis that public policies can be more inclusive and bridge gaps.

Behind data there are human beings and, therefore, if used correctly, statistics can be of great help to improve public policies. If statistics do not cover persons with disabilities, and women with disabilities in particular, public policies will not include them as rights holders. Women with disabilities are seldom taken into account in data collection mechanisms and, therefore, they are an invisible group when it comes to public decision-making. In the fight against GBV, this is reflected in the planning and distribution of resources that fail to take them into account.

The project has worked to reverse that trend, and managed to include a sample of women with disabilities in the 2019 National Survey on Gender- and Generation-based Violence for the first time in the history of Uruguay. Despite multiple limitations, this first exercise led to two milestones: not only by showing that conducting inclusive surveys is possible, but also by bringing attention to one of the most neglected and vulnerable population groups. In fact, this population group has been so neglected that it is difficult to compare the prevalence of GBV between women with disabilities and those without disabilities, with the latter being underrepresented in all public spheres and, consequently, in statistics on violence. Nevertheless, despite the limitations of a fairly small sample, that allowed us to show there is an increased exposure to violence in the private sphere for women with disabilities.

In addition, as already explained, it is necessary to draw attention to them in all their diversity: indigenous, Afro-descendant, rural, LGTBIQ+, young, adult, older and migrant women with disabilities, among others. All of them face different situations that must be taken into account in the production and analysis of data for the design and the implementation of inclusive public policies.

The adoption of inclusive policies to mainstream disability can only become a reality through the joint work of all stakeholders. Regardless of their nature or area of intervention, all of them must think inclusively and work together.

In this regard, the participation of the multiple stakeholders of the Uruguayan project, which ranged from the health sector to the statistics sector, to gender equality and disability, resulted in the design of cross-cutting interventions with the triple intersection between disability, gender and violence guiding all their actions. Their efforts have also shown that diversity can enrich and strengthen actions.

COVID-19

Data production is one of the most urgent and necessary tasks to address the COVID-19 health emergency. Integrating the disability variable and cross-referencing it with gender, age and other intersections could significantly increase the visibility of women with disabilities in all their diversity. To this end, all surveys, statistics and data collection processes should include this variable, which would allow for the design of more inclusive response plans and the identification of the specific needs of this heterogeneous population group.

Key stakeholders

The COVID-19 pandemic is an unprecedented health emergency that has required a joint response by a broad diversity of stakeholders like never before. It is important to continue to strengthen this coordination and involve all stakeholders, including civil society, in knowledge-sharing, knowledge creation, planning and decision-making opportunities and the coordination of resources and actions. Another key aspect is that of integrating disability and gender equality, as well as the visibility of women with disabilities, in this planning.

Like the rest of the people, women and girls with disabilities have the right to live life to the fullest in all spheres, and also to know and exercise their rights, especially the right to a life free of violence.

States have an obligation to protect and promote these rights by creating the conditions to achieve it, both nationally and internationally. The CRPD is an essential tool to address this challenge and guide the adoption of inclusive public policies to mainstream the gender and disability approaches and address the multiple and intersecting forms of discrimination women and girls with disabilities are exposed to, especially during the COVID-19 pandemic.

Conclusions

Despite its invisibility, GBV against women and girls is a social issue that requires a multidimensional and multisectoral approach with the participation of multiple stakeholders. It is important to recognize and apply the intersection between disability, gender and violence as an essential variable in every action towards inclusion.

Recognizing the intersection between violence, gender and disability and the multiple forms of violence they face is essential for the adoption of inclusive response strategies.

Reducing the isolation of women with disabilities through cross-cutting and structural interventions (for example, through education and awareness raising among women with disabilities and their families) and the use of technological tools is a priority aspect to consider in all GBV prevention and response strategies.

Organizing training courses and awareness raising activities targeted to GBV response systems, encouraging the participation of women with disabilities and providing them with information about their rights, including the most discriminated women, such as women with intellectual and/or psychosocial disabilities, is essential to achieving structural changes for a life free of violence.

Understanding that inclusion is an issue that concerns everyone and requires everyone's participation, with clear information about the roles of the different stakeholders, based on a human rights approach, is essential to leave no one behind and understand the added value of diversity. It is not about giving a voice to those who do not have it. It is about listening and creating opportunities and conditions so the different forms of expression of women with disabilities do not remain inside the bubble. It is about accepting.

Annexes

Annex 1

Guidance note: CEDAW and COVID-19

The Committee on the Elimination of Discrimination against Women (the Committee) expresses deep concern about exacerbated inequalities and heightened risks of gender-based violence and discrimination faced by women due to the current COVID-19 crisis and calls on States to uphold the rights of women and girls.

While many States consider restrictions on freedom of movement and physical distancing necessary to prevent contagion, such measures may disproportionately limit women's access to health care, safe shelters, education, employment and economic life. The effects are aggravated for disadvantaged groups of women and women in conflict or other humanitarian situations.

States parties to the Convention on the Elimination of All Forms of Discrimination against Women (the Convention) have an obligation to ensure that measures taken to address the COVID-19 pandemic do not directly or indirectly discriminate against women and girls. States parties also have an obligation to protect women from, and ensure accountability for, gender-based violence, enable women's socio-economic empowerment and guarantee their participation in policy and decision making in all crisis responses and recovery efforts.

Recalling the joint declaration of the ten United Nations human rights treaty bodies and the Committee's call for joint action in the times of the COVID-19 pandemic, and taking note of the OHCHR Guidance Note on COVID-19 and Women's Human Rights, the Committee urges States parties to uphold women's rights in their responses to the public health threat posed by the COVID-19 pandemic. In particular, the Committee calls on States parties to::

1. **Address the disproportionate impact of the pandemic on women's health**. Gender bias in the allocation of resources and diversion of funds during pandemics worsen existing gender inequalities, often to the detriment of women's health needs. Women's disproportionate burden of caring for children at home and for sick or older family members as well as their high representation in the health workforce expose women to an increased risk of contracting COVID-19. States parties must address women's increased health risk through preventive measures and by ensuring access to early detection and treatment of COVID-19. States parties should also protect women health workers and other frontline workers from contagion through measures such as the dissemination of necessary precautionary information and adequate provision of personal protective equipment as well as psychosocial support.

2. **Provide sexual and reproductive health as essential services**. States parties must continue to provide gender-responsive sexual and reproductive health services, including maternity care, as

part of their COVID-19 response. Confidential access to sexual and reproductive health information and services such as modern forms of contraception, safe abortion and post-abortion services and full consent must be ensured to women and girls at all times, through toll-free hotlines and easy-to-access procedures such as online prescriptions, if necessary free of charge. States parties should raise awareness about the particular risks of COVID-19 for pregnant women and women with preexisting health conditions. They should provide manuals for health workers guiding strict adherence to prevention of infection, including for maternal health, during pregnancy, at-birth and the post-delivery period.

3. **Protect women and girls from gender-based violence**. During confinement, women and girls are at increased risk of domestic, sexual, economic, psychological and other forms of gender-based violence by abusive partners, family members, and care persons, and in rural communities. States parties have a due diligence obligation to prevent and protect women from, and hold perpetrators accountable for, gender-based violence against women. They should ensure that women and girls who are victims or at risk of gender-based violence, including those living in institutions, have effective access to justice, particularly to protection orders, medical and psycho-social assistance, shelters and rehabilitation programmes. National response plans to COVID-19 should prioritize availability of safe shelters, hotlines and remote psychological counseling services and inclusive and accessible specialized and effective security systems, including in rural communities, and address women's mental health issues, which stem from violence, social isolation and related depression. States parties should develop protocols for the care of women not admitted to such services due to their exposure to COVID-19, which includes safe quarantine and access to testing.

4. **Ensure equal participation of women in decision-making**. Governments, multilateral institutions, the private sector and other actors should ensure women's equal representation, including through women's rights organizations, meaningful participation and leadership in the formulation of COVID-19 response and recovery strategies, including social and economic recovery plans, at all levels and recognize women as significant agents for societal change in the present and post COVID-19 period.

5. **Ensure continuous education**. Due to the shutdown of educational institutions and children staying at home, many women and girls are relegated to stereotyped roles in domestic work. While online schooling can help ensure continuous education, this is not an option for many girls and women who carry the burden of domestic work and/or lack the necessary resources and devices to access the Internet. States parties have an obligation to provide inclusive alternative educational tools free of charge, including in rural or remote areas where Internet access is limited. Suspension in the delivery of subsidized school meals and provision of sanitary commodities for girls and young women through educational institutions may result in lack of food and unhygienic menstrual practices. States parties should therefore redeploy such subsidies and commodities to domestic households during times of school shutdown.

6. **Provide socio-economic support to women**. The COVID-19 crisis adversely affects women in low-paid jobs and in informal, temporary or other precarious forms of employment, especially in the

absence of social protection. COVID-19 response and economic recovery plans should address gender inequalities in employment, promote transition of women from the informal economy to the formal economy and provide relevant social protection systems for them. They should also formulate post-pandemic programmes and targets for women's economic empowerment. Economic resuscitation, diversification and market expansion plans should target women and provide economic stimulus packages, low-interest loans and/or credit guarantee schemes to women-owned businesses and ensure women's access to market, trade and procurement opportunities, with particular attention given to women living in rural areas.

7. **Adopt targeted measures for disadvantaged groups of women**. States parties should uphold the SDG principle of 'Leave no one behind' promoting inclusive approaches in their legislative, policy and other measures. During the COVID-19 pandemic, they should reinforce measures to support disadvantaged or marginalized groups of women. In particular, States parties should:

— Mitigate the impact of COVID-19 on the health, including mental health, of older women and those with preexisting health conditions by ensuring access to health care through medical home visits, safe transport to health care facilities and psycho-social counseling.

— Ensure that basic services including health care, shelters for victims of violence, and inclusive education remain accessible for **women and girls with disabilities** during times of confinement and reduced service delivery, including in rural areas and for those in institutions.

— Ensure access to adequate food, water and sanitation **for women and girls in poverty**, including by providing food stocks and upgrading related necessary infrastructures. Ensure that **migrant women and girls**, including those in an irregular situation and those without health insurance, have adequate access to health care and that health care providers are not under a duty to report them to immigration authorities.

— Take special measures for the protection of **refugee and internally displaced women and girls**, such as systematic screening for COVID-19 in and around refugee and IDP camps, and address their increased risk of trafficking and survival sex during the pandemic.

— Ensure that indigenous women and girls have access to culturally acceptable health care, aiming at an integrated approach between modern medicine and indigenous traditional medicine, including access to equipment, testing and urgent emergency treatment for COVID-19. All services should be provided in collaboration with local indigenous authorities and ensure respect for their right to self-determination and territorial protection against virus propagation. States parties should ensure that **indigenous women and girls and those belonging to minorities** have access to continuous education and COVID-19 related information, including in native languages.

— Address discrimination against **lesbian, bisexual and transgender women** in access to health care and ensure that they have access to safe shelters and support services whenever exposed to gender-based violence during home confinement.

— Consider alternatives to detention for **women deprived of liberty**, such as judicial supervision or suspended sentences with probation, in particular for women detained on grounds of administrative or other non-severe offenses, low-risk offenders and those who can safely be reintegrated into society, women nearing the end of their sentences, pregnant or sick women, older women and women with disabilities. **Women political prisoners**, including **women human rights defenders** detained without sufficient legal basis should be released.

8. **Protect women and girls in humanitarian settings and continue implementing the women, peace and security agenda**. States parties must adopt a rights-based approach and undertake a gender-conflict analysis to protect women and girls in humanitarian settings and conflict situations. They must take remedial measures to reduce the risk of COVID-19 and counter disruptions of services to prevent avoidable maternal and child morbidity and mortality in humanitarian settings.

9. **Strengthen institutional response, dissemination of information and data collection**. States parties should strengthen and coordinate national machineries to respond effectively to COVID-19. They should widely disseminate updated, scientifically accurate and transparent information on the gendered risks of COVID-19 and measures for available health and support services for women and girls. Such information should be available in plain and multiple languages and accessible formats, through all appropriate channels, including Internet, social media, radio and text messages. In view of the post COVID-19 recovery path, States parties should collect accurate and comprehensive age- and sex-disaggregated data on the gendered impact of the health pandemic to facilitate informed and evidence-based policy making regarding women and girls.

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