



**COVID-19, GENDER, AND DISABILITY CHECKLIST:
PREVENTING AND ADDRESSING GENDER-BASED
VIOLENCE AGAINST WOMEN, GIRLS, AND GENDER
NON-CONFORMING PERSONS WITH DISABILITIES
DURING THE COVID-19 PANDEMIC**



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BACKGROUND

Gender-based violence (GBV)—which refers to violence resulting from structural power differentials based on gender—can take several forms, including physical, sexual, psychological, emotional, economic, or financial violence, and is one of the most prevalent human rights violations in the world.¹ Even though data on GBV against women, girls, and gender non-conforming persons with disabilities is scarce, research has found that persons with disabilities are at least three times more likely to experience physical violence, sexual violence, and emotional violence than persons without disabilities.² Women with disabilities in particular are up to 10 times more likely to experience sexual violence, and estimates suggest that 40 percent to 68 percent of young women with disabilities will experience sexual violence before the age of 18.³

Women, girls, and gender non-conforming persons with disabilities experience the same forms of GBV as individuals without disabilities, and also face unique forms of violence, including when perpetrators withhold medications or assistive devices or decline to assist with tasks of daily living.⁴ The root causes of the higher rates of violence against those living at the intersection of gender and disability are numerous, ranging from stigma, discrimination, and harmful stereotypes based on gender and disability, to the dependence that persons with disabilities have on others in navigating inaccessible information and environments and the lack of respite for caregivers.⁵ Many persons with disabilities may also lack access to sexuality education, which might otherwise help them to identify and prevent abuse, and face increased barriers to access justice and report violence, leading to impunity for perpetrators.⁶ In addition, women with disabilities are more likely to experience poverty and isolation than are men with disabilities or non-disabled persons, even in countries with a higher standard of living,⁷ thus increasing their vulnerability to economic violence and exacerbating financial barriers to leaving violent situations and to accessing services.⁸

During health crises, the risk of GBV is increased, as the measures imposed to stem the spread

of the disease and the diversion of resources to respond to the crisis weaken States' and societies' ability to prevent GBV.⁹ Reports from around the world indicate an increased risk of violence against women, girls, and gender non-conforming persons with disabilities as part of the “shadow pandemic” of GBV during the COVID-19 crisis.¹⁰ Measures to prevent the spread of the virus have created additional risk factors for women, girls, and gender non-conforming persons with disabilities, as power imbalances between genders have increased since March 2020, while already largely inaccessible environments, justice mechanisms, and GBV support services have become even harder to access.¹¹ These increased risk factors, which are explored in more depth in the forthcoming publication as part of this project, *The Impact of COVID-19 at the Intersection of Gender and Disability: A Global Assessment and Case Studies*, include:

- Lockdowns and quarantines, which have led to isolation, increased stress, unemployment, and more barriers to meeting basic needs, such as professional services or informal community support. All of these factors, when combined with a sexist and ableist culture, contribute to increasing the risk of GBV and hinder access to GBV support services;¹²

- Resource reallocation to respond to the pandemic and away from GBV-related supports, investigations, and prosecutions;
- The shift away from in-person service provision and towards virtual services, sometimes excluding those who have disproportionately lower access to technology, including women with disabilities, who are among the most affected by the digital divide¹³; and
- The elevated risk in humanitarian emergencies, including natural disasters or conflict.¹⁴

International human rights law recognizes that all persons with disabilities—including women, girls, and gender non-conforming persons with disabilities—have a right to be free from violence, even when facing humanitarian crises, and all States must respond effectively to GBV, taking appropriate measures to protect all persons with disabilities from violence, exploitation, and abuse, while addressing violence when it occurs.¹⁵ Furthermore, as the U.N. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW Committee) has found, States parties must exercise “due diligence” to address GBV committed by non-State actors and “will be responsible if they fail to take all appropriate measures to prevent as well as to investigate, prosecute, punish and provide reparation for acts or omissions by non-State actors which result in gender-based violence against women.”¹⁶

Objectives of this Checklist

This *COVID-19 Gender, and Disability Checklist: Preventing and Addressing Gender-Based Violence (GBV) against Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic* (the GBV and Disability Checklist) is intended to guide a wide range of States, GBV support service providers, and other stakeholders—as well as United Nations Country Teams (UNCTs) providing guidance on pandemic

response and recovery efforts—on how to prevent and respond to GBV against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic and other emergencies. It is also a tool to guide recovery efforts from the COVID-19 pandemic and to ensure that rights at the intersection of gender and disability are respected, protected, and fulfilled as part of that recovery.

How to Use this Checklist

This Checklist is divided into three sections, focused on (1) Addressing the root causes of and preventing GBV against women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic; (2) Ensuring access to GBV services, including justice mechanisms, for women, girls, and gender non-conforming persons with disabilities during the COVID-19 pandemic; and (3) Preventing and addressing GBV against women, girls, and gender non-conforming persons with disabilities in the recovery from COVID-19. Under each section, there are several “Key Actions” for States and GBV service providers to take to ensure that their actions are rights-based and inclusive of gender and disability in the COVID-19 response and recovery.ⁱ

The GBV and Disability Checklist, part of the project *Build Back Better for All* funded by the UN Partnership on the Rights of Persons with

ⁱ These “Key Actions” are the result of findings from 20 virtual consultations with and responses to written surveys from approximately 250 women, men, girls, and gender non-conforming persons with disabilities conducted by UNFPA, Women Enabled International, UN Women, and eight national and regional partner organizations throughout the world. Partner organizations include CIMUNIDIS (Chile), Disabled Women in Africa, HYPE Sri Lanka, META (Latin America), My Life, My Choice (U.K.), National Forum for Women with Disabilities (Pakistan), Shanta Memorial Rehabilitation Centre (India), and Special Olympics (Eastern Europe and Central Asia). Written survey results were also gathered in the Middle East and North Africa, as well as West and Central Africa.

Disabilities, should be read in conjunction with other important tools to better understand the needs and rights of women, girls, and gender non-conforming persons with disabilities, including:

- The UN Women series, [*COVID-19 and Ending Violence Against Women and Girls*](#), which examines implications for the prevention of and response to violence and provides guidance for the collection of data on the impact of COVID-19.
- The 2018 publication, [*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*](#) [hereinafter, UNFPA-WEI Guidelines], which provides practical guidance for making GBV services more inclusive of and accessible to

women and young persons with disabilities and for targeting interventions to meet their disability-specific needs in all settings, including humanitarian emergencies.

- [*COVID-19, Gender, and Disability Checklist: Ensuring Human Rights-Based Sexual and Reproductive Health \(SRH\) for Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic*](#), developed by WEI and UNFPA, which provides guidance on how to ensure the needs of women, girls, and gender non-conforming persons with disabilities related to SRH during emergencies.

A more detailed list of resources is contained in [Annex A, on page 17](#).

Accessibility and Accessible Formats

Accessibility means that information, goods, and services can be used by persons with disabilities on an equal basis with others.¹⁷ Throughout this GBV and Disability Checklist, there are several recommendations to ensure that information, communications, facilities, and services are accessible. Accessibility in this context may include:

- disseminating information related to GBV in accessible formats such as digital formats accessible to screen readers, braille, sign language, plain language, and Easy-Read formats,
- providing sign language interpretation in police stations and courts,
- providing accessible helplines, including offering text service,
- ensuring victims/survivors have physical access to accessible shelters that include ramps, railings and elevators and are close to where victims/survivors live,
- ensuring that services are free or low-cost,
- and providing training on disability inclusion to all the staff working in GBV related services.¹⁸

For more information about accessibility in the context of GBV, see [*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*](#).

I. Addressing the Root Causes of and Preventing GBV against Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic

The COVID-19 pandemic and government and public health responses to it have exacerbated and presented additional violence-related risk factors for women, girls, and gender non-conforming persons with disabilities. These include lack of income, lack of access to social support networks, lack of social protection guarantees and support services, increased isolation and stress at home, and increased reliance on family and intimate partners to help meet basic needs, among other factors.

Preventing GBV, including addressing the root causes of GBV, is a crucial component of a State's due diligence obligations under international human rights law. In order to ensure the rights of women, girls, and gender non-conforming persons with disabilities in this context, policies must reflect the rights of persons with disabilities and their specific needs, while programmes must be gender- and disability-inclusive and based on human rights. This section provides Key Actions tailored to the COVID-19 pandemic to ensure that these policies and programmes are in place. Note that longer-term measures for addressing the root causes of and preventing GBV are included in [Section III, on page 13](#).

Key Actions for States

- Laws, policies, or action plans have been developed** specifically related to preventing and addressing GBV during COVID-19, and/or broadly related to humanitarian emergencies, as well as adapting service delivery in case of lockdowns or other mobility restrictions.
 - Women, girls, and gender non-conforming persons with disabilities have been meaningfully engaged in the development, implementation, and monitoring.
 - The laws, policies, and action plans recognize that women, girls, and gender non-conforming persons with disabilities may experience the same forms of GBV as others and also experience unique forms of violence, such as violence perpetrated by caregivers or support staff or the withholding of medications, assistive devices, or assistance with daily living tasks, and all of these forms are included in the definition of GBV.
 - Accountability mechanisms have been established and funded to ensure the effectiveness of these laws, policies, and action plans, including to monitor the provision of GBV support services.
 - Plans include monitoring residential institutionsⁱⁱ and establishing appropriate and accessible reporting mechanisms to guarantee the right to safety and privacy for all institution residents.

ii The GBV and Disability Checklist contains specific measures to prevent GBV in institutions, because institutions remain in operation in many contexts and house many women, girls, and gender non-conforming persons with disabilities, particularly those with intellectual or psychosocial disabilities. However, as the Committee on the Rights of Persons with Disabilities (CRPD Committee) has recognized, institutionalization is a form of segregation and a violation of Article 19 of the CRPD, which recognizes the equal right of all persons with disabilities to live independently and be included in the community. Therefore, the measures to prevent GBV in institutions should be implemented along with laws and policies to promote community-based living and end institutionalization. See CRPD Committee, *General Comment No. 5 on living independently and being included in the community*, U.N. Doc. CRPD/C/GC/5 (2017).

Public awareness campaigns about the heightened risks of GBV during the COVID-19 pandemic have been undertaken.

- These campaigns include GBV perpetrated against women, girls, and gender non-conforming persons with disabilities and their rights, as well as how to access GBV support services during the pandemic, how service delivery has been adapted to prevent transmission of COVID-19, and how individuals at risk of violence can seek help.
- Information about GBV is provided in several accessible formats (see [Accessibility and Accessible Formats on page 5](#)).
- Campaigns provide age-appropriate information and portray women, girls, and gender non-conforming persons with disabilities in a positive way.
- Agencies undertaking these campaigns work closely with organizations of persons with disabilities to ensure the information is disseminated effectively among women, girls, and gender non-conforming persons with disabilities.

Professional support services to assist persons with disabilities in meeting basic needs, as well as sign language interpreters, are designated and adequately resourced as **essential services** and their staff are defined as **essential workers**.¹⁹

- Support workers and users are given accessible personal protective equipment (PPE), such as masks that allow lip reading.
- Support workers have priority access to childcare and other social supports.
- Support workers have been considered when prioritizing frontline workers in health and social care settings in vaccination.
- Persons with disabilities have been given income supplements to pay for support workers and interpreters, as needed and where the State does not directly pay these support workers (see below for more information about social protection measures).
- Essential health services and psychosocial support, including counselling, are included in primary health care services and are community-based.

COVID-19 national social protection and unemployment relief programmes have been adopted.

- Women, girls, and gender non-conforming persons with disabilities, as well as independent, human rights-based organizations of persons with disabilities and feminist organizations that work at the intersection of gender and disability, have been meaningfully engaged in the design, implementation, and monitoring of these programmes.
- These programmes ensure adequate income or in-kind support for all persons to meet basic needs for clean water, food, housing, heat, sanitation, accessible transportation, communications, hygiene products, and compensation to individuals who were previously employed in the informal sector, were self-employed, or who were independent contractors.

- These programmes ensure that cash or in-kind support goes directly to the person affected, rather than to a family member or caregiver/support staff, as a means of preventing financial abuse.
- Applications for social protection are available in accessible formats and do not include onerous requirements, such as the need to obtain a disability identity card.
- Relief programmes include emergency funding for home and community-based services to prevent the institutionalization of persons with disabilities.

Key Actions for GBV Support Service Providers

- GBV support services have established **relationships with women-led organizations of persons with disabilities**, as well as youth and feminist organizations that work at the intersection of gender and disability.
 - GBV support services, NGOs, National Human Rights institutions, National Gender Commissions, and local independent monitoring mechanisms work together to develop accessible safe spaces for all women to share their fears and feelings about the pandemic, including peer-to-peer support networks.
 - Special measures have been taken—such as ensuring access to technology as well as training on technology and establishing safe in-person opportunities for meetings—to include women, girls, and gender non-conforming persons with disabilities in these networks, ensuring they face no accessibility-related or attitudinal barriers to meaningfully engage.

II. Ensuring Access to GBV Services, including Justice Mechanisms, for Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic

A full package of GBV services includes coordinated and multi-sectoral services, such as those outlined in the *Essential Services Package*,²⁰ that help prevent GBV, protect victims/survivors of GBV, provide needed health and rehabilitation services for victims/survivors, and ensure effective redress. These services, which must be provided by States as part of their due diligence obligations,²¹ may be in collaboration with local, regional, or international non-governmental organizations, and include shelters, legal aid, police, courts, sexual and reproductive health services, psychosocial supports, and others.²²

Access to these GBV services and the justice mechanisms involved in providing this network of support to victims/survivors has diminished for all women, including women, girls, and gender non-conforming persons with disabilities, during the COVID-19 pandemic.²³ However, pre-existing accessibility barriers to GBV services, as well as lockdowns and other measures that have disproportionately impacted movement, mean that GBV services are even more difficult for this group to access. As such, States and GBV service providers should take specific measures to ensure that GBV services, including police and justice mechanisms, are inclusive of and responsive to women, girls, and gender non-conforming persons with disabilities. This section provides Key Actions tailored to the COVID-19 pandemic to ensure that GBV services and justice mechanisms continue to operate and are inclusive of persons with disabilities.

Key Actions for States

- GBV services are designated as **essential services**, are adequately resourced, and their staff are defined as **essential workers**.
 - Funding has been provided to GBV support services to ensure an increase in capacity to serve victims/survivors of GBV due to the rise of GBV cases during the pandemic, with funding specifically earmarked to support disability-related accessibility.
 - Funding has been provided to adapt service provision to the circumstances of the pandemic, with accessible hotlines, telehealth, and online services available,²⁴
 - Safe, in-person GBV services remain available.
 - GBV service providers have been trained to ensure a high-quality and rights-based approach to service provision for persons with disabilities. These include:
 - Services to prevent GBV;
 - Shelters or safe spaces for victims/survivors; and
 - Health and rehabilitation services for victims/survivors.
 - GBV service providers, both inside and outside of health facilities, and users are provided with accessible PPE.
 - Sexual and reproductive health service providers, a valuable point of contact for identifying situations of GBV and redressing violence, are included in the list of essential workers.²⁵
 - Accessible and affordable transportation is available to in-person GBV services and provided from several locations, including rural and remote areas.
 - Accurate and comprehensive information on GBV services is provided in accessible formats.

- Laws, policies, and action plans for the COVID-19 response include **measures to ensure access to justice for GBV**.
 - Police designate investigation and response to GBV as a top priority and do not divert resources from GBV response to enforcing COVID-19 lockdowns or other measures.
 - Legal aid services are integrated among essential services, and information about the services is widely disseminated in accessible formats.
 - Police and judiciary staff are trained on the rights of persons with disabilities, how disability-specific elements of GBV manifest, and on heightened risks during the pandemic.
 - Courthouses continue to operate in person or via virtual means, with support to ensure accessibility and reasonable accommodations for victims/survivors of GBV to participate in court proceedings.
 - Victims/survivors of GBV have access to free or affordable legal aid services and do not encounter other financial barriers to accessing justice.

- ❑ Victims/survivors of GBV with disabilities, particularly those with intellectual or psychosocial disabilities, can exercise their right to full legal capacity and access justice on an equal basis with others. For instance, they are not denied their right to testify as a victim or a witness on the grounds of disability.
- ❑ Virtual judicial proceedings, including those related to the issuing of protective orders, occur on accessible platforms, and both virtual and in-person proceedings provide sign language interpretation, simultaneous closed captioning, or other accessibility measures, as needed.
- ❑ In-person judicial proceedings utilize social distancing rules, and victims/survivors of GBV and their support persons are provided with appropriate and accessible PPE.

- ❑ Plans are in place to **monitor the provision of GBV support services and justice** during this crisis, including the quality of services.
 - ❑ Plans include specific monitoring for services to women, girls, and gender non-conforming persons with disabilities, including quality and accessibility.²⁶
 - ❑ National human rights institutions are adequately resourced and facilitated to undertake this monitoring.
 - ❑ Women, girls, gender non-conforming persons with disabilities and independent, human rights-based organizations of persons with disabilities are included in the monitoring process.

- ❑ **Qualitative and quantitative data** disaggregated by gender, disability, age, and other factors is collected on GBV, including in long-term residential care institutions and psychiatric hospitals, during the COVID-19 pandemic.
 - ❑ Data collection is aligned with the set of questions outlined by the Washington Group on Disability Statisticsⁱⁱⁱ and the Data Collection on Violence against Women and COVID-19: Decision Tree.²⁷ Feminist organizations and organizations of persons with disabilities are provided with funding to collect and analyse data on GBV.
 - ❑ Data is widely disseminated and used to improve the provision of GBV services, prevention of GBV, and protection of women, girls, and gender non-conforming persons with disabilities from violence and to assist stakeholders in addressing existing barriers in the provision of GBV services.

iii The Washington Group Short Set of Functioning Questions ask questions not only focused on those who are already aware of being persons with disabilities, but also to obtain information on difficulties a person may have in undertaking basic functioning activities. It is intended to apply to people in all cultures and societies and of all nationalities. See Washington Group on Disability Statistics, *The Washington Group Short Set on Functioning (WG-SS)* (2020), <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

Key Actions for GBV Service Providers

Information, education, and communication materials have been developed to raise awareness about GBV and about the availability of GBV support services during lockdowns or other restrictions on movement.

- These materials are available in a variety of accessible formats (see [Accessibility and Accessible Formats on page 5](#)).
- These materials are inclusive of women, girls, and gender non-conforming persons with disabilities, including through images and by addressing their particular needs.
- Materials provide information about the availability of GBV and sexual and reproductive health services and their locations.
- Materials have been distributed through a variety of platforms, including television with sign language interpretation, radio, social media, and in hard copy formats, using Easy-Read or plain language.
- Materials have been provided to organizations of persons with disabilities to distribute to their members and constituents.

Hospital and clinic policies, GBV support services, police, and court personnel are aware that persons with disabilities have **a right to be accompanied by a support person or interpreter** when seeking GBV support.

- Women, girls, and gender non-conforming persons with disabilities are routinely informed of this right.
- Women, girls, and gender non-conforming persons with disabilities are provided with information and support to find and contact interpreters and support persons.
- Women, girls, and gender non-conforming persons with disabilities and their support persons are provided with appropriate and accessible PPE, as needed.
- Procedures are in place to ensure that women, girls, and gender non-conforming persons with disabilities can communicate directly and confidentially with GBV service providers, particularly in cases where a caregiver or support person may be a perpetrator of GBV.

Where in-person support services may put individuals at risk, **accessible virtual and other remote services are available** to women, girls, and gender non-conforming persons with disabilities.

- Access to electronic devices to utilize GBV support services is provided to women, girls, and gender non-conforming persons with disabilities, as well as funding for phone credits and internet access.
- Resources in accessible formats on how to use virtual/remote platforms and how to enable accessibility features in those platforms are provided to persons who access virtual/remote services. See [Accessibility and Accessible Formats on page 5](#).

- Supports are provided through several different virtual means, including phone calls, online platforms, social media communications, and text messaging, to ensure accessibility and privacy.
- Sign language interpretation or other support to access and communicate within these platforms is provided.
- Capacity building and training are in place to support workers to implement virtual services, ensure their quality and confidentiality, ensure accessibility, and provide continuity of support.²⁸

Services for rehabilitation from GBV—including mental health services and psychosocial supports—continue or are expanded during the COVID-19 pandemic.

- Services are available and accessible to women, girls, and gender non-conforming persons with disabilities who have experienced violence during the COVID-19 pandemic, in-line with [Accessibility and Accessible Formats on page 5](#).
- Services are community-based and affordable.
- Service providers have received specific training on disability and accessibility and the specific needs of women, girls, and gender non-conforming persons with disabilities.
- Women, girls, and gender non-conforming persons with disabilities are provided with information about these services, as well as their purpose and benefits, in accessible formats, and these services are provided only with the informed consent of the recipient of these services themselves.
- Funds for accessible outreach to inform persons with disabilities about these services are provided.

SRH service providers routinely monitor and screen women, girls, and gender non-conforming persons with disabilities for GBV during the COVID-19 pandemic.

- Procedures are in place to ensure privacy and confidentiality when asking about GBV in SRH settings, including when sign language interpretation and other types of communication supports are used, and SRH service providers are trained to communicate directly with persons with disabilities about GBV.
- Screening and monitoring are done in line with the standards of safety and risk mitigation.²⁹

For more information about the role of SRH services in identifying and responding to GBV, see the Disability and SRHR Checklist [cited on page 5](#).

III. Preventing and Addressing GBV against Women, Girls, and Gender Non-conforming Persons with Disabilities in the Recovery from COVID-19

In addition to presenting new risks for GBV and barriers to accessing GBV support services, including justice mechanisms, for women, girls, and gender non-conforming persons with disabilities, the COVID-19 pandemic has also exacerbated pre-existing barriers to ensuring the right to be free from violence for this group. In addition to the barriers identified in the Background section above, these barriers also include inadequate access to essential multi-sectorial and coordinated health services, lack of access to justice, and lack of awareness-raising about GBV.

Efforts to recover from COVID-19 present an important opportunity to address these barriers, so as to create a new normal that fully respects, protects, and fulfils rights at the intersection of gender and disability while also preparing for future crises, including future global health emergencies. This section outlines Key Actions for States and GBV service providers to take to ensure the respect, protection, and fulfilment of the right to be free from violence for women, girls, and gender non-conforming persons with disabilities in the long term, including in future humanitarian emergencies.

A. Create an Enabling Legislative and Policy Environment

Key Actions for States



There is a **robust legal and policy framework** in place to ensure the respect, protection, and fulfilment of the right to be free from violence for women, girls, and gender non-conforming persons with disabilities.

- The full range of international human rights treaties and any relevant regional human rights treaties have been ratified. Reports to U.N. and regional treaty monitoring bodies contain specific information about women, girls, and gender non-conforming persons with disabilities, including the prevalence of GBV and the specific barriers faced to use accessible services, and have been developed in consultation with these groups.
- There is a law, policy, and/or national action plan on GBV that defines and prohibits GBV and contains a strategy for preventing, addressing, and ensuring redress and accessible rehabilitation related to GBV for all affected persons, particularly those from marginalized groups.
 - The unique forms of violence women, girls, and gender non-conforming persons with disabilities may experience, such as violence by caregivers, support persons, or peers at residential institutions, are included among the definition of GBV contained in the law, policy, or action plan.
- Laws and policies that increase stigma and discrimination against women, girls, and gender non-conforming persons with disabilities have been reviewed or repealed.
- The laws, policies and/or national action plans developed have a specific and sufficient budget allocated for implementation, including to mainstream a disability perspective.

- There is a law on disability rights modelled on the Convention on the Rights of Persons with Disabilities that specifically addresses the intersection of gender and disability, including as related to GBV, and has a specific budget allocated to its implementation.
- Laws, policies, and procedures have been adapted to ensure that persons with disabilities, especially intellectual or psychosocial disabilities, have their legal capacity respected, with support if requested, and are not denied the right to testify due to discrimination on the grounds of disability.

For more information about creating an enabling legislative and policy environment, see [UNFPA-WEI Guidelines](#), Chapter 2.2.

B. Development, Implementation, and Monitoring of Disability-Inclusive GBV Programmes and Support Services

Key Actions for States

- Women, girls, and gender non-conforming persons with disabilities participate and are **included in GBV programme development, implementation, and monitoring.**
 - Government entities routinely work with independent, human rights-based organisations of persons with disabilities led by women, girls, and gender non-conforming persons with disabilities to develop, implement, monitor, and evaluate policies and programmes related to GBV.
 - Programme(s) and funding to foster the leadership and empowerment of women, girls, and gender non-conforming persons with disabilities have been developed and implemented.
 - Standard operating procedures and case management processes are adapted to address the needs of victims/survivors with disabilities.
- Barriers** that women, girls, and gender non-conforming persons with disabilities face in accessing GBV services, including justice mechanisms, have been identified and addressed.
 - Guidance has been provided to GBV service providers and justice system actors on how to ensure that facilities and equipment are physically accessible, services and goods are economically accessible, victims/survivors are provided with information in accessible formats, and sign language interpreters are provided;
 - A nationwide audit to identify barriers to accessibility has been conducted to assess the full range of accessibility measures in GBV services, including justice mechanisms.

- GBV service providers, healthcare providers, police, judges, prosecutors, and other court staff have received training on the rights of persons with disabilities, particularly rights at the intersection of gender and disability, and how to ensure victims/survivors of violence are supported and receive the accommodations they need. The training includes the participation of women, girls, and gender non-conforming persons with disabilities and their representative organisations.
- Psychosocial and mental health support services are part of the package of GBV-related support services that are offered and made accessible to women, girls, and gender non-conforming persons with disabilities.
- Funding has been provided to ensure free or low-cost legal services to women, girls, and gender non-conforming persons with disabilities.
- Allocation of funds and expenditures are tracked to ensure sufficient investment in GBV services.

Referral pathways are developed and streamlined, including through cooperation with other GBV service providers, organizations of persons with disabilities, and disability support service providers, to ensure coordination and a continuity of support for victims/survivors.

- The service providers available have been mapped.
- The journeys of patients with disabilities have been mapped to identify any gaps in the coordination of healthcare.

Disaggregated data is collected on women, girls, and gender non-conforming persons with disabilities surrounding GBV.

- Disaggregation includes gender, disability, age, sexual orientation, race/ethnicity, socio-economic status, and living environment, among other relevant statuses.

Key Actions for GBV Service Providers

GBV support service providers have received specific **training on disability inclusion**, particularly rights at the intersection of gender and disability.

- The training addresses the forms of GBV that women, girls, and gender non-conforming persons with disabilities uniquely or disproportionately experience and the causes of that violence.
- Women, girls, and gender non-conforming persons with disabilities are actively involved in the design and implementation of the training.
- The training addresses empowering the victims/survivors, prioritizing their needs, and creating a supportive environment.



Barriers that women, girls, and gender non-conforming persons with disabilities face in accessing GBV services, including justice mechanisms, have been identified and addressed.

- GBV support services work together with the community and organisations of persons with disabilities to identify and address the root causes of discrimination against women, girls, and gender non-conforming persons with disabilities.
- Awareness-raising campaigns have been undertaken on a variety of platforms and in accessible formats to raise awareness about GBV, including the forms of GBV experienced by women, girls, and gender non-conforming persons with disabilities, healthy relationships, and the right to be free from GBV.

For more information about development, implementation, and monitoring of GBV programmes, see [UNFPA-WEI Guidelines](#), Chapters 2.3 and 2.4.

IV. Annex A: Additional Resources on GBV against Women, Girls, and Gender Non-conforming Persons with Disabilities and the COVID-19 Pandemic

- Gender-Based Violence Area of Responsibility (GBV AoR), *Research Query: Disability Considerations in GBV Programming during the COVID-19 Pandemic* (2020), https://gbvaor.net/sites/default/files/2020-10/GBV%20AoR%20HD%20-%20COVID-19%20GBV%20Disability_Updated%2028.09.2020.pdf
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