**Submission to the** **Special Rapporteur on the Rights of Persons with Disabilities:**

**Persons with Disabilities and Armed Conflict:**

**Women and Girls with Disabilities in Armed Conflict**

1. **Introduction**

Women Enabled International (WEI), with the support of Niluka Gunwardena, an educator and researcher based in Sri Lanka, appreciate the opportunity to provide the Special Rapporteur with information on the situation of persons with disabilities in armed conflict. This submission particularly addresses the experiences of women and girls with disabilities in armed conflict and post-conflict situations.

Women and girls with disabilities account for more than half of all persons with disabilities and nearly one-fifth of all women and girls worldwide.[[1]](#footnote-1) They face multiple and intersecting forms of discrimination based on their gender as well as their disability, are vulnerable to exploitation and violence, including gender-based violence,[[2]](#footnote-2) and face myriad other barriers to fleeing conflict, meeting basic needs, and redressing the impacts of gender-based violence in armed conflict settings. Yet, as the U.N. Secretary-General’s 2020 report on women, peace, and security notes, women with disabilities are less likely to be prioritized by or have access to humanitarian response efforts and are less likely to be included in peacebuilding.[[3]](#footnote-3)

This submission outlines how women and girls with disabilities experience armed conflict in ways that are distinct from those of other persons with disabilities and of other women. It first outlines issues that particularly impact women and girls with disabilities in armed conflict situations. It then outlines how human rights and international humanitarian law standards address these issues. Finally, it concludes with recommendations for the Special Rapporteur to consider as he drafts his report on persons with disabilities and armed conflict.

We would like to acknowledge that parts of this submission are based on an earlier joint submission by Human Rights Watch, Humanity & Inclusion, International Disability Alliance, Women Enabled International, and Women’s Refugee Commission. This joint submission, which may further inform the Special Rapporteur’s work on this topic, is available at: <https://www.internationaldisabilityalliance.org/hr-women-girls-ida-ohchr>.

1. **Issues Impacting Women and Girls with Disabilities in Armed Conflict**
2. **Gender-Based Violence**

As the CRPD Committee has noted, during armed conflict, “women with disabilities are at an increased risk of sexual violence and are less likely to have access to recovery and rehabilitation services or access to justice.”[[4]](#footnote-4) For instance, research with conflict affected communities in Ethiopia, Burundi, Jordan and the Northern Caucasus in the Russian Federation found that women and girls with disabilities reported being subjected to sexual violence, including rape, on a repeated and regular basis and by multiple perpetrators.[[5]](#footnote-5) Exposure to sexual violence during conflict may also result in increased HIV infection and psychological trauma among women and girls with disabilities.[[6]](#footnote-6)

Many factors contribute to this increased risk of violence, including stigma and discrimination, the perception that they are easy targets, social exclusion and isolation, loss of protective mechanisms, and barriers to fleeing conflict[[7]](#footnote-7). Indeed, in conflict-affected areas, loss of community support and protection mechanisms puts women and girls with disabilities, particularly those with intellectual and psychosocial disabilities, at an increased risk of GBV.[[8]](#footnote-8) Women and girls with disabilities may also face greater barriers to accessing services, including gender-based violence services, in conflict situations.[[9]](#footnote-9) In humanitarian settings, lack of access to education disproportionately affects girls and young women with disabilities, especially those who are refugees, internally displaced, migrants or asylum seekers.[[10]](#footnote-10) This exclusion deprives girls with disabilities of access to informal information networks on safety, gender-based violence, and relationships,[[11]](#footnote-11) making them less likely to tell others about or seek assistance for instances of violence and abuse.

*The Case of Nigeria*

In Nigeria, women including women and girls with disabilities have historically beenat greater risk of gender-based violence in conflict zones. According to the 2013 Demographic and Health Survey, the highest rates of sexual violence against women in the country occurred in the Northeast region (15.7% of women) , where there was a conflict, with more than 38% of women reporting gender-based violence in Adamawa State.[[12]](#footnote-12) In Plateau State, more than 19% of women reported having experienced sexual violence, including 6.3% in the 12 months directly before the survey.[[13]](#footnote-13) Women in these regions also face increased food insecurity and are expected to take on the burden of taking care of families and communities, situations that can potentially place them at greater risk of violence.[[14]](#footnote-14)

In 2013, Nigeria launched a plan for implementing U.N. Security Council Resolution 1325 on women, peace, and security, entitled the National Action Plan for the Implementation of UNSCR 1325 and Related Resolutions in Nigeria (2013 NAP).[[15]](#footnote-15) In May 2017, Nigeria launched a revised NAP (2017 NAP), however, women with disabilities were not included in the plan, and the issues that particularly affect them during conflict situations were excluded. Although the 2017 NAP calls for humanitarian services to be adequate and accessible, the provisions for accessibility focus on the number of facilities and quality of relief materials rather than on physical and informational accessibility measures for persons with disabilities.[[16]](#footnote-16)

1. **Barriers to Accessing Sexual and Reproductive Health Services, Goods, and Information**

Women and girls with disabilities also face heightened barriers to accessing needed sexual and reproductive health information, goods, and services during humanitarian emergencies, including armed conflict.[[17]](#footnote-17) In particular, they encounter increased barriers in accessing contraception and menstrual hygiene items in conflict situations and other humanitarian emergencies, despite their right to access all mainstream health services and information.[[18]](#footnote-18) Assumptions by staff that women and girls with disabilities need only disability-related services, can lead to the denial of sexual and reproductive healthcare or other gender sensitive services, putting women and girls with disabilities at higher risk of unwanted pregnancy or sexually transmitted infections.[[19]](#footnote-19)

Furthermore, as the former Special Rapporteur on the Rights of Persons with Disabilities, Catalina Devandas, has noted, the near-total exclusion of young women and girls with disabilities from education in conflict-affected areas also means that they are less likely to have access to sexuality education, thereby increasing their risk of sexual or physical abuse and of contracting sexually transmitted infections.[[20]](#footnote-20)

1. **Lack of access to adequate water, food, sanitation, and other needed** **services during conflict**:

Women and girls with disabilities also face multiple barriers in accessing food, assistance programs, lifesaving services including medical care, accessible information, and safe spaces in conflict situations.[[21]](#footnote-21) Additionally, during armed conflict, persons with disabilities may lose access to rehabilitation, assistive devices, social workers, or interpreters, further hindering their access to mainstream assistance.[[22]](#footnote-22) Women’s traditional gender roles as caregivers can add additional burdens on women with disabilities, especially in displacement. A single mother of five children whose leg was amputated after she was struck by a bullet during a government attack on the Bor camp in South Sudan in 2014 said that the poor living conditions in the camp greatly affected her morale: “Now, I am thinking too much. Not about my disability but about how I can support my children. It is too much, and I sometimes think that it is better for me to die because no one is supporting us.”[[23]](#footnote-23)

1. **Difficulty Fleeing Violence**

Research indicates that women with disabilities are often among those left behind in countries of origin or transit countries when populations flee conflict.[[24]](#footnote-24) The fact that women and girls with disabilities are seen as an inconvenience—due to both their gender and disability—during periods of crisis when everyone is trying to flee contributes to their exclusion. Environmental barriers often leave them reliant on others, and in conflict situations they may be unaware of what is happening or how to get to safety as they often receive no warning of impending danger.[[25]](#footnote-25)

When women and girls with disabilities are left behind, they become more susceptible to other rights abuses. For instance, Human Rights Watch found that women with disabilities in Northern Uganda who were unable to flee rebel forces were subjected to disability-based abuse and persecution on account of stigma and discrimination.[[26]](#footnote-26) For example, a deaf woman told Human Rights Watch that rebels beat her badly because she could not respond to their questions.[[27]](#footnote-27) In conflict-affected parts of northern Nigeria, women and girls with disabilities reported finding it difficult to escape violence and were often abandoned.[[28]](#footnote-28) People with disabilities and older persons were burned to death by attackers when they were locked in a room by community members who fled the village.[[29]](#footnote-29)

1. **Participation and Inclusion of Women with Disabilities and their Organizations in Areas Affected by Conflict and in National Action Plans**

Although women and girls with disabilities are disproportionally affected by conflict, they are mostly excluded from humanitarian responses and peacebuilding process.[[30]](#footnote-30) Between 1992 and 2019, women only constituted, on average, 13 percent of negotiators, 6 percent of mediators, and 6 percent of signatories in major peace processes worldwide.[[31]](#footnote-31) There is currently no known tracking of representation of women with disabilities in peace negotiations, either in formal or informal roles. Justice and post-conflict reconciliation activities generally do not include women with disabilities, nor are such programs made accessible to them or designed in a gender and disability sensitive manner to include their concerns.[[32]](#footnote-32) For example:

* A 2015 study by Inclusive Friends on the situation of women with disabilities in Plateau State in Nigeria noted that “[w]omen with disabilities spoke of not usually being invited to community peace forums. When they did take part, they were not given a role and so were unable to contribute their perspectives, skills and talents.”[[33]](#footnote-33)
* A 2018 study of war-affected women with disabilities in Sri Lanka noted that national discussions on post-conflict reconciliation rarely included a disability perspective, and that women with disabilities interviewed for the study were not aware of and did not participate in these activities.[[34]](#footnote-34)
* A 2020 Human Rights Watch report on the situation of women and girls with disabilities in Afghanistan found that they have been invisible on the peace and security agendas of Afghanistan but are among the people most at risk.[[35]](#footnote-35) Non-governmental organizations working on disability rights have criticized the State Ministry for Martyrs and Disabled Affairs for failing to adequately consult organizations of persons with disabilities and their allies.[[36]](#footnote-36)

Women with disabilities are also frequently left out of National Action Plans (NAPs) on women, peace, and security. For example, recent NAPs by Albania (2018-2020),[[37]](#footnote-37) Afghanistan (2015-2022),[[38]](#footnote-38) Nigeria (2017-2020),[[39]](#footnote-39) Switzerland (2018-2021),[[40]](#footnote-40) and Yemen (2020-2022)[[41]](#footnote-41) make no specific mention of women with disabilities. In contrast, the NAP of South Sudan (2015-2020), which consulted women with disabilities and their representative organizations in the drafting process, includes over 30 references to women and girls with disabilities and commits that activities undertaken need to take into consideration the “unique conditions and the priority interests and the needs of women and girls with disabilities.”[[42]](#footnote-42) This shows the importance of involving women-led organizations of persons with disabilities early on and throughout the drafting process of NAPs.

1. **Impact of COVID-19 on Women and Girls with Disabilities in Armed Conflict**

Research conducted by WEI, the U.N. Population Fund (UNFPA), and seven national and regional women with disabilities-led organizations in 2020 found that the issues described above have been further exacerbated by the COVID-19 pandemic. For instance, supplies and sanitary items related to both gender and disability were already in short supply in areas experiencing conflict but became even harder to access during the pandemic, while women and girls with disabilities further struggled to meet basic needs.[[43]](#footnote-43)

Other research participants reported additional risk factors for violence, or incidents of violence, due to the COVID-19 pandemic. In particular, lockdowns and stay-at-home orders heightened tensions within households, particularly for persons with disabilities who had needs for assistance, with inadequate means for seeking redress for this violence.[[44]](#footnote-44)

Several women and girls with disabilities reported additional barriers caused by the pandemic to accessing health services and goods needed because of their gender and/or disability, including health services needed to address injuries resulting from armed conflict. These barriers were the result of increased financial barriers to services, the unavailability of services, the reallocation of health services to addressing COVID-19, lack of access to accessible and affordable transportation, and shortages in supplies, among others.[[45]](#footnote-45)

1. **Legal Framework on the Rights of Women and Girls with Disabilities in Armed Conflict**
2. **International Human Rights Treaty Provisions**

In addition to the rights protected in the CRPD, other international human rights treaties and treaty monitoring bodies have outlined how those treaties should be applied to all women, including women and girls with disabilities, in conflict and post-conflict situations. In particular, the CEDAW Committee, in its General Recommendation No. 30, outlined several ways that women with disabilities in situations of armed conflict face barriers and vulnerabilities, including higher risk for gender-based violence,[[46]](#footnote-46) increased unemployment and economic hardship,[[47]](#footnote-47) and inequitable access to resources, including reproductive health care services, which are even more critical during conflict situations due to high rates of sexual violence.[[48]](#footnote-48)

The CEDAW Committee has in particular recommended measures applicable to all women in conflict and post-conflict settings that are particularly salient for women and girls with disabilities. For instance:

* Related to gender-based violence, the Committee recommended that, as a preventative measures, all States parties ensure gender-equal participation in diplomatic organizations, establish warning systems, and gender-specific security measures to prevent the escalation of gender-based violence, and include gender-related indicators in warning systems.[[49]](#footnote-49) The Committee also recommended ensuring a zero tolerance policy for instances of gender-based violence, ensuring access to justice, and investing in technical expertise and resource allocations to address the specific needs of women and girls subject to violence.[[50]](#footnote-50)
* Regarding access to resources, the Committee recommended establishing education programs for conflict-affected girls who leave school prematurely, considering and prioritizing gender equality in post-conflict economic recovery, and ensuring equitable access to comprehensive reproductive health care and education.[[51]](#footnote-51)
* In reference to refugees and those internally displaced by conflict, the Committee stressed that States parties must take measures to address the specific needs of those facing multiple and intersecting forms of discrimination, such as women with disabilities.[[52]](#footnote-52)
1. **U.N. Security Council Resolutions**

Over the past 20 years, U.N. Security Council has adopted 10 resolutions on the issue of women, peace, and security (WPS). However, only two of these resolutions mention the needs of persons with disabilities explicitly, while none include an explicit reference to women with disabilities.[[53]](#footnote-53) These two resolutions call for States dealing with situations of armed conflict to consider the specific needs of persons with disabilities who are victims of sexual violence, in particular through access to legal assistance and comprehensive health services,[[54]](#footnote-54) which includes sexual and reproductive health services needed to address injuries, prevent pregnancy, or terminate an unwanted pregnancy.[[55]](#footnote-55)

That said, the WPS resolutions do set out a number of requirements applicable to the rights of women and girls with disabilities, even if the requirements do not explicitly address this intersection. These requirements include urging States to address the root causes of sexual violence; calling for significantly increased representation of women in senior positions in political, peace, and security-related institutions; and calling on States and intergovernmental and regional entities to take into consideration the specific impact of conflict and post-conflict environments on women’s and girls’ security, mobility, education, economic activity, and opportunities.[[56]](#footnote-56) These requirements should all be applied with equal force to women and girls with disabilities.

Similar to the WPS resolutions, resolution 2475 on inclusion of persons with disabilities calls for the “particular [needs] of women and children with disabilities” to be considered in assistance for civilians with disabilities affected by armed conflict more generally.[[57]](#footnote-57) However, resolution 2475 makes no specific mention of the participation of women with disabilities and the additional gendered barriers to participation they face, but only references women with disabilities in the context of their specific needs in accessing assistance. While important, references to women with disabilities only in the needs context neglects their right to meaningful participation.

Ideally, Member States should read the WPS resolutions and resolution 2475 in tandem with each other, ensuring that the rights, participation, and specific needs of women and girls with disabilities are part of their overall response to armed conflict and post-conflict situations.

1. **Conclusions and Recommendations**

Women and girls with disabilities have unique experiences and face unique violations of their human rights in the context of conflict. With that in mind, we hope that the Special Rapporteur will highlight how multiple and intersecting forms of discrimination based on gender, disability, and other statuses impact experiences in armed conflict. We also hope that the Special Rapporteur will include references to human rights and humanitarian law that is specifically applicable to women and girls, as a tool to guide States on how to ensure rights for all persons with disabilities during armed conflict. In particular, we hope that the Special Rapporteur will consider including in his report:

* **U.N. Security Council resolution 2475 must be read in conjunction with the WPS resolutions**, in particular on issues such as participation of women in conflict resolution and peacemaking, ensuring freedom from and redressing gender-based violence, and ensuring access to needed services
* Gender as well as disability and other characteristics play important roles in the lived experiences of persons with disabilities in armed conflict situations, and as such, Statesneed to **ensure the implementation of human rights standards across treaties** so as to ensure that the issues most impacting women and girls with disabilities are included in their plans and responses.
* **Participation of women and girls with disabilities** in conflict prevention, resolution, and peacebuilding processes is key to ensuring that the lived experiences of women and girls with disabilities are recognized and reflected and that they are included in society moving forward from conflict.
* **COVID-19** has had a disproportionate impact on women and girls with disabilities, including in conflict and post-conflict settings, and States need to take targeted measures to prevent gender-based violence against and meet the basic needs and health requirements of women and girls with disabilities during the pandemic.

Thank you for your time and attention to this submission. If you have any questions or require further information, please do not hesitate to contact the authors of this submission via a.mcrae@womenenabled.org.

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43. *See, e.g.*,a deaf woman, South Sudan (virtual consultation, October 2020) (“In South Sudan there's no pipe to water. It's mainly transported by trucks. And you just buy it in terms of drums. So, it's now very expensive. Women with disability are not able to afford [water] because most of them don't have a job or any source of income like businesses running. The situation has gone very worse compared to before. Because the economy completely depreciated in that everything has gone, the prices of things are high as the inflation is now rocketing.”); a young woman with a physical disability, Palestine (written survey response, 2020) (“Because of financial shortage I couldn't buy my sanitary pads.”); support person for a woman with a physical disability, Palestine, age 22 (written survey response, 2020) (“She needed some spare parts for her wheelchair and could not get them because of their price and because of the pandemic.”); girl with a physical disability, Yemen, age 17 (written survey response, 2020) (“Everything is now more expensive and getting food was hard and my disability became more problematic for me to get my daily survival needs. We are poor and receive a daily income and cannot deal with extra expenses.”). [↑](#footnote-ref-43)
44. *See, e.g.*, a woman with a physical disability, Palestine, age 32 (written survey response, 2020) (“Family is now more tense as we are always at home.”); a woman with a physical disability, Yemen, age 23 (written survey response, 2020) (“I do not feel safe as I was verbally abused from some of my brothers. … I don't know [about SRH] except what I hear from the reproductive health centre and the government facility near us and they only provide a bag with my needs and I am afraid to tell them about my abuse so that my family doesn't know.”); a woman with a visual disability, Yemen, age 27 (written survey response, 2020) (“Sometimes they get angry at home when I need help and they are busy. During COVID I stay a lot at home and sometimes they [family] don't meet my needs or get angry at me when I need help.”). [↑](#footnote-ref-44)
45. Support person for a woman with a physical disability, Palestine, age 31 (written survey response, 2020) (“Before COVID, she used to go to a clinic for a nurse to change the covering on her wounded leg, but he was moved to the field to support the pandemic efforts, so she does not go now. She also has to cover the costs of the covering for her leg at her own expenses.”); support person for a woman with a physical disability, Palestine, age 32 (written survey response, 2020) (“Because of her psoriasis condition, she constantly needs ointments and antibiotics …. As a result of the lockdown, she was not able to receive her medication.”); a woman with a physical disability, Yemen, age 23 (written survey response, 2020) (“There is no medication available in war affected zones.”); a deaf woman, South Sudan (virtual consultation, October 2020) (“It was difficult for sign language interpreters to get transportation during COVID to come to the hospital to translate for deaf woman.”); support person for a woman with a physical disability, Palestine, age 31 (written survey response, 2020) (“Before COVID, she used to go to a clinic for a nurse to change the covering on her wounded leg, but he was moved to the field to support the pandemic efforts, so she does not go now. She also has to cover the costs of the covering for her leg at her own expenses.”); support person for a woman with a visual disability, Palestine, age 35 (written survey response, 2020) (“Her eye condition needs periodic checkups that have stopped as a result of the pandemic.”); a woman with a physical disability, Palestine, age 40 (written survey response, 2020) (“It was hard to reach health facilities and organizations who provide support equipment because of the lack of public transportation as a result of the lockdown.”); a woman with a visual disability, Palestine, age 38 (written survey response) (“Her sensory condition in her right eye is a result of the war and the doctors have advised her of an urgent operation to be done abroad but she cannot travel as a result of the pandemic … She discovered a benign tumour during the lockdown and could not do further investigations because of the pandemic. She was following up with a private doctor at her own expense. She could not investigate further because her financial status was bad.”). [↑](#footnote-ref-45)
46. Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 30: Women in conflict prevention, conflict, and post-conflict situations*, ¶¶ 34, 36, U.N. Doc. CEDAW/C/GC/30 (2013) [hereinafter CEDAW Committee, *Gen. Comment No. 30*]. [↑](#footnote-ref-46)
47. *Id.*, ¶ 51. [↑](#footnote-ref-47)
48. *Id.*, ¶ 50. [↑](#footnote-ref-48)
49. *Id.*, ¶ 32. [↑](#footnote-ref-49)
50. *Id.*, ¶ 38. The Committee also recommended training for law enforcement, judicial capacity-building measures, data collection and standardization, dissemination of procedures and referral pathways to link security actors with service providers on gender-based violence, and the creation of one-stop shops offering medical, legal, and psychological services for survivors of sexual violence. [↑](#footnote-ref-50)
51. *Id.*, ¶ 52. The Committee also recommended the development of specialized health care services and educational programs for women and girls with HIV and AIDS, and stressed that all these efforts should be coordinated with stakeholders from humanitarian and development communities to create a comprehensive approach. [↑](#footnote-ref-51)
52. *Id.*, ¶ 57. [↑](#footnote-ref-52)
53. See U.N. Doc. S/RES/2106 (2013) (“19. Recognizing the importance of providing timely assistance to survivors of sexual violence, urges United Nations entities and donors to provide non-discriminatory and comprehensive health services, including sexual and reproductive health, psychosocial, legal, and livelihood support and other multi-sectoral services for survivors of sexual violence, taking into account the *specific needs of persons with disabilities*”); UN Doc. S/RES/1960 (2010) (“Reaffirming the importance for States, with the support of the international community, to increase access to health care, psychosocial support, legal assistance, and socio-economic reintegration services for victims of sexual violence, in particular in rural areas, and taking into account the *specific needs of persons with disabilities*” (emphasis added)). [↑](#footnote-ref-53)
54. S.C. Res. 1960, (Dec. 16, 2010); S.C. Res. 2106, ¶ 19 (June 24, 2013). [↑](#footnote-ref-54)
55. United Nations Population Fund & Women Enabled International, Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights 52-54 (2018) <https://womenenabled.org/wei-unfpa-guidelines.html>. [↑](#footnote-ref-55)
56. S.C. Res 2467, ¶ 13 (Apr. 23, 2019); S.C. Res 2242, ¶ 1, 3 (Oct. 13, 2015). Other requirements include specifically addressing the needs of women and girls living with HIV and AIDS, ending impunity and prosecuting those responsible for all forms of violence committed against women and girls in armed conflict, implementing specific and time-bound commitments to combat sexual violence, adopting a gender perspective negotiating and implementing peace agreements, and specifying priorities and strategies for better socioeconomic conditions in post-conflict situations. S.C. Res. 2106 ¶ 20 (June 24, 2013); S.C. Res 1889 ¶ 3, 10 (Oct. 5, 2009); S.C. Res. 1960, ¶ 5 (Dec. 16, 2010); S.C. Res 1325 ¶ 8 (Oct. 31, 2000). [↑](#footnote-ref-56)
57. S.C. 2475, ¶ 4 (June 20, 2019). The resolution also encourages States to “take appropriate measures to ensure that persons with disabilities have access on an equal basis with others to basic services provided in the context of armed conflict, including education, health care services, transportation and information and communication technologies and systems.” *Id*. at 5. [↑](#footnote-ref-57)