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**Human Rights Council 47th session Resolution on**

**‘Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls with disabilities’**

July 2021, [A/HRC/RES/47/15](https://undocs.org/en/A/HRC/RES/47/15)

In July 2021 at the 47th session of the United Nations Human Rights Council the resolution on **‘Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls with disabilities’** was adopted by consensus. The International Disability Alliance (IDA) welcomes the adoption of the resolution, which is a significant step forward in the UN’s consideration of the rights of women and girls with disabilities. The resolution contains several ground-breaking elements which represent important normative progress and strengthening of the commitment of States to eliminate all forms of violence against women and girls with disabilities.

The **definition of violence** against women and girls was expanded to include social and economic harm. The resolution strengthens language on the rights of the most marginalized and under-represented groups of persons with disabilities. Intersectional forms of discrimination are specifically addressed in paragraphs on older women,[[1]](#endnote-1) indigenous women and migrants,[[2]](#endnote-2) and new language on persons with disabilities of African and Asian descent.[[3]](#endnote-3) The need to address ableism and ageism and eliminate stereotypes, including racist or xenophobic stereotypes, was highlighted.[[4]](#endnote-4)

The resolution builds on previous UN resolutions in expressing concern with **institutionalisation** in a profoundly important way. It uses previously agreed language to express deep concern[[5]](#endnote-5) at laws and practices thatallow for forced institutionalization on the basis of a real or perceived disability, and it breaks new ground by recognizing that forced institutionalization is a form of violence that deprives women and girls of liberty on the basis of disability.[[6]](#endnote-6)

Further, it recognizes that women and girls with psychosocial or intellectual disabilities face an increased risk of violence, abuse and deprivation of liberty on the basis of disability due to discrimination, stereotyping and stigma associated with disability.[[7]](#endnote-7) In the operative paragraphs the resolution urges States to prevent and respond to the increase in violence against women and girls with disabilities in the context of the COVID-19 pandemic by, *inter alia*, promoting deinstitutionalization and preventing institutionalization.[[8]](#endnote-8) It also calls on States to integrate a human rights perspective into mental health services by eliminating institutionalization.[[9]](#endnote-9)

The resolution recognises the ways in which the **COVID-19 pandemic** has exacerbated pre-existing inequalities and systemic discrimination, stigmatization, violence and exclusion, and recognises barriers that persons with disabilities continue to face in the COVID-19 response, including in accessing vaccinations.[[10]](#endnote-10) It urges States to prevent and respond to the increase in violence against women and girls, including those with disabilities, amid the COVID-19 pandemic by integrating accessible and inclusive prevention, response and protection systems into any pandemic response and recovery plans, and providing safe and equitable access to vaccinations for women and girls with disabilities and ensuring their participation in the development and implementation of pandemic response and recovery plans.[[11]](#endnote-11)

Language on **legal capacity** and right to respect for the physical and mental integrity, **bodily autonomy and informed consent** of persons with disabilities was prominent in the text,[[12]](#endnote-12) including in the context of any medical procedure or intervention.

The resolution has the clearest articulation of **sexual and reproductive health and reproductive rights** in any UN resolution to date:

*“Reaffirming* sexual and reproductive health and reproductive rights, free from coercion, discrimination and violence, including full respect for dignity, integrity and bodily autonomy”[[13]](#endnote-13)

This is supported by a strong operative paragraph calling on States to ensure that sexual and reproductive health and reproductive rights are fully realized by addressing the **social and other determinants of health and ensuring that quality comprehensive sexual and reproductive health-care services, information and education universally accessible**[[14]](#endnote-14). Addressing social and other determinants of health is particularly important for persons with disabilities,[[15]](#endnote-15) given the basis of those determinants in inequalities in society and unequal distribution of power, poverty, income inequality, systemic discrimination and marginalization, which disproportionately affect persons with disabilities.

The scope of the term **‘health-care services’** was clarified through a paragraph that includes safe abortion when not against national law and post abortion care.[[16]](#endnote-16) This clarification is significant given the debate over this term in UN negotiations, and due to the numerous other references to health-care services in the text,[[17]](#endnote-17) including the call for States to “strengthen health systems that make quality comprehensive sexual and reproductive health-care services, information and education universally accessible and available and inclusive”.[[18]](#endnote-18) For the first time the term ‘intimate partner violence’[[19]](#endnote-19) was not subject to an amendment or voted.

The definition of **harmful practices**[[20]](#endnote-20) was expanded to include forced sterilization, forced abortion and forced contraception.[[21]](#endnote-21) Language from previous resolutions[[22]](#endnote-22) addressing forced sterilization and forced abortion is reaffirmed[[23]](#endnote-23) and strengthened by incorporating a reference to “the right to respect for physical and mental integrity on an equal basis with others and to bodily autonomy”.[[24]](#endnote-24)

The importance of ensuring the full, effective and meaningful **participation and inclusion** of all women and girls with disabilities in decision-making processes and leadership roles by involving and supporting **organisations of and led by persons with disabilities** is stressed throughout the resolution,[[25]](#endnote-25) reflecting the ‘*nothing about us without us’* principle.

In addition to language that aligns Human Rights Council resolutions with the standards of the Convention on the Rights of Persons with Disabilities (CRPD), the resolution contains extensive and detailed calls to action or States to, *inter alia*:

* Review laws and policies that perpetuate the outdated understanding of disability present in charity and medical models and ableism[[26]](#endnote-26)
* Provide disability-inclusive and accessible social infrastructure, transportation, justice mechanisms and services, in particular in relation to health and education[[27]](#endnote-27)
* Ensuring that services and programmes designed to prevent and eliminate violence against women and girls are inclusive of and accessible to women and girls with disabilities, including staff-training[[28]](#endnote-28)
* Develop educational programmes and teaching materials on violence against women, including through evidence-based comprehensive sexuality education, in accessible, affordable and alternative formats of communication, including easy to read and understand formats[[29]](#endnote-29)
* Implement national criminal justice frameworks that take into account the specific requirements of women and girls with disabilities, promote age- and gender-responsive and disability-inclusive measures in crime prevention and protection policies[[30]](#endnote-30), provide effective disability-inclusive remedies[[31]](#endnote-31), and integrate disability-inclusive training into justice systems[[32]](#endnote-32)
* Strengthen statistical data collection and analysis disaggregated by sex, age, disability and other relevant characteristics on all forms of violence against women and girls[[33]](#endnote-33)

IDA would like to congratulate Canada on the successful facilitation of the resolution, and expresses appreciation to all States for constructive engagement in the negotiations. This resulted in a robust and progressive text reflecting human rights standards and expressing strong commitments from States to respond appropriately to the scourge of violence against women and girls with disabilities by respecting, protecting and fulfilling their rights. We wish also to thank all 75 cosponsors, from all regions of the world, and look forward to the prompt and effective implementation of the resolution.

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Footnotes:

1. A/HRC/RES/47/15 PP12 *Recognizing* that older women experience disability more frequently as they age and that ageism contributes to the increased risk of violence faced by older women with disabilities, including physical violence as well as psychological, verbal and financial abuse and social isolation and exclusion, (based on para 30 of A/67/227) [*See also ageism reference in PP15 and age stereotypes in OP4, as well as recognition that older women are disproportionately impacted by the COVID-19 pandemic in PP22]* [↑](#endnote-ref-1)
2. PP14 *Recognizing further* the particularly high levels of violence faced by Indigenous women and girls with disabilities, especially those living in rural and remote communities and those who are migrants, and the need to ensure their access to justice and support services on an equal basis with others, (based on para 22 of A/67/227) [↑](#endnote-ref-2)
3. OP8(d) Guaranteeing equal recognition before the law of persons with disabilities, inter alia older women with disabilities, persons with disabilities belonging to minorities, including persons with disabilities of African and Asian descent, migrants with disabilities and indigenous persons with disabilities, and ensuring that they have the opportunity to exercise their legal capacity on an equal basis with others in all aspects of life, as recognized in article 12 of the Convention on the Rights of Persons with Disabilities; (OP4a of HRC/RES/37/22) [↑](#endnote-ref-3)
4. PP11 *Deeply concerned also* that women and girls with disabilities face an increased risk of violence based on stereotypes that dehumanize, infantilize, objectify, exclude or isolate them, (based on para 32 of A/67/227 + paras 18-25 of A/HRC/43/27)

PP15 *Reiterating* the need to intensify efforts …including the need to address gender inequality, ableism and ageism, as well as the stigma, socioeconomic inequality and negative social norms, attitudes and behaviours that underlie and perpetuate such violence, (PP19 of A/HRC/RES/41/17, modified)

OP4 *Stresses* the need to address multiple and intersecting forms of discrimination, which places women and girls with disabilities at greater risk of exploitation, violence and abuse, and to implement measures to prevent and eliminate disability, gender, age, racist and xenophobic stereotypes, ableism, stigma, negative social norms, attitudes and behaviours that cause or perpetuate discrimination and violence against women and girls; (OP7 of A/HRC/RES/41/17, modified) [↑](#endnote-ref-4)
5. PP19 *Deeply concerned* at the negative impact of laws and practices that impede or fail to provide adequate support to persons with disabilities to exercise their legal capacity on an equal basis with others, which has a negative impact on the enjoyment of equality and non-discrimination and in some cases that deny their right to effective access to justice on an equal basis with others or allow for their forced institutionalization on the basis of a real or perceived disability, (PP16 of HRC/RES/37/22) [↑](#endnote-ref-5)
6. PP20 *Expressing concern* that forced institutionalization is a form of violence that deprives women and girls of liberty on the basis of disability and that in such situations they face an increased risk of further violations and abuses, including physical, psychological and sexual and gender-based violence, (based on para 38 of A/67/227) [↑](#endnote-ref-6)
7. PP21 *Recognizing* that women and girls with psychosocial or intellectual disabilities, in particular those using mental health services or living in institutional settings, face an increased risk of violence, abuse and deprivation of liberty on the basis of disability due to discrimination, stereotyping and stigma associated with disability, and underscoring the need to take all appropriate measures to ensure timely access to age- and gender-responsive and survivor-centered mental health, psychosocial support and community services, (PP31 of A/HRC/RES/43/13, modified) [↑](#endnote-ref-7)
8. OP9 *Urges* States to prevent and respond to the increase in violence against women and girls, including those with disabilities, amid the COVID-19 pandemic by …. promoting deinstitutionalization and preventing institutionalization, [↑](#endnote-ref-8)
9. OP8(g)Fully integrating a human rights perspective into mental health, psychosocial support and community services, and adopting, implementing, updating, strengthening or monitoring, as appropriate, existing laws, policies and practices, with a view to protecting their personal integrity and eliminating all forms of discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion, segregation, unlawful or arbitrary deprivation of liberty on the basis of disability, and institutionalization, and overmedicalization within that context, and promoting the right of persons with psychosocial disabilities to live independently, to full inclusion and effective participation in society, to decide upon matters affecting them and to have their dignity respected on an equal basis with others; (OP6 of A/HRC/RES/43/13, modified) [↑](#endnote-ref-9)
10. PP22 *Recognizing* that women and girls with disabilities, in particular older women, are disproportionally impacted by the coronavirus (COVID-19) pandemic, which has exacerbated pre-existing inequalities and systemic discrimination, stigmatization, violence and exclusion, disrupted social protection services and assistance, increased reliance on caregivers, limited access to adequate housing, education, justice, and essential health services, including sexual and reproductive health-care services, and increased risk of isolation, unemployment, poverty and violence, including sexual and gender-based violence, domestic violence and intimate partner violence as one of the prevalent forms of violence, as well as violence in digital contexts and violence, abuse and neglect perpetrated in institutional settings, and recognizing also that persons with disabilities may continue to experience the same conditions and challenges, including in the response, recovery and rebuilding phase, as well as barriers and discrimination in accessing vaccines , medical equipment, employment, education, public health information and health-care services, (adapted from PP18 of A/RES/75/154 + PP28 of A/RES/75/161) [↑](#endnote-ref-10)
11. OP9 *Urges* States to prevent and respond to the increase in violence against women and girls, including those with disabilities, amid the COVID-19 pandemic by integrating accessible and inclusive prevention, response and protection systems into any pandemic response and recovery plans, including through strengthened law enforcement, justice and social protection measures for victims and survivors of violence, designating and expanding the accessibility and capacity of shelters, services and safe spaces for victims and survivors of violence as essential services and increasing resources for them, in collaboration with civil society, including organizations of and led by women and girls with disabilities, and communities, promoting deinstitutionalization and preventing institutionalization, strengthening age- and gender-responsive and disability-inclusive advocacy and awareness-raising campaigns to address violence against women and girls, including during lockdowns, providing safe and equitable access to vaccinations for women and girls with disabilities and ensuring their participation in the development and implementation of pandemic response and recovery plans; (OP5 of A/HRC/RES/44/17, modified) [↑](#endnote-ref-11)
12. OP8(i) Repealing legislation and regulatory provisions that restrict legal capacity or permit forced sterilization, forced abortion and forced contraception and ensuring that any medical procedure or intervention respects the right to respect for physical and mental integrity on an equal basis with others and bodily autonomy and is not performed without the free and informed consent of women and girls with disabilities; (OP15 of A/RES/72/162, modified + CRPD Article 17) [↑](#endnote-ref-12)
13. PP27 [↑](#endnote-ref-13)
14. OP8(h) Ensuring that sexual and reproductive health and reproductive rights are fully realized, including for victims and survivors of sexual and gender-based violence, by addressing the social and other determinants of health, removing barriers, developing and enforcing policies, good practices and legal frameworks, and strengthening health systems that make quality comprehensive sexual and reproductive health-care services, information and education universally accessible and available and inclusive;

OP8(i) *supra* n. xii [↑](#endnote-ref-14)
15. See e.g. paras 7, 8 of *CESCR General Comment No. 22* on the Right to Sexual and Reproductive Health; see also <https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1> [↑](#endnote-ref-15)
16. PP29 *Recognizing* that sexual and reproductive health information and health-care services include, inter alia, accessible and inclusive family planning, safe and effective methods of modern contraception, emergency contraception, adolescent health-care services, maternal health-care services, such as skilled birth assistance and emergency obstetric care, including midwives for maternity services, perinatal care, safe abortion when not against national law, post-abortion care, and prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, [↑](#endnote-ref-16)
17. PP30 *Concerned* that denying access to sexual and reproductive health information and health-care services can violate, abuse or impair the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, and may constitute a form of violence against women and girls that can lead to maternal morbidity and mortality,

PP22 *supra* n. X

OP8(h) *supra* n. xiv [↑](#endnote-ref-17)
18. OP8(h) *supra* n. xiv [↑](#endnote-ref-18)
19. PP22 *supra* n.x, and OP8(c)Adopting, strengthening and implementing legislation that expressly prohibits violence and provides adequate protection for all women and girls, including women and girls with disabilities, against all forms of violence, in public and private spheres, inter alia, violence perpetrated online and offline by support providers, health-care providers, transportation providers and others in positions of authority, and caregivers, sexual harassment, domestic violence, intimate partner violence and gender-related killings of women and girls, and ends impunity and adequately penalizes offences involving physical, sexual, psychological and economic violence occurring in families, in institutions, in digital contexts, in the world of work, in communities and carried out by support providers [↑](#endnote-ref-19)
20. See paras 15, 16 of *CEDAW General Recommendation No. 31 & CRC General Comment No. 18*, CEDAW/C/GC/31-CRC/C/GC/18 [↑](#endnote-ref-20)
21. PP9 *Recognizing* that violence against women and girls is a global phenomenon and a manifestation of historical and structural gender inequality and discrimination against women and girls, rooted in unequal power relations between women and men and in gender stereotypes, and that all forms of violence against women and girls, including harmful practices, such as child, early and forced marriage, female genital mutilation, forced sterilization, forced abortion and forced contraception, and conflict-related sexual violence and violence motivated by xenophobia, nullify the exercise and full enjoyment of human rights and fundamental freedoms by all women and girls, [↑](#endnote-ref-21)
22. A/RES/72/162 OP15 [↑](#endnote-ref-22)
23. PP28 *Deeply concerned* that women and girls with disabilities are disproportionately subjected to forced sterilization, which is a form of violence and violation and abuse of human rights that may constitute torture and other cruel, inhuman or degrading treatment and results in lifelong consequences for the physical and mental integrity of women and girls with disabilities, [↑](#endnote-ref-23)
24. OP8(i) *supra* n. xii [↑](#endnote-ref-24)
25. OP5 *Recognizes* that a proactive multi-sectoral approach, working with all relevant stakeholders, including organizations of and led by persons with disabilities, is required to prevent, respond to and eliminate violence against women and girls with disabilities, including …measures aimed at deinstitutionalization and promotion of independent living; (adapted from OP8 of A/HRC/RES/41/17 + OP5b of A/HRC/RES/28/4)

OP7(e) Ensuring the full, effective and meaningful participation and inclusion of women and girls, in their diverse contexts, including women and girls with disabilities on an equal basis with others, in decision-making processes and leadership roles and in the development and implementation of accessible and inclusive national policies, legislation, procedures, action plans, programmes, projects and strategies to prevent and eliminate violence against women and girls, and ensuring that such participation is conducted in a safe and accessible environment, including through support and capacity-building from organizations of and led by women, girls and other persons with disabilities, and through community outreach, mentoring and capacity-building programmes for women and girls with disabilities; (OP10b of A/HRC/RES/41/17, modified)

OP7(k) Supporting initiatives undertaken by, inter alia, international and non-governmental organizations, including women’s and girls’ rights organizations, organizations of and led by persons with disabilities, older women, girls and youth, civil society actors, the private sector, faith and community groups, religious leaders, politicians, journalists and other media workers, human rights defenders, including women and girl human rights defenders, Indigenous peoples, local communities and other relevant actors, as part of their efforts to develop targeted and accessible responses, programmes and policies, including by allocating adequate financial resources, aimed at promoting gender equality and inclusion and eliminating violence against women and girls; (OP10c of A/HRC/RES/41/17, modified)

PP31 *Underlining* the need to promote the full, effective and meaningful participation and inclusion of women and girls with disabilities on an equal basis with others, including victims and survivors of all forms of violence, in decision-making processes and leadership roles and in the conceptualization, development and implementation of intersectional age- and gender-responsive policies, regulations and legislation designed to prevent and eliminate all forms of violence against women and girls, [↑](#endnote-ref-25)
26. OP7(b) [↑](#endnote-ref-26)
27. OP4 [↑](#endnote-ref-27)
28. OP7(f) [↑](#endnote-ref-28)
29. OP7(i) [↑](#endnote-ref-29)
30. OP7(j) [↑](#endnote-ref-30)
31. OP8(f) [↑](#endnote-ref-31)
32. OP8(e) [↑](#endnote-ref-32)
33. OP8(j) [↑](#endnote-ref-33)