

TIP SHEET: DISABILITY INCLUSION IN GENDER-BASED VIOLENCE PROGRAMMING



Introduction

Ending gender-based violence (GBV) and harmful practices is one of the three transformative results of the United Nations Population Fund (UNFPA), and a key priority in implementing the Programme of Action of the International Conference on Population and Development and the 2030 Agenda for Sustainable Development. In pursuit of these goals, the UNFPA Asia and the Pacific Regional Office (APRO) is supporting countries in the region to address GBV, including strengthening sexual and reproductive health services as an entry point for violence-related information, services and referrals, and developing evidence-based programmes to promote and protect women's rights.¹

Box 1: Some statistics on GBV and disability

Globally, 18 per cent of the female population has a disability.^a

Persons with disabilities have a 1.5 times greater risk of violence than those without disabilities, and the risk is even higher among those with intellectual and psychosocial disabilities.^a

Women with disabilities are two to four times more likely to experience intimate partner violence.^b

Children with disabilities are three times more likely to experience sexual abuse.^c

^a World Health Organization, *Global Report on Health Equity for Persons with Disabilities* (Geneva, 2022).

^b Kirstin Dunkle and others, *Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Programme* (London, UK Aid, Department for International Development, 2018).

^c UNICEF, *The State of the World's Children 2013: Children with Disabilities – From Exclusion to Inclusion* (New York, 2013).

Globally, 18 per cent of the female population has a disability (*see Box 1*),² and many of these women are at higher risk of GBV than those without disabilities owing to the multiple and intersecting forms of discrimination they face. Attitudinal, environmental and communication barriers result in this population's systematic exclusion from GBV programmes, services, and activities – both as partners and beneficiaries. For this reason, all UNFPA efforts to address GBV must be inclusive of and accessible to women and girls with disabilities, ensuring that transformative goals are met and that no one is left behind.

This tip sheet provides guidance for UNFPA country office staff on the entry points to and appropriate strategies for integrating disability into GBV programme planning. Links to additional tools and resources on the implementation of the proposed strategies and approaches are provided throughout. The tip sheet links to and complements wider toolkits and checklists on disability inclusion in GBV programming developed by UNFPA and its partners, as outlined in *Figure 1*, *Figure 2* provides an overview of the entry points.

¹ UNFPA APRO, "What we do: Gender-based violence" (n.d.). Available at <https://asiapacific.unfpa.org/en/node/15204>.

² World Health Organization, *Global Report on Health Equity for Persons with Disabilities* (Geneva, 2022).

Figure 1: GBV and disability tools developed by UNFPA APRO

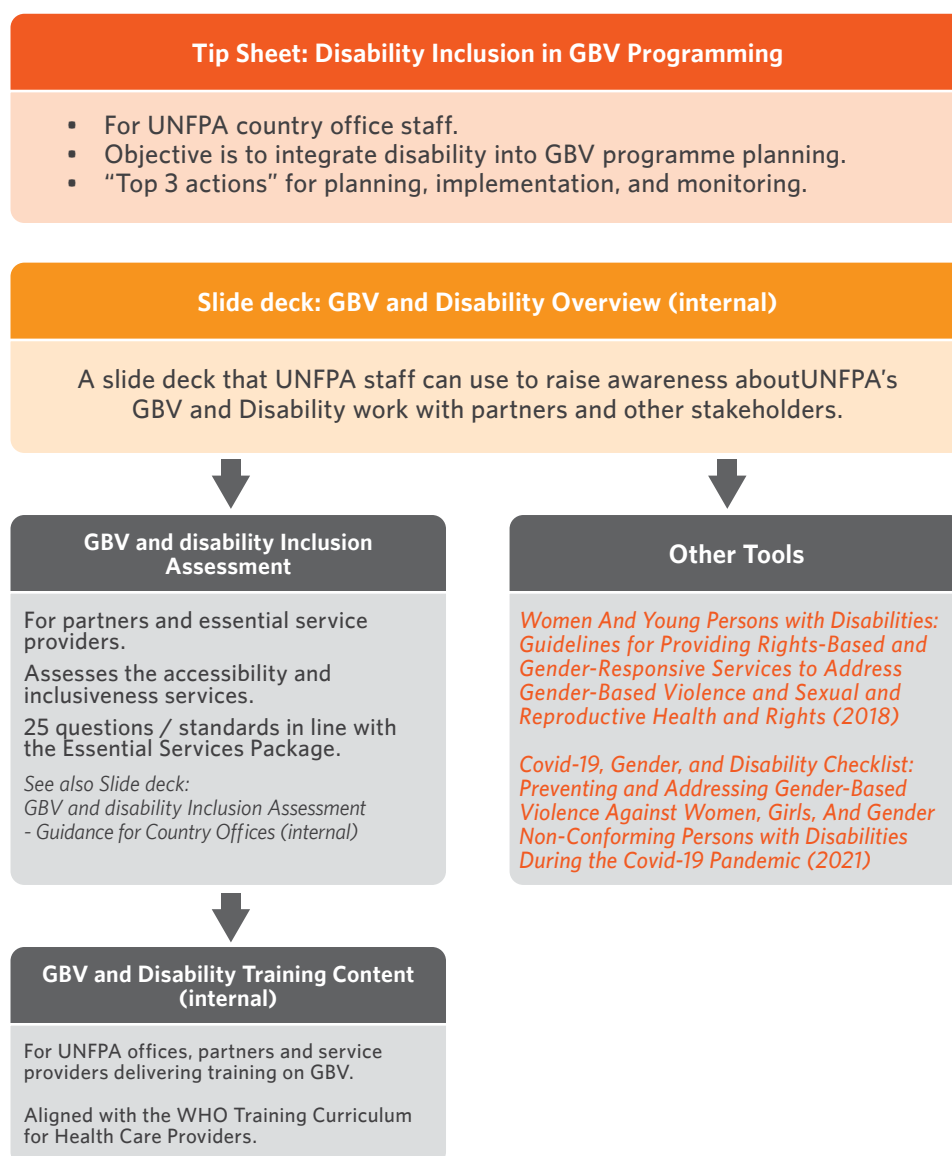
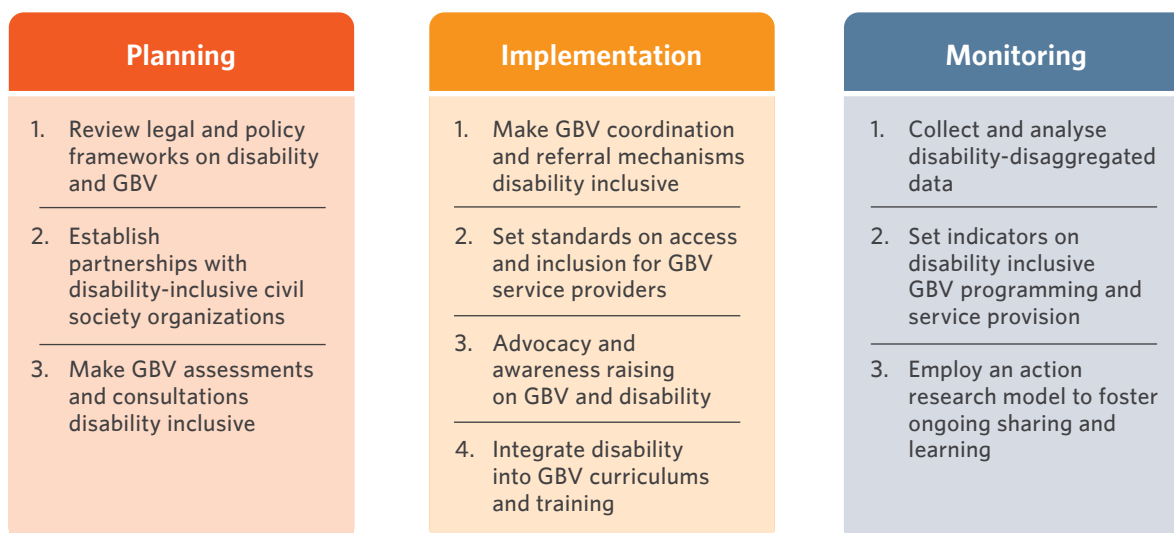


Figure 2: Overview of entry points for disability inclusion in GBV Programming



Disability inclusion in gender-based violence programme planning processes

To meaningfully address the rights of women and girls with disabilities, it is essential to mainstream disability inclusion in GBV planning processes, including in contextual analysis, community assessments and consultation. UNFPA Country Office staff can take the following top three actions during the planning phases to mainstream disability inclusion in their GBV programmes.

1) Review legal and policy frameworks on disability and gender-based violence

- Review existing laws and policies relating to disability to identify good practices that can be built on and gaps that need to be addressed to ensure the rights of women and girls with disabilities are protected in GBV programmes. Key questions to ask in this review are the following.
 - Are women and girls with disabilities referenced in the national strategy and/or action plan on GBV? Furthermore, is GBV referenced in any national strategies and/or action plans on disability? If appropriate, can these strategies and action plans be developed or revised to ensure the protection and empowerment of women and girls with disabilities?
 - How do existing laws and policies create barriers to women and girls with disabilities accessing GBV services? For example, do national laws protect legal capacity/recognize women and girls “with disabilities as equal before the law? Is the informed consent of women and girls with disabilities legally required for all GBV services? Are service animals legally permitted in all public buildings and private facilities?
 - Does the country have an independent and effective accountability mechanism for reporting, monitoring and redressing violations against women and girls with disabilities? To the extent that this mechanism exists, are remedies responsive to and appropriate for the violations experienced by women and girls with disabilities, including GBV?³ If this mechanism exists, is it in line with survivor-centred principles (e.g. does it respect the confidentiality, safety, self-determination and non-discrimination principles)?

For more information, please see UNFPA, “Chapter 2: Foundational guidelines for action for providing rights-based GBV and SRHR services for women and young persons with disabilities – Section 2.2: Law and policies” in *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* (New York, 2018).

³ Adapted from UNFPA Regional Office for Eastern Europe and Central Asia and East European Institute for Reproductive Health, *Multi-sectoral Response to Gender-Based Violence: A Resource Package* (Istanbul, UNFPA Regional Office for Eastern Europe and Central Asia, 2020).

2) Establish partnerships with inclusive civil society organizations

- Identify how current civil society partners include women and girls with disabilities. Women's rights organizations may not always have members with disabilities or involve persons with disabilities in their consultations and activities. The organizations may lack an understanding of the needs of this group and the barriers they face, barriers that should be considered in GBV programme planning.
- Expand partnerships to include women-led organizations of persons with disabilities (OPDs). OPDs are “non-governmental organizations led, directed and governed by persons with disabilities, who should compose a clear majority of their membership”.⁴ Women-led OPDs can provide information on effective strategies to ensure that GBV policies, strategies and programmes address barriers and promote inclusion.
- Link civil society partners to women-led OPDs during GBV programme planning activities. Invite women-led OPDs to planning workshops and meetings so that common priorities and interests can be identified and integrated into GBV programmes.

For more information, please see the checklists for different types of consultations in United Nations, “Section 3: Consultation in practice” in *Consulting with Persons with Disabilities: Indicator 5*, UNDIS guideline (New York, 2021).

3) Make gender-based violence assessments and consultations disability inclusive

- Set targets with partners for the number of persons with disabilities and their caregivers to be included in community consultations on GBV. Ideally, one or two participants with disabilities should be invited to age- and gender-appropriate focus group discussions (16 per cent of the wider community members consulted).
- Add questions on disability to GBV assessments and consultations with partners, communities and service providers.

For more information, please see Women's Refugee Commission and International Rescue Committee, *Tool 1: Guidance on Including Persons with Disabilities and Caregivers in GBV Assessments*; Women's Refugee Commission and International Rescue Committee, *Tool 2: Group Discussion Guide*; Women's Refugee Commission and International Rescue Committee, *Tool 3: Individual Interview Tool*; and Women's Refugee Commission and ChildFund International, “Part 3: Participatory assessment tools for children and youth” and “Communication toolbox” in *Gender-Based Violence Against Children and Youth with Disabilities: A Toolkit for Child Protection Actors* (New York, Women's Refugee Commission, and Richmond, Virginia, USA, ChildFund International, 2016).

⁴ United Nations, *Consulting with Persons with Disabilities: Indicator 5*, UNDIS guidelines (New York, 2021).

Disability inclusion in gender-based violence programme activities

When developing and planning programmes with partners, there are four types of GBV activities where disability inclusion is critical: 1. when setting standards for GBV service providers (in line with the *Essential Services Package for Women and Girls Subject to Violence*); 2. establishing or revising GBV referral and coordination mechanisms; 3. supporting joint advocacy and awareness-raising campaigns; and 4. developing and implementing curricula and training for GBV actors.

1) Set standards on access and inclusion for gender-based violence service providers

- Identify and address barriers to access and inclusion when strengthening essential services for GBV survivors, including specific barriers to access to information on GBV services. The Gender-based Violence and Disability Inclusion Assessment Tool is designed for partners and essential service providers to use to collect information about how their service is meeting standards on access and inclusion of women and girls with disabilities. It can be used to inform future service development and track improvements over time. It is structured according to the common characteristics of all essential services, and thus is relevant for all sectors engaged in GBV service provision and response.

For more information, please see UNFPA APRO, *Gender-based Violence and Disability Inclusion Assessment Tool* (2023).

2) Make gender-based violence coordination and referral mechanisms inclusive

- Identify and invite women-led OPDs to participate in coordination meetings. They can provide information on some of the gaps and appropriate strategies needed to strengthen essential service delivery to persons with disabilities.

For more information, please see the checklists for different types of consultations in United Nations, "Section 3: Consultation in practice" in *Consulting with Persons with Disabilities: Indicator 5*, UNDIS guideline (New York, 2021).

- Define the roles and responsibilities of different stakeholders in supporting persons with disabilities who have experienced violence and ensure referral processes and standard operating procedures are aligned accordingly (see [Table 1](#)).

Table 1: Roles of groups involved in GBV programming

GBV coordination bodies	GBV service providers (e.g. health, justice and policing, social services)	Disability service providers (e.g. rehabilitation, sign-language interpretation services)	Community groups (e.g. women's rights organizations, OPDs)
Set and monitor standards on access and inclusion for GBV service providers (see point 2 below)	Provide services to survivors with disabilities on an equal basis with others who have experienced GBV	Safely refer those who have experienced GBV and those at risk of violence to GBV service providers	Participate in consultations by GBV service providers who are assessing and addressing barriers
Map and develop appropriate linkages with disability service providers and community groups	Regularly assess and improve the accessibility and inclusion of services in line with appropriate standards (see point 2 below)	Provide rehabilitation, aids and devices, and/or confidential interpretation services, if requested by persons with disabilities who have experienced GBV	Sensitize GBV service providers on disability
Train stakeholders on safely receiving disclosures and on referring persons with disabilities who have experienced GBV	Consult with OPDs on barriers and strategies to improve access to services		Share information about available GBV services/activities with persons with disabilities
	Ensure staff have the knowledge, attitudes and skills to support persons with disabilities who have experienced GBV (see point 4 below)		

Box 2: UNFPA Myanmar – Engaging the Myanmar deaf community development association in GBV helpline coordination

UNFPA Myanmar is currently providing financial and technical support (e.g. training on GBV basics and case management, helpline operations, and the development of GBV helpline standard operating practices) to the Deaf Community Development Association (MDCDA), which delivers one of the few helplines targeting persons with disabilities. MDCDA operates two helplines: the Mingalar Call Center and the A Pyone Pan Helpline. The Mingalar Call Center mainly targets persons with hearing impairments and provides callers with COVID-19-related information through sign language applications. The A Pyone Pan Helpline, which has been in operation since February 2021, provides legal aid services and referral support to women and girls with disabilities, especially those with hearing impairments, who are affected by GBV. UNFPA Myanmar recognized the opportunity to reach women and girls with disabilities through these existing networks, but also the need to ensure the safety and quality of services for survivors. Therefore, it provided tailored training specific to MDCDA and its role, including advice on the use of sign language interpreters. MDCDA is also a valuable resource for other GBV service providers, and offers sign- language support to these providers.

3) Conduct joint advocacy and awareness raising on gender-based violence and disability

- Make efforts to raise awareness, mobilize advocacy and foster collaborative action to combat all forms of GBV inclusive of the needs and contributions of women and girls with disabilities. This can be achieved by engaging OPDs in these initiatives and ensuring that women and girls with disabilities are represented in campaign materials and at events. Key messages on disability can also be integrated into advocacy conducted with government partners and other stakeholders. The engagement of OPDs in co-designing and implementing advocacy and awareness-raising campaigns is also key to ensuring that women and girls with disabilities are reached through modalities that are inclusive of and responsive to their specific disability-related needs.

4) Integrate disability into gender-based violence curricula and training

- Ensure that staff have the appropriate knowledge, attitudes and skills relating to disability inclusion. This is the responsibility of GBV service providers. When planning the development or review of GBV curricula and training, discuss with partners the importance of reflecting women and girls with disabilities in the content, activities and case studies. While it may be appropriate to seek advice on the content from disability experts and organizations, it is critical for sustainability that GBV service providers deliver this training directly to their own staff. This also sends a message that supporting survivors with disabilities is part of the core business of GBV service providers. Key GBV topics for the integration of disability content, examples and case studies are:
 - Understanding risk and vulnerability to GBV
 - Community awareness-raising on GBV
 - Ensuring survivor-centred approaches
 - Effective communication with GBV survivors

For more information, please see Women's Refugee Commission and International Rescue Committee, *Tool 4: A Training Module for GBV Practitioners in Humanitarian Settings* (2015); and Women's Refugee Commission and ChildFund International, "Part 2: Capacity development tools for staff" in *Gender-Based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors* (New York, Women's Refugee Commission, and Richmond, Virginia, USA, ChildFund International, 2016).

Box 3 provides an example of integrating disability into this type of activity.

Box 3: UNFPA Pakistan – Integrating disability into GBV case management training

It is essential that case workers recognize and use their skills to support survivors with all types of disabilities. Therefore, it is recommended that training on case management incorporate examples of how to deal with survivors with a range of different communication skills and preferences and include case studies of people with different types of disability. It should also give examples of how to deal with those who might be accompanied by family members or caregivers. The following is an example of reflective listening practice applied to an example of a survivor with disabilities attending case management with her mother.

The mother of a survivor with disabilities says to you

"She needs to go somewhere else to live – it is not safe here." The daughter starts to cry and yells *"no"*.

Core message: the mother is scared, and the daughter does not agree with her.

Core feelings: fear, helplessness, disagreement.

Your possible response: to the mother, *"You are worried for you daughter's safety";*
to the daughter, *"And my understanding is that you want to make your own decisions – you don't want to live somewhere else?"^a*

^a Rozan Counselling Helpline, Case Management Module on Gender Based Violence.

Disability inclusion in gender-based violence programme monitoring

The following top three actions can be integrated into GBV programme monitoring and evaluation. Information about the gaps in and opportunities for greater disability inclusion should be addressed in work plans, new projects or phases of action with partners

1) Collect and analyse disability-disaggregated data in violence prevalence surveys and gender-based violence service usage databases

- Integrate the Washington Group Short Set on Functioning into the introductory or demographic section of violence prevalence survey questionnaires. This will allow disaggregated analysis of data on violence, including identifying the circumstances in which women, men, girls and boys with disabilities may experience higher rates of various types of violence and/or be less likely to access essential services than their peers without disabilities. Where GBV services are collecting demographic information, such as sex and age, the Washington Group questions can also be added to appropriate forms (in line with standards for safe and confidential data collection) to identify if persons with disabilities are accessing these services on an equal basis with others. It is important that findings that demonstrate greater risk of GBV or reduced access to services for survivors with disabilities be responded to through appropriate actions in GBV programmes. This may include collecting more qualitative information on the barriers and recommended strategies from women and girls with disabilities. An example of integrating the Washington Group Short Set on Functioning is provided in Box 4.

For more information, please see Washington Group on Disability Statistics, *The Washington Group Short Set on Functioning (WG-SS)* (Hyattsville, Maryland, 2022).

Box 4: Integrating disability into national violence against women surveys

With support from the Australian Department of Foreign Affairs and Trade, UNFPA Asia Pacific Regional Office, in partnership with the University of Melbourne have created the kNOwVAWdata initiative to support and strengthen regional and national capacities to measure violence against women in the Asia-Pacific region. In 2017, national, regional and global experts were brought together to discuss what approaches should be taken to ensure that women with disabilities are better represented in national prevalence studies on violence against women. Efforts are now being taken to integrate the Washington Group Short Set on Functioning into national surveys on violence against women (most commonly using the methodology from the WHO Multi-country Study on Women's Health and Domestic Violence, or the domestic violence module of the Demographic and Health Survey). One such effort from Viet Nam found that a third (33.0 per cent) of women with disabilities had experienced physical violence perpetrated by their husband/partner, compared with a quarter (25.3 per cent) of women without disabilities. In addition, more women with disabilities had experienced childhood sexual abuse (6.4 per cent compared with 4.4 per cent).^a

^a Ministry of Labour, Invalids and Social Affairs, General Statistics Office and UNFPA, *Summary Report: Results of the National Study on Violence against Women in Viet Nam 2019 – Journey for Change* (Ha Noi, 2020).

2) Set indicators on disability-inclusive gender-based violence programming and service provision

- Track whether GBV programme activities are reaching and benefiting persons with disabilities equally by disaggregating beneficiary data collection and analysis by disability and/or including indicators relating to disability inclusion in your logframes and results frameworks. Sample indicators include:
 - Percentage (not number) of survivors accessing GBV services who report having a disability
 - Percentage (not number) of service users who report being satisfied with the service provided, disaggregated by sex, age and disability
 - Number and type of GBV curriculums or training packages that integrate disability
 - Percentage of GBV service provider staff who have received training on the Essential Services Package for Women and Girls Subject to Violence and other international standards through inclusive curricula and training packages
 - Number and type of GBV services that meet set standards on access and inclusion.

For more information, please see UNFPA APRO, *Gender-based Violence and Disability Inclusion Assessment Tool* (2023).

3) Employ an action research model to foster ongoing sharing and learning

- Use a participatory action research model. This means putting women and girls with disabilities at the centre of programming processes – from the identification of gaps and barriers, to development of pilot actions, and, ultimately, to the decision on what change matters the most.
- Try using “stories of change”. These have proved to be an effective way of engaging women and girls with disabilities, who would otherwise be considered merely “beneficiaries” of GBV programming, in identifying effective strategies and approaches to inclusion, current gaps and recommendations for stakeholders. Providing women and girls with different options on how to document and share their own stories – verbally, in written form or through photography, and individually or with persons they trust – and valuing the diversity of contributions brought forth can also contribute to empowerment processes.

For more information, please see Women's Refugee Commission and International Rescue Committee, *Tool 12: Documenting “Stories of Change”* (New York, 2015).

- Encourage GBV service providers to reflect on changes in knowledge, attitudes and practices relating to disability inclusion, highlighting successes and informing future capacity development goals.

For more information, please see Women's Refugee Commission & International Rescue Committee, *Tool 11: Reflection Tool for GBV Practitioners*.

- Finally, document positive practices and approaches to share with APRO colleagues and the wider GBV community.

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