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Gender-Based Violence and Disability Inclusion

FACT SHEET

Why the Fact Sheet?

Persons with disabilities include those who have long-term sensory, physical, psychosocial, intellectual or other impairments that, along with various barriers, prevent them from fully and effectively participating in society on an equal basis with others.¹ According to the World Health Organization, approximately 1.3 billion people have a disability.² About 4 in 5 persons with disabilities live in developing countries, and more than 80 per cent of them live in extreme poverty. Estimates show that 18 per cent of the female population have a disability compared to 14.2 per cent of the male population.³

Persons with disabilities face marginalization and discrimination throughout their lives and across all aspects, including cultural, educational, economic and political spheres. Adults and children with disabilities also experience higher rates of violence.

This fact sheet is for all actors working on gender-based violence (GBV) prevention, response and risk mitigation. It aims to provide an overview of the situation on GBV and disability and suggest key considerations for including persons with disabilities in GBV programming and coordination.



1.3 billion people

have a disability globally



More than

80%

of persons with disabilities and about 4 in 5 persons in developing countries live in extreme poverty.

GBV among Persons with Disabilities

- Article 6 of the Convention on the Rights of Persons with Disabilities recognizes that women and girls with disabilities are subject to multiple and intersecting forms of discrimination. Far too often, they experience discrimination, exclusion, isolation and denial of their dignity and autonomy, both in public and within their own families. Article 16 of the Convention calls upon all stakeholders to implement measures to protect persons with disabilities, both at home and in public, from all forms of exploitation, violence and abuse, including GBV.
- Women and girls with disabilities face barriers in most areas of life,⁴ particularly when it comes to equal access to education, economic opportunities, social interaction and justice; equal recognition before the law; and the ability to participate in politics and to exercise control over their own lives, for example on health care, including sexual and reproductive health services, and on where, and with whom, they wish to live.⁵
- Women and girls with disabilities, and particularly those with psychosocial, hearing and intellectual disabilities, are more at risk of sexual violence and other forms of GBV due to negative attitudes by individuals and societies. Perpetrators may view them as 'easy' victims, exacerbating their vulnerability.
- Women and girls with disabilities frequently experience sexual exploitation due to extreme poverty and unmet needs for assistance.

¹ Convention on the Rights of Persons with Disabilities, 2006, Article 1.

² World Health Organization, 'Disability', <www.who.int/health-topics/disability#tab=tab_1>, accessed 23 October 2023.

³ World Health Organization, Global report on health equity for persons with disabilities, December 2022.

⁴ United Nations, Department of Economic and Social Affairs, UN Flagship Report on Disability and Sustainable Development Goals, 2018.

⁵ United Nations, General comment No.3 on Article 6 – women and girls with disabilities, CRPD/C/GC/3, United Nations, New York, 25 November 2016.

- Girls with disabilities are particularly vulnerable to child marriage, especially when their families face economic hardship or social pressure and also if they are in camps for refugees and internally displaced persons. This is due to various factors, including socioeconomic stress, gender inequality, age and disability
- Sexual violence against men and boys with intellectual and physical disabilities has also been reported in several contexts. This underlines the intersection of disability with other dimensions of identity such as race, ethnicity and gender.
- GBV against persons with disabilities can sometimes take specific forms, such as abuse by the caregiver, by withholding medication or an assistive device and denial of necessities like food, money and toileting support.
- In emergency situations, the risks of GBV escalate, including against persons with disabilities, as the structures and systems to protect women and girls are destroyed.

Terminology on Disability



The terms used to address or refer to persons with disabilities can diminish or empower them.⁶ Different terminologies are often used when referring to persons with disabilities. These include: **“persons living with disabilities”**, **“disabled people”**, **“handicapped”**, and **“vulnerable”**.



Persons with disabilities are not inherently vulnerable; rather, vulnerability is imposed on them, by barriers and lack of support. Rights-based language usually uses vulnerability with a qualifier. For example, girls with disabilities are more vulnerable to sexual violence when they are separated from family members and caregivers and not because of their disability. It is important to consult with and engage Organizations of Persons with Disabilities (OPDs),⁷ where they are operating, to avoid using terms that might be considered demeaning by persons with disabilities.

- Use person-first terminology (for example, choose ‘person with a disability’ rather than ‘disabled person’; and ‘girl who is blind’ or ‘girl with a vision impairment’ rather than ‘blind girl’).
- Avoid terms that have negative connotations, such as ‘suffer’, ‘suffering’, ‘victim’ or ‘handicapped’. Speak of a ‘wheelchair user’ rather than a person who is ‘wheelchair-bound’ or ‘confined to a wheelchair’.
- Speak of persons ‘without impairments’ rather than ‘normal’ or ‘regular’ persons.
- Do not use acronyms to refer to persons with disabilities (e.g. PWD). Due to long-standing stigma and discrimination faced by persons with disabilities, reference should be made to girls, boys, women and men with disabilities, and using acronyms denies that.
- If you don’t know how to address someone’s disability or the way to help, please ask the person!

⁶ For details, see Inter-Agency Standing Committee, IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019, p. 17.

⁷ OPDs are representative, majority-governed and led by persons with disabilities for persons with disabilities. They generally undertake advocacy, guidance, training and technical assistance, and promote rights. They may work locally, nationally, regionally or globally, may focus on one type of disability or cross-disability, and may be organized in a local or national network, which may belong to one or more regional or global networks.

COMMON BARRIERS TO DISABILITY INCLUSION IN GBV PROGRAMMING AND COORDINATION

For persons with disabilities, barriers limit their access to services and inclusion in GBV programmes. Barriers may be attitudinal, environmental, institutional or related to communication.



Attitudinal barriers: negative attitudes towards persons with disabilities that may be rooted in cultural or religious beliefs, that result in unequal distribution of power, discrimination, prejudice, ignorance, stigma and bias.



Institutional barriers: laws, policies, strategies or institutionalized practices that discriminate against persons with disabilities or prevent them from participating in activities such as programmes on GBV.



Environmental barriers: physical or digital obstacles that affect opportunities for inclusion. These include distance, unmodified infrastructure and poor road conditions making it impossible to access protection services; lack of Internet/computers, inaccessible digital platforms, hampering the ability to access methods of reporting GBV or sexual exploitation and abuse; lack of outreach or information regarding protection of rights, access to justice; and lack of access to safe spaces, health facilities, one-stop facilities offering specialized services.



Communication barriers: limited use of alternative communication methods (braille or sign language), or multiple formats of communication (audio and visual) and communication techniques.



APPLYING AN INTERSECTIONAL LENS TO DISABILITY INCLUSION

Persons with disabilities are a diverse group with different impairments. They include girls, boys, women and men. They have different races, identities, including ethnicity, socio-cultural backgrounds, religion, income status, and therefore have different needs, and face multiple and intersecting forms of discrimination. Understanding these differences must inform any approach to working with them.

A human rights-based approach places persons with disabilities at the centre of programming as a way of reducing the barriers and risks that they face. It requires humanitarian actors to recognize the importance of ensuring women and girls with disabilities affected by GBV are able to contribute to emergency preparedness, and to response, recovery and reconstruction efforts.

KEY CONSIDERATIONS FOR DISABILITY INCLUSIVE GBV COORDINATION



Coordination, Policy and Advocacy

- Assess the attitudes and assumptions of GBV actors towards disability inclusion; consider introducing sensitization/ training sessions to address identified gaps in attitudes and to ensure a human rights-based approach to inclusion.
- Support GBV actors to identify opportunities and entry points to work with women and girls with disabilities as partners and active agents of change who can make meaningful contributions, rather than just focusing on their risks and vulnerabilities.
- Promote the representation, leadership and participation of women-led organizations of people with disabilities in GBV coordination mechanisms and platforms.
- Ensure that venues selected for GBV coordination meetings and events and approaches to meetings are accessible to persons with disabilities.
- Advocate for the representation of women and girls with disabilities in all humanitarian clusters and support advocacy by groups of women and girls with disabilities.
- Make provisions for disability inclusion in GBV policies, strategies and protocols, workplans and budgets including standard operating procedures, and guidelines for GBV case management and referral systems.
- Include persons with disabilities in consultations and all phases of programme design, implementation and monitoring.
- Ensure the integration of disability inclusion and other forms of intersectional discrimination as a standing agenda item in GBV coordination meetings.

- Advocate for partnerships and allocation of resources and support for OPDs, including self-help groups formed by persons with disabilities and their parents/caregivers.
- Ensure recruitment of women with disabilities as staff and volunteers in GBV programmes. Prioritize the inclusion of persons with disabilities and caregivers in activities that strengthen social capital, economic empowerment and peer networks.
- Advocate for meaningful recognition and provision of reasonable accommodation or disability top ups in budgets.



Assessments and Monitoring

- Include the Washington Group Short Set of Questions (WGSS) and the UNICEF-WG Child Functioning Module in GBV needs assessments, safety audits and other assessment tools.
- As part of the GBV service mapping exercise, collect information on local OPDs⁸ and other services for persons with disabilities, such as sign language interpreters, organizations/ companies providing assistive devices.
- Before the assessment, prepare information on support services for survivors of GBV, including any additional ones that might be available for persons with disabilities.
- During a needs assessment, include women and girls with disabilities (including caregivers) as key informants and participants in focus group discussions.
- When undertaking secondary data review, make use of official data sources, such as government databases, disability statistics databases, demographic and health surveys, gender-based violence information management systems, education management information systems, child protection information management systems and information compiled by humanitarian actors.⁹

⁸ When mapping OPDs it is important to identify who they represent and their ability to work on the safe identification and referral of GBV survivors to appropriate services.

⁹ However, it is important to recognize that these figures may significantly underestimate the number of persons with disabilities and may not accurately describe their needs, views and priorities.

- Disaggregate data by sex, age and disability.
- Do not collect data on GBV cases as it may be difficult to guarantee the privacy, safety and security of survivors in line with WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies¹⁰. If you are not a GBV specialist, do not attempt to provide specialized support to GBV survivors. If a GBV survivor decides to disclose their experience, refer to available services in the area, including additional services available for persons with disabilities.
- Do not discriminate against persons with disabilities. Follow the survivor-centred approach and obtain consent from them for participation in interviews/assessments, respect their confidentiality and provide information about their rights and options to access services and other support.
- Follow the survivor-centered approach and, before recruiting participants for interviews and other activities, engage with community leaders, government representatives and other community gate-keepers to explain the purpose of the assessment, and identify and mitigate GBV risks that may arise from consultations.
- Document how persons with disabilities and caregivers have been included in GBV activities, the results achieved and the impact that this might have had in their lives.
- Following the barrier analysis, develop a plan to address the gaps identified to make activities and services addressing GBV accessible to persons with disabilities.
- Ensure GBV service providers adopt a survivor-centred approach and provide responsible, compassionate, accessible and confidential care to GBV survivors with disabilities, and ensure persons with disabilities are given the opportunity to report GBV concerns related to caregivers, even when caregivers are assisting them to access GBV services.
- Select distribution sites and accessible locations for persons with disabilities for the provision of services and delivery of goods, including the distribution of dignity kits. Consider alternative options to provide services to ensure access to persons with disabilities, including providing transportation or door to door services to individuals who find it difficult, or impossible, to reach distribution points.
- When procuring goods, consider inclusive goods that include adapted and additional items that meet the needs of persons with disabilities specifically. For example, the United Nations Population Fund (UNFPA) in Kenya adapted dignity kits to include adult diapers and disposable pants for women and girls with severe disabilities, particularly those with cerebral palsy.
- Ensure that all equipment, devices and other supportive technologies to implement programmes are accessible for use of persons with disabilities.



Access to GBV Services

- Use the Availability, Accessibility, Acceptability, Quality (AAAQ) Framework to identify barriers women and girls may face accessing humanitarian aid and services and consider persons with different types of disabilities when conducting the analysis. In addition, identify attitudinal, environmental, communication and institutional barriers that hinder women, girls, men and boys with disabilities from accessing existing GBV services and seek informed consent – do not make assumptions.
- Include persons with disabilities in consultations, meetings and trainings and ensure that documents are designed in accessible formats, and provide help where appropriate, such as sign language interpretation, or personal assistance.
- Develop inclusion strategies for women and girls' safe spaces (WGSS). This requires recognizing women and girls with disabilities as experts with the knowledge of how to best support their inclusion in the WGSS and using their insights¹¹.

¹⁰ World Health Organization, WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies, WHO, Geneva, 2007.

¹¹ International Rescue Committee and International Medical Corps, Women and Girls Safe Spaces, *A toolkit for advancing women's and girls' empowerment in humanitarian settings*, IRC, New York, undated, Section 3.4, p. 136.



Awareness raising and community education

- Develop and deliver information about available GBV services in multiple accessible formats (oral, print, sign language, easy-to-read/plain language, etc.) and that communication is represented in a dignified manner.
- Include persons with disabilities in community GBV awareness-raising and education events and ensure activities are age and gender appropriate.
- Ensure GBV messages also include positive pictures/stories of persons with disabilities as agents of change.
- Monitor how many persons with disabilities (disaggregated by sex and age) attend GBV community awareness and education activities/ events.
- Identify and utilize other community-based disability friendly spaces to serve as entry points to awareness-raising activities.



Capacity building

- Train organizations of persons with disabilities on humanitarian structures, GBV in emergencies and opportunities and entry points for meaningful engagement.
- Include activities for the capacity-building of GBV actors, including awareness of the rights of persons with disabilities, and work with persons with disabilities to strengthen and expand their capacities and knowledge.
- Integrate and mainstream content about persons with disabilities in core GBV training packages. Add case studies and discussions of disability to practitioner training and community awareness-raising materials.
- Train Organizations of Persons with Disabilities (OPDs), in particular those that are women-led, on how to safely refer GBV survivors to appropriate services (the pocket guide).
- Consider co-developing induction and training courses on disability inclusion and documenting good practices and lessons learned in collaboration with organizations of persons with disabilities.



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Resources

Brigitte Rohwerder, GSDRC. [Women and girls with disabilities in conflict](#) (2017).

GBVguidelines.org. [How to support survivors of gender-based violence when a GBV actor is not available in your area: A step-by-step Pocket Guide for humanitarian practitioners – Version 2.0](#) (2022).

WHO, [Global report on health equity for persons with disabilities](#) (2022). <https://www.who.int/publications/item/9789240063600>

Global WASH Cluster, [WASH Safety and Accessibility Toolkit](#) (2023).

Inter-Agency Standing Committee. [IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action, 2019](#) (2019). (pp. 149-152 focus on humanitarian actors working on GBV).

International Rescue Committee and International Medical Corps. [Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings](#). (2020).

United Nations. [Charter on the Inclusion of Persons with Disabilities in Humanitarian Action](#) (2016).

United Nations. [Convention on the Rights of Persons with Disabilities](#) (2006).

United Nations. [Flagship Report on Disability and Sustainable Development Goals](#) (2018).

UNESCO, [A spotlight on women and girls with disabilities: promoting a culture of inclusivity of women and girls with disabilities into community-based interventions addressing gender-based violence, sexual and reproductive health and rights and harmful practices in Zimbabwe](#) (2021)

UNESCO, UNWOMEN, [Global guidance on addressing school-related gender-based violence](#) (2016).

UNICEF, UN Women, WHO, ILO, FAO, UNDP, UNFPA and UNPRPD. [Working together to ensure the rights of girls with disabilities to live free from violence](#)

(2023).

UNICEF. [Disability Inclusive Humanitarian Action Toolkit](#) (2022).

UNICEF. [Availability, Accessibility, Acceptability and Quality Framework](#) (2019).

OHCHR. [General Comment No. 3 on Article 6 – women and girls with disabilities](#) (2018).

WHO. [Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies](#) (2007).

Women's Refugee Commission and International Rescue Committee. [Building capacity for disability inclusion in GBV programming in humanitarian settings](#) (2015).

Women's Refugee Commission and United Nations Children's Fund. [Guidance on Disability inclusion for GBV Partners in Lebanon: Case management of survivors and at-risk women, children and youth with disabilities](#) (2018).

Videos

Regional GBV Working Group for East and Southern Africa. [International Women's Day 2023 #EmbraceEquity](#) (2023)

UNESCO. [GBV experiences of women and girls with disabilities in Zimbabwe – Teaser](#). (2021).

UNESCO, UNFPA, UNWOMEN, KOICA, 3D animated video on Ending GBV. [Shujaa \(Harakati Za Ngeti Series\)](#) (2022).

Relevant trainings

Handicap International. [Introduction to disability-inclusive humanitarian action](#) (2022).

United Nations High Commissioner for Refugees, [Strengthening Protection of Persons with Disabilities in Forced Displacement](#); (2021).



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**Inter-Agency Working Group
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