



GBV Emergency Response & Preparedness

INCLUSION OF DIVERSE WOMEN AND GIRLS GUIDANCE NOTE



Gift of the United States Government

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Together BLTG Initiative members are engaged in a global, multi-agency initiative that aims to promote women's transformative leadership in GBV emergency preparedness and response. We are feminist, women's rights, grassroots organizations, activists, academics, national-regional and network organizations working in emergencies and fragile contexts and committed to the protection and empowerment of women and girls. More information on BLTG can be found [here](#).

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INTRODUCTION

This guidance note accompanies the **IRC GBV Emergency Preparedness and Response [model](#), [assessment tools](#), and [training package](#)** and is not recommended for use as a standalone resource on diversity and inclusion. Standalone approaches to diversity and intersectionality can fail to successfully integrate inclusive action within regular day to day operations of humanitarian aid. The content of this guidance note will therefore be integrated within the GBV Emergency Preparedness and Response training package when it is next updated. Meanwhile, this resource addresses a gap in the proactive inclusion of diverse women and girls within GBV response and can be used as part of the GBV emergency response model to support GBV actors to examine their own attitudes, skills and knowledge, and take concrete actions to reach and support diverse women and girls throughout GBV emergency preparedness and response programming.

Background

Women and girls are key actors in their own protection and it is critical that they are active partners in the process of identifying protection risks and solutions in GBV programming in emergencies. The [Building Local Thinking Global Initiative](#) provides support to local GBV actors to ensure women and girls' access and participation from the onset of an emergency results in better GBV programming outcomes. This guidance note aims to address the heightened risks and barriers to service access for women and girls from diverse backgrounds. Our goal is that all women and girls have safer access to services and can participate meaningfully in inclusive GBV programming.

When GBV actors address the barriers and discrimination that diverse women and girls face in humanitarian settings, this ensures that **ALL** women and girls benefit from our programming, and are protected from harm and supported to recover and thrive.¹ Based on requests from local services providers in the Building Local Thinking Global Initiative, this resource has focused on the following intersecting inequalities which affect diverse women and girls: discrimination based on older age, adolescence, disability, sexual orientation, gender identity, race and ethnic or religious affiliation. This guide is therefore not exhaustive and in every location there will be women and girls facing increased discrimination based on intersecting inequalities which are not adequately covered in this resource. These women and girls include women and girls who are HIV+, engaged in commercial sexual exploitation, and migrant and stateless women and girls. Although not exhaustive, this resource does outline principles and practices that can be thoughtfully applied to adapt GBV programming to reach diverse women and girls in different humanitarian contexts. Additional interagency guidance can be found signposted throughout the guidance note for ongoing learning by GBV actors on particular topics.

Why is inclusion of diverse women and girls in GBV emergency response programming important?

“Intersectionality is a way of thinking about identity and its relationship to power”
Kimberlé Crenshaw, Mapping the Margins: Intersectionality, Identity Politics, and Violence
Against Women of Color (1994) <https://www.racialequitytools.org/resourcefiles/mapping-margins.pdf>

Diverse women and girls are present in every humanitarian context. **GBV actors should always seek to understand women and girls in all of their diversity, and take action to ensure that GBV programming is inclusive and addresses the needs, barriers and risks that diverse women and girls are facing.** Diverse women and girls face multiple forms of oppression which further reduce their power, choice and protection from GBV, and increase their barriers to accessing services. Some displaced and host community women will also be advantaged and protected by their social status, and GBV actors need to ensure they are not only serving

¹ GBV Emergency Response Model Outcome <https://gbvresponders.org/emergency-response-preparedness/emergency-response/>

privileged adult women in the community who come from higher class/socio-economic status; are educated, heterosexual, able bodied, cisgender, or HIV-; or are affiliated with the majority ethnicities or religions.

The GBV Guiding Principles, as well as broader humanitarian values and principles, require targeted action to support the inclusion of **all** women and girls in GBV programming. The humanitarian principle of **impartiality** – to provide assistance on the basis of need and without discrimination – requires donors and aid agencies to reduce barriers so that **all** members of a population can access relief on an equal and equitable basis with others.² In the Sphere Standards, sex, age and disability disaggregation is a core requirement for responding the needs of people at risk.³ The **exclusion** of diverse women and girls from emergency response increases casualty rates, psychosocial impact, and health issues. The resulting **discrimination** is a form of violence that limits women and girls' ability to meet their basic needs and increases their risk of additional violence. **Inclusion** does not need specialist skills but is about **addressing barriers** to support all women and girls' equal protection and empowerment in humanitarian action.

REMEMBER! Women and girls are most at risk of experiencing GBV in every context. This is because of their subordinate status in the gender hierarchy, the systemic gender inequality that results, and the power and privilege experienced by men and boys globally.

Who should use this resource?

GBV actors who are using the IRC's **GBV Emergency Preparedness and Response [model](#), [assessment tools](#)**, and **[training package](#)** can use this guidance note to ensure diverse women and girls are supported through emergency GBV preparedness and response programming. **This guidance note targets GBV specialized actors and agencies who are already trained and have skills in GBV response.** This guidance note was developed with and is for primary use by members of the Building Local Thinking Global Initiative, to support local GBV actors and women's rights organizations to respond with inclusive GBV programming when humanitarian crisis affects local populations.

This guidance note and accompanying training guide is designed to support GBV actors to reflect, learn and take action to implement inclusive GBV programming for diverse women and girls. When using this resource, we encourage you to:

- **Acknowledge this is about us and avoid othering:** Women staff and volunteers responding to GBV will have experienced privilege and discrimination themselves based on their gender, race, class, disability, sexual orientation, gender identity, ethnicity or religion. Avoid framing inclusion as if these identities and experience belong to **other** women only. Othering these issues is a form of discrimination and exclusion. Instead, provide opportunities for women to share their own knowledge and personal experiences of privilege, discrimination and diversity.
- **Be self-aware:** Be mindful of your attitudes and biases. Reflect on your own intersectional experiences of oppression and privilege. Know your limitations and reach out for support to learn more about the barriers and risks experienced by diverse women and girls and maintain openness to learning more about diverse women and girls' experiences as the needs of diverse women and girls and gender identities evolve.
- **Focus on the person and the environment / systemic barriers:** Explore how diverse women and girls experience increased discrimination and systemic inequality, all of which increase their risk of GBV and the barriers they face in accessing GBV services.
- **Celebrate diversity:** A key message in this resource is to take a strengths-based approach to the diversity of women and girls, as we do with all GBV programming. This approach acknowledges the diverse lived

² ADCAP Training, p. 22. <https://www.helpage.org/what-we-do/emergencies/adcap-age-and-disability-capacity-building-programme/>

³ Sphere Standards. <https://www.spherestandards.org/handbook-2018/>

experiences of women and girls, and acknowledges the solidarity and mutual support women and girls experience in groups formed around their diverse identities. A strengths-based approach promotes the benefits of creating GBV programming that is inclusive of all women and girls.

- **Commit to learning:** GBV actors are still learning how diverse forms of inequality and discrimination affect women and girls, and un-learning biases and internalized prejudice. We encourage you to be open to learning and listening to each other and commit to upholding professional values that support all women and girls' rights to safe access to services, dismantle barriers, and work together to end discrimination against all women and girls. Local experts on older age, disability, LGBTQ, ethnic and religious are partners in our learning. Make connections with other social justice movements and actors to learn more.

DEFINITIONS AND TERMS

- **Accessible:** when GBV response services are accessible they can be reached and utilized in a timely safe way by diverse women and girls according to their needs. In the Convention on the Rights of Persons with Disabilities, accessibility is defined as “appropriate measures to ensure persons with disabilities access (services) on an equal basis with others.”
- **Bias:** A prejudice against something or someone. Biases are often based on stereotypes and result in harmful attitudes and discriminatory practices, either direct or indirect. Many people may be unaware of their biases formed from lifelong social norms which discriminate against certain groups of people.
- **Cis-gender:** A woman or girl whose gender identity matches the female sex that they were assigned at birth.
- **Discrimination:** **Direct discrimination** occurs when, in a similar situation, certain persons are treated less favorably than other persons because of a different personal status for a reason related to a prohibited ground. **Indirect discrimination** means that laws, policies or practices appear neutral at face but have a disproportionate negative impact on certain persons.
- **Empowerment:** Empowerment is a process where women and adolescent girls have increased control over their lives and bodies: set their own agendas, gain skills, solve problems, and develop self-reliance. Empowerment enables women to influence the policies, processes and institutions that affect their lives, including the structures and institutions that reinforce and perpetuate gender based violence, discrimination and inequality. The concept has a long history in social change work⁴ which emphasizes the importance of gaining the ability to make meaningful choices.⁵
- **Exclusion:** Exclusion is the consequence that discrimination and violence may have in the lives of women and girls. There may be conscious and subconscious ways we relegate excluded groups to subordinate positions and made to feel as if they are less important than those who hold more power or privilege in the community.
- **Heteronormative:** Attitudes, behavior and systems based on the assumption that everyone is straight or heterosexual.
- **Identity** includes different aspects of one’s experience; it refers to the characteristics (e.g. age, class, ethnicity, etc.) and roles (e.g. mother, athlete, student, and leader) that connect individuals to specific groups in society and make each person uniquely who she is. One’s identity influences how she sees the world, chooses to act, and is treated by others. Some parts of identity (e.g. skin color) are quite public and other aspects (e.g. sexual orientation) one may feel unsafe sharing due to stigma, fear of rejection or judgement.⁶ It is important to note that identity is both chosen and imposed. For example, women and girls with disabilities may not see themselves as having a disability and it is hurtful to view disability as a key aspect of one’s identity when this may not be her lived experience.
- **Inclusion:** Inclusion is the process of improving the way people participate in the community, and access services and resources. Inclusion is particularly important for diverse women and girls who face discrimination, increased risk, and additional barriers to participation and access to services. Inclusion involves

⁴ Cornwall, p. 1. Women’s empowerment: what works and why? World Institute for Development Economics Research (2014).

⁵ PAL, p. 4.

⁶ Raising Voices. Get Moving!, p. 47.

proactively addressing barriers and risk to ensure everyone can meaningfully participate and benefit from services. Inclusion involves enhancing opportunities, access to resources, voice and respect for rights.⁷

- **Intersectionality:** This feminist framework created by Kimberlé Crenshaw⁸ explains how interlocking systems of oppression mean that women and girls experience violence and discrimination differently based on their race, class, age, disability, sexual orientation, gender identity, ethnicity and religion. An intersectional approach requires action to achieve social justice be informed by an understanding of the multiple experiences of inequality experienced by women and girls, rather than prioritizing the experience or needs of one group of women over another.
- **Minority / Minorities:** No internationally agreed definition determines which groups constitute 'minorities'. In general, minorities are defined as "groups differing ... in race, religion or ethnic background, from the majority of a population". The UN Minorities Declaration adopted in 1992 refers to minorities as groups based on national, ethnic, cultural, religious or linguistic identity, and asserts that states should protect their existence. The characteristics that define minorities vary widely from one context to another.⁹ Importantly, social groups are uncomfortable with the "minorities" label because it may be linked to "vulnerability", weakness or less value than the majority, shaping power relations and undermining a language of equality. Because of this negative connotation, this Guidance Note uses the term 'ethnic and religious affiliation'.
- **Participation:** Meaningfully involving women and girls in decision-making and action both in their communities and within the wider humanitarian system. Women and girls' participation promotes community resilience by building on the existing capacities and resources of diverse women and girls. Participation of diverse women and girls from the affected community, individually and through local women's movements and groups, can enhance local capacity, foster ownership, build resilience and improve sustainability.¹⁰ Participation is a key aspect of empowerment and results in better humanitarian outcomes.
- **Pronouns:** A pronoun is a word that refers to either the person talking (I or you) or someone or something being talked about (she, he, it, them or this). Transgender women and girls face difficulty when the pronoun they identify with does not match the sex they were assigned at birth or others' perception of their gender identity. For example, a transgender woman may be called "he" by people who are unaware she identifies as female and prefers the pronoun "she," people who are confused by her gender identity, or people who are deliberately trying to hurt her. Respecting a person's pronoun(s) is a simple act of inclusion.
- **Reasonable accommodation** means necessary and appropriate modifications and adjustments where needed in a particular case and that do not impose a disproportionate or undue burden, to ensure women and girls

In Iraq and Syria, for example, social groups are uncomfortable with the 'minorities' label. Objections to using the term include:

- It is a source of vulnerability, indicating weakness or less value than the majority.
 - It shapes power relations and undermines a language of unity around citizenship.
 - For some groups, the concept overshadows their historical roots as indigenous peoples or descendants from ancient Mesopotamian peoples.
- Protection of Minorities in Iraq and Syria*

⁷ WID, Where do we stand?

⁸ Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics, Kimberlé Crenshaw, 1989 <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf>

⁹ UNHCR. Emergency Handbook, p. 1.

¹⁰ Action Aid, On the frontline: Catalyzing women's leadership in humanitarian action, p. 5 (2016).

with disabilities are comfortable or exercise on an equal basis with others of all human rights and fundamental freedoms.¹¹

- **Universal design/access** is a way of ensuring accessibility. It means the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

Tips on terms to use and avoid

In general when you are unsure about what term to use, it is important to ask women and girls themselves about the language and terms they prefer, including their preferred pronouns. Here we cover some general guidance about appropriate terms.

Avoid referring to people using acronyms as these can label and ‘other’ individuals which undermines their dignity. Avoid describing a person as solely defined by one characteristic i.e., lesbian woman, disabled woman.

Term to use	Term to avoid
Women and girls with disabilities	Disabled women, PWDs
Women who are older	Elderly women, OAPs, old women
Women and girls with diverse sexual orientations and gender identities	Tomboy, lesbian woman, queer women
Diverse women and girls	Marginalized women and girls
Sexual violence	Sodomy, defilement

¹¹ [CRPD](#), Art. 2

RISKS AND BARRIERS FACING DIVERSE WOMEN AND GIRLS

This section focuses on the specific gender-based risks and barriers faced by all women and girls in humanitarian contexts, which are exacerbated by intersecting inequalities. This section first outlines common risks and barriers diverse women and girls may encounter, and then focuses on specific risks and barriers for different groups of women and girls.

To be effective GBV actors, we must understand how oppression based on age, race, disability, class, sexual orientation, gender identity, ethnicity, and religion, compounds the risks and discrimination faced by diverse women and girls in emergencies. **Women and girls who face multiple forms of oppression are at increased risk of GBV and face increased barriers to accessing support and in their recovery.**

When GBV actors are aware of the risks and barriers diverse women and girls face, they can take action to remove barriers and ensure GBV services are accessible to all women and girls and increase GBV programming capacity to include the full diversity of women and girls in the community of response. GBV actors who **proactively include diverse women within their response teams** will have an advantage in understanding and connecting with diverse women and girls in the crisis affected community. All GBV actors can be committed to learning more about diversity and intersectionality and taking action to include all women and girls.

“Today our challenge to ourselves and the women’s movement must be to render the complexities of intersecting discriminations plain enough to see and intervene in so that marginalized women are included not only in how we talk about effecting change but are also involved as participants in the actions to which we commit ourselves in future directions of the women’s movement.”

Marsha Darling, AWID Forum “Reinventing Globalization” Guadalajara, Mexico, October 2002

<https://www.awid.org/publications/intersectionality-tool-gender-and-economic-justice>

Understanding how diverse women and girls’ power and decision making is further undermined by intersecting inequalities and increases their risk of GBV, will help GBV actors to adapt their response. Considerations include:

- **Loss of familial and community support mechanisms:** During displacement, families and communities often become separated and traditional community support structures are weakened. This weakening of community protections affects diverse women and girls particularly harshly as they already have fewer protections and have even fewer people they trust and could turn to for support if they experience GBV. In an emergency context women and girls with disabilities, adolescent girls, and women who are older, may be dependent on less well known family or community members which can often add to their risk of violence. Women and girls with diverse sexual orientations and gender identities, particularly in contexts where same sex relationships are criminalized, may have carefully built up support networks and strategies to navigate their home context more safely before the crisis. These networks and strategies are disrupted by displacement increasing their risk of experiencing GBV and reducing the number of people from whom they can seek support. Women and girls from diverse ethnic and religious groups may be at increased risk of GBV as they may also be targeted on the basis of their ethnicity or religion, particularly where ethnicity or religion drives local conflict.

- **Dependence and control:** Issues of power and control may be more complex in relationships in which a woman or girl is reliant on her parent or partner as a caregiver. Dynamics and tactics of power and control that may be used against diverse women and girls with increased dependence on caregivers include:¹²
 - Abusive caregivers may threaten to or withhold basic care and support (food, money, hygiene) or leave her unattended.
 - Abusive caregivers may threaten to or withhold, misuse, or delay specific support that helps the woman or girl function (e.g. medication, equipment).
 - Abusive caregivers may use the woman or girl’s money for themselves and/or make financial decisions for them without their consent.
 - Abusive caregivers may isolate the woman or girl from social networks.
 - Abusive caregivers may ridicule and embarrass the woman or girl because of their age or disability.
 - Abusive caregivers may blame the woman or girl for their own stress (e.g. as a result of having to care for them).

Barrier analysis

The following barrier analysis framework, adapted from disability barrier analysis, can support GBV actors to identify and target barriers which can be removed to support the access and participation of diverse women and girls.

Physical	Information	Attitudes	Institution
Physical barriers impact diverse women and girls access to services and can be natural or created by humanitarian/other actors. Physical barriers are compounded by gender norms limiting women and girls mobility and increasing the isolation of GBV survivors, which makes distance to services a critical factor. Narrow doors, stairs, steep slopes etc also limit physical access for women and girls with physical disabilities who may need wheelchair access.	Information barriers occur when information is not made available and accessible for all women and girls. Women and girls with visual or hearing disabilities, who speak diverse languages, and women and girls who don’t read confidently, may all face significant challenges to accessing information on GBV response services. Without access to information women and girls cannot make informed choices.	Harmful attitudes remain one of the major barriers to full and equal participation of diverse women and girls in GBV response programming. Unconscious bias or directly discriminative action exclude diverse women and girls from accessing services and participating in GBV programming.	Institutional barriers are the procedures and policies that discriminate against diverse women and girls. For example, when a male partner’s consent is required to provide health care for GBV survivors. This discriminates against women’s bodily autonomy and choice, and would be a particularly significant barrier for women in same sex relationships.
			

¹² Interagency GBV Case Management Guidelines, p. 139. <https://gbvresponders.org/response/gbv-case-management/>, p. 141, citing Power & Control Wheel, Wisconsin Coalition Against DV.

Physical barriers: Physical barriers impact diverse women and girls access to services and can be natural or created by humanitarian/other actors. Physical barriers are compounded by gender norms limiting women and girls mobility and increasing the isolation of GBV survivors, which make distance to services a critical factor. Narrow doors, stairs, steep slopes or other physical difficulty elements etc. also limit physical access for women and girls with physical disabilities who may need wheelchair access. Diverse women and girls may be hidden or isolated by their families on the basis of adolescence, older age or disability, or may hide their identities when their ethnicity, religion, sexual orientation or gender identity puts them at risk of discrimination and violence. Physical isolation further increases risk of GBV, particularly inside the home, and limits women and girls options to seek help. Isolation can lead to depression and other mental health issues, it is a barrier to response services, to reintegrating into educational and economic opportunities, increases dependence and limits choice.

Information: Information barriers occur when information is not made available and accessible for all women and girls. Women and girls with visual disabilities, who speak diverse languages, and women and girls who don't read confidently or at all, all face significant challenges to accessing written information on GBV response services. In addition, information which excludes diverse women by visually portraying only some types of women accessing services presents a barrier to service uptake by making some women and girls feel unwelcome or unsure about whether services are applicable to them. Women with audio disabilities may struggle to participate in safe space activities and GBV response services where sign language isn't available to help them communicate.

Attitudes: Harmful attitudes remain one of the major barriers to full and equal participation of diverse women and girls in GBV response programming. Unconscious bias or directly discriminative action excludes diverse women and girls from accessing services and participating in GBV programming. Patriarchal or sexist attitudes are exacerbated for diverse women and girls who also experience ageism, homophobia, transphobia, racism, and prejudice based on disability, class, HIV status, religion and ethnicity from GBV service providers, other humanitarian actors, and women and girl's family and community members. If GBV actors do not proactively make it clear to diverse women and girls that they are welcome in women and girl safe spaces and GBV response programs, then women and girls may fear they will find the same harmful attitudes present in the wider community and may not seek help.

Institutional: Institutional barriers are the procedures and policies that discriminate against diverse women and girls. For example, when a male partner's consent is required to provide health care for GBV survivors, this not discriminates against women's bodily autonomy and choice, but would be a particularly significant barrier for women in same sex relationships. Diverse women and girls with higher levels of dependency on others such as some adolescent girls, women and girls with disabilities, or women who are older, may need to disclose to others in order to access services, and responders or community members may take action on behalf of the survivor without her consent or assent. Other examples which may lead to exclusion of diverse women staff in GBV response teams include, recruitment practices that aren't flexible or adapted for women with disabilities, which do not facilitate diverse religious practices, or do not support child care or allow for parental leave.

The following section focuses on different groups of women and girls. Recognizing these specific groups of women and girls is helpful as an organizing tool. However, it is important to recognize that women and girls rarely inhabit a single group. For this reason, it is important to think of the diversity of experience **within** each group and the intersections among the groups. Viewing women and girls in groups based on one aspect of their identity may obscure each of their specific situations, including their strengths.

Adolescent girls

Adolescent girls account for an increasing proportion of displaced persons and are at increased risk of rape, sexual exploitation and abuse, early marriage and abduction compared to other population groups.¹³ Evidence reveals that adolescent girls not only face a multiplicity of risks during a crisis, but also that they remain invisible, unprotected, and unengaged, particularly in the crucial first 45 days of a crisis.¹⁴ When humanitarian actors do not consciously account for adolescent girls in emergency responses, girls' abilities to safely access the life-saving information, services and resources they need are constricted.¹⁵

[Girl Shine](#), a program model and resource package that seeks to support, protect, and empower adolescent girls in humanitarian settings contains specific guidance on engaging younger and adolescent girls in the design, implementation and monitoring of GBV programming activities for adolescent girls.

Younger adolescent girls aged 10-14 and older adolescent girls aged 15 to 19 are among the most vulnerable segments of any population in humanitarian contexts; they face the highest protection risks yet are one of the most invisible populations.¹⁶ As they enter adolescence, younger adolescent girls begin taking on adult roles and responsibilities, although they do not yet have all the skills or physical and cognitive capacities they may need.¹⁷

Adolescent girls face increased risks of GBV and additional barriers to accessing services due to the following factors:

- Social and cultural norms are manipulated to exert power and dominance over adolescent girls.
- Weakened institutions, poverty and financial hardship leave adolescent girls vulnerable to abuse, exploitation and violence (including risky livelihoods).
- Restricted mobility and visibility increase adolescent girls' isolation, breaks bonds with peers and with other survival networks.
- Restricted access to adolescent-friendly information and services compromises adolescent girls' survival.
- Limited attention by the humanitarian community to adolescent girls' unique roles, needs and risks.¹⁸

¹³ COMPASS Learning Report: "A Safe Place to Shine: Creating Opportunities and Raising Voices of Adolescent Girls in Humanitarian Settings" <https://gbvresponders.org/compass/>; WRC, I'm Here, p. 5.

¹⁴ The Girls in Emergencies Collaborative, Statement and Action Agenda from the Girls in Emergencies Collaborative, September 2015, p. 2. <https://www.popcouncil.org/research/statement-and-action-agenda-from-the-girls-in-emergencies-collaborative>

¹⁵ I'm Here: Adolescent Girls in Emergencies, Women's Refugee Commission, 2014, p. 12.

¹⁶ I'm Here: Adolescent Girls in Emergencies, Women's Refugee Commission, 2014, p. 17.

¹⁷ Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings, UNFPA, 2009, p. 6. <https://www.unfpa.org/publications/adolescent-sexual-and-reproductive-health-toolkit-humanitarian-settings>

¹⁸ WRC, I'm Here: Adolescent Girls in Emergencies, Women's Refugee Commission, 2014, p. 22.

Inclusive GBV programming differentiates between the needs of younger and older adolescent girls who face distinct developmental challenges, risks and discrimination.¹⁹ GBV actors must recognize that adolescent girls are not a heterogeneous group and commit to seeing the full ‘universe’ of girls,²⁰ with differences including age (10-14 younger adolescents, 15-19 older adolescents), marital status, accompanied or orphan status, HIV status, ethnicity, in/out of school and not working, time poor, pregnant or lactating, disability, mother or primary caregiver, sexual orientation, gender identity and experience of sexual exploitation.²¹ ²² GBV specialized programming actors should commit to providing compassionate care and services that are accessible, acceptable, and appropriate to diverse younger and older adolescent girls.²³

Many adolescent girls – the poorest girls in the poorest communities – already live in an “emergency.”

Humanitarian crises only amplify the call on their coping and caring capacities, while exacerbating their vulnerabilities to violence.

Collaborative for Girls in Emergencies, Statement

¹⁹ Girl Shine Program Model: <https://gbvresponders.org/adolescent-girls/girl-shine/>

²⁰ The Protective Asset-Building Approach, in Building Girls’ Protective Assets, PopCouncil, 2016, p. iv.

²¹ Adolescent Sexual and Reproductive Health Program in Humanitarian Settings: An In-depth Look at Family Planning Services, WRC 2012, p. 24.

²² WRC, I’m Here: Adolescent Girls in Emergencies, Women’s Refugee Commission, 2014, p. 17.

²³ WHO Global Consultation in 2001 and discussions at a WHO expert advisory group in Geneva in 2002. Noted in: Adolescent-friendly Health Services: An Agenda for Change, WHO 2002, p. 27. <https://apps.who.int/iris/handle/10665/67923>

Women who are older

Deeply rooted prejudices about women who are older fuel ageism and perpetuate prevailing social norms that tolerate or even condone violence, abuse and neglect of women in older age.²⁴ By 2050, the number of older people in the world will exceed the number of young for the first time in history, accounting for 22 percent of the world's population.²⁵ The majority of the older population will continue to be women living in low- and middle-income countries and outnumbering men as they age. In 2015, women accounted for 54% of the global population aged 60 years or more and 61% of the global population aged 80 years or more.²⁶ Women aged 50 and above represent nearly one-quarter (23.6%) of women around the world.²⁷

Women who are older can be subject to GBV throughout their lives, although some types of violence are even more likely to occur in older age. Discriminatory laws and practices against women who are older in all spheres of their political, economic, social and family lives fuel violence and abuse.²⁸ Worldwide, almost half of women who are older live alone due to being widowed, divorced, or never married. Women who are older who are isolated from friends, family, and community have a threefold risk of exploitation and limited or no access to services or support in the event they experience violence or abuse²⁹.

GBV against women who are older is widespread yet mostly hidden. The World Health Organization's Global and Regional Estimates of Violence against Women Report (2013) found lifetime prevalence of intimate partner violence among women over 50 years old to be 20.6%. This is likely to be under-reported as less is known about patterns of violence against women who are older than those between the ages of 15-49.³⁰ GBV against women who are older occurs in multiple, often intersecting forms by perpetrators who may include intimate partners, family members (including female and male adult children), caregivers or members of the wider community. Many women who are older experience one or more types of physical, sexual, financial and psychological violence, abuse and neglect. For women who are older survivors of sexual assault, the health consequences and resulting injuries are often more severe.³¹ There is significant evidence that older age impacts women's health-seeking behavior and access to services, which in turn means that the harmful health consequences for GBV can go untreated and may be exacerbated/worsen and GBV continues and may increase in frequency and severity. In part based on the focus on women of reproductive age, the sexual health of women who are older is often ignored, marginalized, and stigmatized, impeding access to preventive services and care for interpersonal violence and sexually transmitted infections, including HIV. While many primary care providers avoid talking to their patients about sexual health (due to a range of reasons such as time constraints, lack of resources, training, or perceived ability), they are even less likely to inquire about the sexual activity of older patients.³²

²⁴ Ibid.

²⁵ ADCAP Training, p. 17. <https://www.helpage.org/what-we-do/emergencies/adcap-age-and-disability-capacity-building-programme/>

²⁶ VAWG Resource Older Women, p. 2-3.

²⁷ Ibid

²⁸ United Nations General Assembly. (2013). Follow-up to the International Year of Older Persons: Second World Assembly on Ageing: Report of the Secretary General (A/68/167).

²⁹ VAWG Resource Older Women, pgs. 7-8.

³⁰ HelpAge International, Violence against Older Women Discussion Paper 2017, p. 1. <https://www.helpage.org/what-we-do/rights/violence-against-older-women/>

³¹ VAWG Resource Older Women, p. 9.

³² VAWG Resource Older Women, p. 5.

The majority of women who are older with dementia experience some form of abuse and their dementia may prevent them from seeking help.³³ Disability can be an added risk factor for women who are older, who may acquire an age-related disability. Worldwide, more than 46% of people aged 60 and over have disabilities, many of them associated with sight or hearing loss.³⁴ Women with a lifelong disability can become more vulnerable to violence as they become older, particularly if they are dependent on another person for daily care.³⁵

Women who are older may be at increased risk of GBV due to decreased power and status after a life time of diminished opportunities for economic security and education on account of their gender.³⁶ Age and gender discrimination combined can lead to a greater likelihood of poverty, limited access to protective resources, and heightened risk of GBV and abuse.

“Old” and Ageism

There is no global consensus on when “old age” begins, mainly because the perception of aging varies by individual, community, and societal contexts.

Ageism is the systemic stereotyping of, and discrimination against, people because they are considered old. The social construction of old age is reinforced by ageism, which can further inhibit the realization of equality for older women.

[VAWG Resource Older Women](#)

Women who are older experience discrimination that jointly stems from patriarchal attitudes and norms that place a premium on youth and women’s role as child-bearers. This discrimination may lead to prejudice that women who are older are “useless” or become invisible/seen as less valuable once they are past reproductive age. This creates a specific type of vulnerability to violence driven by ageism as well as sexism.³⁷ The current humanitarian focus on women of “reproductive age” is a manifestation of the intersection of ageism and sexism that sees women reduced to their reproductive function and only counted as “women” depending on their childbearing ability. According to HelpAge International, if left unchallenged, this focus risks promoting a harmful stereotype that violence only happens in younger age, leaving women who are older’s experiences invisible.³⁸

32% of women over 49 experienced intimate partner violence (17% in the past year), while **37%** experienced **non-intimate partner domestic violence** (14% in the past year).
American Association for the Advancement of Science

Similar to adolescent girls, humanitarian crises can further increase women who are older’s risk, as ordinary social controls are eroded. In the Democratic Republic of the Congo, for example, 15.5% of women seeking care for sexual violence in a South Kivu hospital between 2004 and 2008 were aged 55 and above. Reports from Iraq highlighted a mass grave of older Yazidi women murdered by the Islamic State of Iraq and Syria; according to humanitarian actors working to support the younger surviving women, the women aged 40 and above were murdered because they could not be bought and sold as sex slaves.³⁹ A survey of women who are older accused of witchcraft in Burkina Faso reveals the mental health implications of community rejection are significant, with 55% of women surveyed confiding that their immediate thought upon being accused was to commit suicide.⁴⁰

³³ VAWG Resource Older Women, pgs. 7-8.

³⁴ ADCAP Training, p. 18. <https://www.helpage.org/what-we-do/emergencies/adcap-age-and-disability-capacity-building-programme/>

³⁵ VAWG Resource Older Women, pgs. 7-8.

³⁶ VAWG Resource Older Women, p. 4.

³⁷ VAWG Resource Older Women, p. 3.

³⁸ HelpAge International, Violence against Older Women Discussion Paper 2017, p. 3.

³⁹ VAWG Resource Older Women, p. 8.

⁴⁰ VAWG Resource Older Women, p. 9.

Women and girls with disabilities

Worldwide approximately 15 percent of women and girls have disabilities⁴¹ and this rises in humanitarian contexts where conflict and/or natural disasters result in new disabilities from injuries and limited access to health care. Women and girls with disabilities of all ages are subjected to violence and abuse at rates as high as 80% over the course of their lifetimes.⁴² Women and girls with disabilities in humanitarian settings face additional barriers to protect themselves from harm, are more dependent on others for survival, less powerful, and less visible.⁴³

Women and girls with disabilities experience increased risks and barriers in humanitarian contexts due to separation from family, loss of assistive and mobility devices, and difficulties with accessing information. They are more susceptible to exploitation and abuse and among the most socially isolated groups in any crisis-affected community. They may have difficulty accessing humanitarian assistance programs due to a variety of societal, environmental and communication barriers.

Women and girls with disabilities are not more vulnerable to violence because of their disability, but rather because they are perceived as different, have less power and status, are marginalized and are even directly targeted for violence due to these same factors.

For women and girls with disabilities, the intersection of gender inequality and disability makes them especially vulnerable to GBV. A 2015 report on disability inclusion in Burundi, Ethiopia, Jordan and the Northern Caucasus, states that sexual violence was the most common type of GBV reported by focus group participants in the project settings, with some women and girls with disabilities reporting being subjected to sexual violence, including rape, on a repeated and regular basis and by multiple perpetrators. Family and service providers may only become aware of sexual violence against women and girls with disabilities when they become pregnant.⁴⁴ There are reported cases of child marriage among girls with disabilities who may be pressured to an early marriage before they are perceived as “less desirable” due to both their age and disability.⁴⁵ Survivors with disabilities may wait over one month to report violence, due to the additional barriers they face to disclosure.⁴⁶

Women and girls with disabilities may face some unique barriers to accessing GBV response services and participating in GBV response programming. These may include:

- **Physical:** Physical barriers can be natural or people-made. Common barriers include narrow doors and passageways, staircases, level changes, uneven and steep slopes, inaccessible public toilets, waste and debris, heavy food distributions, and services, water and firewood located at far distances. These physical barriers prevent women and girls from participating fully in community life or accessing needed services. GBV prevention and response services may be physically inaccessible due to long distances, lack of accessible transportation or the costs associated with reaching facilities. Furthermore, health clinics and women’s centers may not be accessible for wheelchair users or those with other mobility challenges, which may also convey a message that services are not welcoming to women and girls with disabilities.
- **Communication.** Information about GBV response services may not be presented in formats that are accessible for women and girls with disabilities, including those with visual, hearing and intellectual/psychosocial disabilities. As a result, women and girls with disabilities, especially those with

⁴¹ Interagency GBV Case Management Guidelines, p. 139. <https://gbvresponders.org/response/gbv-case-management/>

⁴² VAWG Resource Older Women, pg. 7-8.

⁴³ IRC/WRC 2015. Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners, p. 5. <https://gbvresponders.org/response/disability-inclusion-2/>

⁴⁴ IRC/WRC 2015. Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners, p. 5. <https://gbvresponders.org/response/disability-inclusion-2/>

⁴⁵ IRC/WRC 2015. Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners, p. 5. <https://gbvresponders.org/response/disability-inclusion-2/>

⁴⁶ IRC/WRC. 2015.

intellectual disabilities, may not recognize abuse when it occurs or may not know where to access support. Additionally, GBV actors need to recognize different personalized communication styles and forms and cater to the woman and girl with disabilities specific communication style. Paying time and attention to decoding the woman/girl's language content may require support from a non-abusive family member/friend.

- **Relationship with caregivers.** Women and girls with disabilities may rely on other family or community members to access services and assistance, which makes it difficult for them to access services in a confidential way. If the caregiver is the perpetrator, it will be extremely difficult for the survivor to access help because she is dependent on the caregiver for communication, transportation and daily needs.
- **Fear of not being believed.** As with all GBV survivors, a common barrier to care is the survivor's fear that she will not be believed. This is even more exaggerated for survivors with disabilities, particularly those with intellectual disabilities, whose comprehension and decision-making capacity may be questioned inappropriately. These survivors may fear that she will not be believed if she tells someone, which may put her at added risk of further harm.
- **Perceptions about capacity of women and girls with disabilities.** People may not listen to women and girls with disabilities or believe them when they disclose violence, especially if the survivor has intellectual or psychosocial disabilities. Furthermore, women and girls with disabilities may be excluded from opportunities to learn about violence, sex and healthy relationships, and to develop new skills and strengthen peer networks. As such, they may be targeted for rape, abuse and exploitation, or have less capacity to negotiate power in intimate relationships.

Women and girls with diverse sexual orientations and gender identities

Violence and discrimination against women and girls with diverse sexual orientations and gender identities is highly prevalent across the world and increases in displacement and crisis. Women and girls with diverse sexual orientation and gender identities face a complex range of risks and barriers based on patriarchal, homophobic and transphobic social norms, systemic inequality and violence. Women and girls with diverse sexual orientations and gender identities may have built up support networks and strategies to navigate their home context more safely, these networks and strategies are disrupted by displacement increasing their risk of experiencing GBV. Humanitarian services are frequently heteronormative and provide services based on the assumption of male heads of household or male partners when engaging with women and girls. Humanitarian actors may be actively homophobic or transphobic and actively exclude women and girls with diverse sexual orientations and gender identities from accessing services.

Women and girls of diverse sexual orientations and gender identities are often targeted with all types of GBV because of their sexual orientation and gender identity, including sexual violence, intimate partner violence, forced marriage, physical and emotional abuse, and denial of resources, services and opportunities. Lesbian, bisexual, transgender women and girls may face greater stigma in accessing services due to lack of acceptance of their sexual orientation or gender identity by their family, community and service providers. To adapt to the social rejection and discrimination, women and girls with diverse sexual orientations and gender identities may hide their identity and may not disclose the support needs they have or seek help.

Sex, sexual orientation and gender identity are fundamental human characteristics. The right to express one's sex, sexual orientation and gender identity without fear of discrimination or persecution is fundamental to human dignity.

Women and girls with diverse sexual orientation and gender identities are at high risk for multiple forms of interpersonal violence committed against them by colleagues, family members, neighbors, or intimate partners. At the family level, discrimination and violence against girls and women with diverse sexual orientations and gender identities is likely to derive from three inter-related sources: 1) an intense pressure to marry and lead a heterosexual life, 2) abusive family members trying to coerce heteronormative behavior according to rigid gender norms, and 3) social isolation and disconnection from family and community resources.⁴⁷ The so-called “corrective rape” of women is a practice that seeks to “cure” a lesbian or bisexual woman of her sexuality by forcing her to have sex with a man or many men. GBV against women and girls of diverse sexual orientations and gender identities aims to uphold the dominant social position of heterosexual men.⁴⁸

Discriminatory laws often criminalize same-sex and gender non-conforming behavior. The impact of these laws may involve criminal prosecution for same sex relationships and increase the risk of women and girls being targeted for police extortion and violence or coercion by community members threatening to report women and girls to the police for same sex relationships. Discriminatory family and civil laws can also impact the wellbeing of women and girls with diverse sexual orientations and gender identities. This includes the state's definition of

⁴⁷ VAWG Resource GM, p. 5.

⁴⁸ VAWG Resource GM, p. 6.

family and marriage, for example, as well as the ability to change one's sex assigned at birth on official state documents.⁴⁹

Women and girls with diverse sexual orientations and gender identities may face significant barriers to living openly or "coming out" to their friends, families and communities and fear hostile reactions, rejection or violence if they share their identity. Unless GBV service providers are openly welcoming and inclusive, they will face similar barriers when accessing response services and may fear they are not welcome in women and girl safe spaces or GBV programming activities. When GBV response service are heteronormative and assume women and girls are heterosexual or cisgender, they put in place barriers which lesbian, bisexual, transgender women and girls have to overcome. Lesbian, bisexual and transgender women and girls face increased risks of GBV, high levels of rejection by their family and community, and reduced social support networks and educational and economic opportunities. Their heightened need for GBV services and lack of alternative social supports and reduced individual assets, makes it critical that GBV response programming is inclusive and welcoming of lesbian, bisexual and transgender women and girls.

Challenges women and girls with diverse sexual orientation and gender identities may experience include:

- A mistrust of authority due to police and other official targeting.
- Fear their family will find out if they share their status with humanitarian organizations.
- Fear humanitarian aid workers will discriminate against or make assumptions about them.
- A belief that sharing their identity could bar them from resettlement or delay their case.
- Lack of access to local resources or information about activities or rights if they have not shared their status with NGOs or international organizations.⁵⁰

Pronouns: A pronoun is a word that refers to either the person talking (I or you) or someone or something being talked about (she, he, it, them or this). Transgender people face difficulty when the pronoun they identify with does not match the sex they were assigned at birth or others' perception of their gender identity. For example, a transgender woman may be called "he" by people who are unaware she identifies as female and prefers the pronoun "she," people who are confused by her gender identity, or people who are deliberately trying to hurt her.

Remember: Respecting a person's pronoun(s) is a simple act of inclusion.

"Around the world, lesbians, bisexuals, transgender people and others with diverse sexual orientation and gender identities are targets of brutal physical and psychological violence. We are subject to harassment, assault and other violence; often under the guise of so-called 'honor', 'tradition', 'nations and families'."

Nabulivou, N. (2013). *Statement on Behalf of the Lesbian, Bisexual and Transgender Caucus. Commission on the Status of Women, United Nations Economic and Social Council*

⁴⁹ VAWG Resource GM, p. 6.

⁵⁰ IOM/UNHCR, 2015, p. 16.

Women and girls with diverse ethnic and religious affiliations

Women and girls with diverse ethnic and religious affiliations are often overlooked in emergency response. If the violence that caused displacement targeted specific communities, women and girls from those ethnic or religious communities may be at greater risk of continuing violence and discrimination. Some ethnicities are excluded from economic opportunities and at increased risk of trafficking, including sexual exploitation. This risk multiplies in a situation of displacement and is particularly acute for women and girls with diverse ethnic and religious affiliations.⁵¹ Women and girls with diverse ethnic and religious affiliations may be more socially isolated and lack community protection compared to more dominant social groups. Women and girls from diverse ethnic and religious affiliations may lose important elements of their cultural identity or have elements of their cultural identity misinterpreted or interpreted negatively and support networks when separated during or after displacement, which can be particularly harmful to women and girls who have experienced GBV. Women and girls may not be able to speak openly if interpreters are from a different community in the country of origin or country of refuge/asylum.⁵²

There are nuanced differences between groups' humanitarian needs and how best to meet those needs, in terms of the nature, targeting and delivery of assistance. Those differences also reflect whether a minority group has been directly targeted during the conflict, its past experience of persecution and discrimination, its level of political power or influence and its beliefs and cultural norms.⁵³

Many humanitarian organizations do not currently consider ethnic and religious affiliation in programming, and the significance of people's ethnic and religious background is overlooked in the way information is gathered.⁵⁴ Humanitarian responses need to take this diversity into account in order to meet the critical needs of women and girls affected by the conflicts and support them in a sustainable way. They must also address aid prioritization and beneficiary criteria that may fuel resentment, discrimination and tensions by excluding some conflict-affected groups.⁵⁵

25% of women interviewed for a GBV rapid assessment conducted for a 2016 regional study indicated that their religious affiliation (and nationalities) negatively affected their access to services.⁵⁶ Listening sessions and assessments may not be carried out with women and girls from diverse ethnicities and religious groups and so GBV programming may not be informed by an understanding of their particular needs and priorities. Information on how to access GBV response services may not be provided to the community in diverse languages. GBV service providers may not speak all local languages or hire community volunteers and interpreters who speak diverse languages. Women and girl safe space activities may not be implemented in diverse languages and when one ethnicity or religious group dominates women and girl safe space activities, other ethnic or religious groups may not feel welcome. Some safe space or GBV programming activities which incorporate religious or ethnic cultural activities or music, may exclude wider participation by diverse women and girls.

⁵¹ UNHCR, Working With . . . , pgs. 10-11.

⁵² UNHCR, Emergency Handbook, p. 3.

⁵³ Protection of Minorities in Iraq and Syria, p. 18.

⁵⁴ Protection of Minorities in Iraq and Syria, p. 14.

⁵⁵ Protection Needs of Minorities from Syria and Iraq, p. 3.

⁵⁶ Protection of Minorities in Iraq and Syria, p. 14.

Annex: Understanding “Disability”

Article 1 of the UN Convention on the Rights of People with Disabilities (CRPD) defines persons with disabilities as follows: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which **in interaction with various barriers** may hinder their full and effective participation in society on an equal basis with others” (emphasis added).⁵⁷

Women and girls with disabilities are often considered to be objects of charity or, from a medical viewpoint, persons needing medical treatment, rehabilitation and care. These perceptions are described as the **charity** and **medical models**. They are perspectives based on disability being an individual problem that has to be managed, cared for, or fixed. This approach suggests that a woman is prevented from functioning in society by her body or brain – and that this is her problem.

The **rights-based model** views women and girls with disabilities as rights-holders, promoting full and equal enjoyment of all human rights to women and girls with disabilities, and respect for their inherent dignity. This approach focuses on equal opportunities, non-discrimination on the basis of disability, and participation in society. The rights-based approach requires authorities to ensure rights and not restrict them; enforce laws to ensure full inclusion in all social aspects (school, family, community, work, etc.); apply policies to raise awareness; and respect equal recognition before the law.

The **key principles of a human rights approach** to disability include inclusion, participation, accessibility, non-discrimination, respect for difference and diversity, equality of opportunity, and respect for human dignity. **This approach is applicable to all women and girls.**

The **social model** developed as a reaction against the individualistic approaches of the charitable and medical models. With the social model, disability is not a “mistake” of society but an element of its diversity. The social model focuses on society and considers that the problem lies with society, that women and girls with disabilities and Women who are older are excluded due to various barriers (e.g. social, institutional, economic or political).⁵⁸ In other words, according to the social model⁵⁹ of disability, people with disabilities are disabled **not** because of their individual differences, but because of the **systemic barriers** they face in society. Therefore, it is possible to understand the word “disabled” not as “less able” but rather as “prevented from functioning.”

Moreover, the social model distinguishes between “impairment” – the things one cannot do because of her body and/or brain – and “disability”, which are the **social barriers** that disable someone because she has an illness or impairment. In other words, impairment is only one component of disability and refers to the body function (e.g. a cataract that prevents the passage of light in the eye, the loss of one limb, or a mental function that is affected); the other components of disability are activity limitation and participation restrictions, which are factors of the environment.

⁵⁷ ADCAP Training, p. 22.

⁵⁸ ADCAP Training, p. 24.

⁵⁹ ADCAP Training, p.25.

The shift toward the social model has meant promoting the inclusion of people with disabilities by removing barriers and obstacles rather than addressing individual impairments through specialized interventions. This includes accessibility adaptations of the built environment, accessible information and communication, and ensuring access to basic services, provision of technical and assistive devices, changing attitudes and reducing stigma, as well as empowerment of people with disabilities and their families.

Disability = Impairment (of the person) + barriers (in/by the environment)

'Disability' is not inherent to a woman or girl; it results from the environment's failure to meet her needs.

KEY ACTIONS TO CREATE INCLUSIVE GBV PROGRAMMING

This section focuses on key actions to create inclusive GBV programming; it is structured based on the [IRC's GBV Emergency Preparedness and Response Program Model](#).

Assessments⁶⁰

Assessment must be approached with the understanding that **every** community includes adolescent girls, women who are older, women and girls with disabilities, women and girls with diverse sexual orientations and gender identities, and women and girls from diverse ethnic and religious affiliations. This includes understanding that women and girls likely hold multiple intersecting identities. As with the presence of GBV, it is not necessary to verify the number of women and girls with disabilities or the presence of women and girls with diverse sexual orientations and gender identities to design programming that is inclusive and responsive to all.

Sphere Core Standard 1

The affected population 'should be engaged in a meaningful consultation process regarding decisions that affect their lives, without creating additional risks. This is one way of assisting them to assert their rights'.

Sphere Standards, YEAR, p. 1.

Based on these facts, any assessment should seek to address diverse women and girls' needs. GBV assessments are not about determining whether GBV is occurring —, but rather about better understanding the context, dynamics of violence and the existing services to determine what kind of services and activities are appropriate and feasible for women and girls to recover and thrive. Moreover, a strong contextual understanding of intersectional inequalities women and girls face is vital to ensuring that response services – and risk mitigation activities are inclusive and accessible to all women and girls – do not inadvertently expose survivors or individuals to further harm. It is important to note, however, that some women and girls may fear being identified openly as part of a certain identity group (e.g. a specific religious affiliation, as a woman or girl with a diverse sexual orientation and gender identities, etc.), either in general or among women and girls who are in the majority population.

It can be useful to mobilize separate groups of diverse women and girls to meet the language needs of diverse ethnic groups, to ensure adolescent girls and older feel comfortable sharing their priorities, and to create space for the participation of women and girls with disabilities. However it is **NOT recommended to form separate groups for women and girls with diverse sexual orientations and gender identities** due to the safety risks and stigma involved in mobilizing and engaging groups based on sexual orientation and gender identity. There are also benefits to forming mixed groups of diverse women and supporting dialogue with translation, sign language, visuals etc to allow for interactive discussion and promote an inclusive understanding of priorities among diverse women. It is however **NOT recommended to ask women and girls to disclose their sexual orientation or gender identity**. GBV actors can utilize the approach already used to discuss GBV by using intersectional case stories and general questions about risk of GBV to discuss sensitive issues with women and girls safely, without facilitating personal disclosure of violence.

The key information points to discuss with women and girls include asking about:

- Women and girls who are at particular risk of discrimination and violence;
- Specific barriers related to their access to services;

⁶⁰ Session 3: Assessments – What Do We Need To Know To Start Programming and Session 4: Carrying Out Assessments, pages 27 - 40, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

- Factors that increase vulnerability to risk and violence.
- Mechanisms and approaches that may support specific groups of women and girls to access services and information safely.

Design assessment with the following questions;

- Which groups of women and girls are most at risk in this community? What are the expressed needs, gaps and priorities of these groups?
- Which groups of women and girls have access to services? Which groups are not accessing services? Why? How can we increase their participation?

When designing assessment consider:

Adolescent girls: Engaging adolescent girls and particularly younger adolescent girls (10 -14) in information gathering exercises may raise more risks than benefits from participating. All risks should be carefully considered prior to engaging adolescent girls. If benefits to participating are outweighed by efforts which can sufficiently reduce risks of participation, assessment teams should move forward with engaging these women and girls. However, if the risks continue to outweigh the benefits from participation women and girl's safety should be prioritized over their engagement in assessment activities. Adolescent girls have different needs and interests than adult women and often report they are not interested in participating in activities (including information gathering activities) alongside their mothers. Adolescent girls who attend school are likely to have different needs and interests to those who are out of school and available to participate in assessment activities at different times.

Women who are older often have child care and household responsibilities which restrict their participation in assessment activities. The voice and priorities of women who are older may be ignored by community leaders mobilizing women to participate in assessment activities. Women who are older may have mobility issues as compared to younger women or find it challenging to participate in information gathering activities alongside younger women due to hearing impairments.

Women and girls with disabilities (physical, mental, intellectual, vision and hearing) will require a variety of different ways to communicate information and assistance to reach and engage in assessment related discussions. For example, additional time to discuss and ask questions, picture formats, sign language interpreters, and visual demonstrations should be considered.⁶¹ In addition, assessments can include interviews with disability actors to guide GBV program design. As with any community group, disability groups may be male dominated. Try to identify local women-led disability groups or ask to speak with women with disabilities within disability groups to understand the specific risks and barriers facing women in this community.

Women and girls with diverse sexual orientation and gender identities should not be mobilized in separate groups in the community. To safely inform your assessment make sure to connect with local LGBTQI actors who understand the local context and legal frameworks. Make sure to ask to speak with women within the LGBTQI community as this community may also be male dominated. Engage women led LGBTQI groups where they exist.

When speaking to women and girls with diverse sexual orientation and gender identity, remember to refer to the person by the name and pronoun they share with you. If you are not sure what that is, ask. Respect women and girls' identity. Do not make assumptions.

⁶¹ WGSS Assessment doc., p. 3-4.

Women and girls from diverse ethnic and religious affiliation will require different locations and languages to participate in assessments. Ensure that conditions are sufficiently secure for women and girls to feel comfortable about identifying themselves as members of an ethnic or religious group. This also requires being aware of and configuring the assessment team composition to maximize women and girls level of comfort. Make sure that women and girls not wishing to self-identify are not forced to do so, especially in situations where they may be at risk. When organizing a meeting with an ethnic or religious minority individual or a group, make sure that measures to ensure their security and privacy are in place.⁶²

Key Actions:

- Safely engage women and girls from diverse groups, do not make assumptions about how diverse women and girls want to be engaged. Always ask about participants preferences to ensure diverse women and girls are comfortable and can safely participate.
- In group discussions, create a safe space as much as possible by reinforcing confidentiality and reassuring participants it is not necessary to share personal disclosures of GBV or discrimination. Model using case studies and general examples to explore how different identities may increase risks and barriers for diverse women and girls. If an individual discloses, remind the group about confidentiality.
- Do not identify diverse women and girl participants by pointing out or identifying a woman's age, disability, sexual orientation, gender identity, religion, ethnicity or other characteristic, as this can be harmful and stigmatizing.
- If women and girls self-identify and share personal experiences which are sensitive, then in the same way as you would respond to a disclosure of GBV, thank the participant for sharing their valuable personal experience, remind the group of confidentiality and explain that if the participant would feel more comfortable, then you are happy to speak about the person's experience in more detail one to one, after the general group discussion. If however the participant is comfortable sharing within the group, then support her to share and respect her agency to talk about her experience of discrimination and her identity. Sharing in a safe space discussion can be empowering for diverse women and their agency should be respected.
- Use and adapt GBV Assessment tools that are inclusive for all women and girls;
- Disaggregate data collection by sex, age, disability and other relevant local inequalities;
- Document qualitative findings which illustrate diverse women and girls lived experience to inform GBV program design;
- Engage service providers to uncover norms and attitudes toward diverse women and girls;
- Translate GBV assessment tools to the diverse languages used by women and girls as much as possible;
- Extend the assessment planning, staff training and tool review with existing local inclusion expert groups i.e. LGBTQI, Older Age and Disability Actors.

⁶² UNHCR, Working With . . . , p. 7.

Program Design⁶³

Ensuring diverse women and girls engage in program design activities at the onset of an emergency and throughout the response through monitoring and feedback mechanisms is a critical action to implementing inclusive GBV programming which can effectively engage diverse women and girls. By using an intersectionality approach from the start of an emergency to design GBV programming, GBV actors can address the radical roots of intersectionality, power oppression and privilege that women and girls are uniquely experienced to nuance planning to ensure the diverse group of women and girls are able to participate and benefit from the program⁶⁴. By engaging diverse women and girls in leadership roles in GBV emergency response programming design GBV actors provide an opportunity for diverse women and girls to act as agents and leader of change in reconstruction and rehabilitation efforts, including taking decision on issues affecting their safety, well-being and rights. This is seen as the most effective way to challenge the root causes of discrimination and exclusion⁶⁵.

Key Actions:

- Design GBV programming with groups of diverse women and girls from the start of an emergency to make sure GBV programming is adapted to the local context and accountable to women and girls;
- Disaggregate monitoring data by sex, age disability, and other locally relevant identities;
- Proactively engage diverse representation of women and girls in groups who are regularly engaged in accountability and feedback mechanisms;
- Ensure the location of emergency safe spaces is safe for diverse women and girls;
- Ensure safe space activities are designed to be accessible to diverse women and girls;
- Consider different entry points for diverse women and girls to GBV response services and work with other actors to facilitate their access, including health, child protection, LGBTQI, disability and older age actors;
- Recruit GBV response teams to be responsive to local diversities and proactively recruit a range of languages, younger and older women, women with disabilities and when advertising positions promote diversity;
- Train GBV response teams to apply an intersectional approach from the start of the emergency to ensure teams have helpful attitudes and are sensitive to local intersecting inequalities.

⁶³ Session 5 Introducing the Program Model, page 41, GBV Emergency Preparedness & Response Participant Handbook
<https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

⁶⁴ Christine Homan, Divya Chandran & Rita Lo (2018) Young feminists working globally to end violence against women and girls: key challenges and ways forward, *Gender & Development*, 26:3, 495-513, DOI: 10.1080/13552074.2018.1525868

⁶⁵ HDN, p. 35. Humanitarian Exchange.

GBV Case Management⁶⁶

Diverse women and girls need access to quality GBV case management services and coordinated care in a safe and timely manner, which is responsive to their sex, age, disability, sexual orientation, gender identity, ethnicity, and religion. Survivor centered GBV case management is delivered to meet the individual needs of each survivor and therefore can responsively meet the needs of diverse women and girls by ensuring informed consent and confidentiality, respecting the survivor's wishes, and providing accessible information on services without discrimination. A survivor centered GBV case management approach is built on the foundation that the survivor understands her own situation more than the case worker ever can. By utilizing a survivor centered approach, the survivor is the decision maker and the case worker provides unconditional positive regard and a healing relationship to support the survivor's recovery. This approach is therefore effective in supporting the recovering of survivors with diverse identities and experiences.

In emergencies, it is often difficult to provide the full range of case management services. Survivors' immediate needs and choices should be prioritized, including their safety and security and access to healthcare and psychosocial support.⁶⁷ GBV cases management and response service must be inclusive and responsive to the needs of diverse women and girls. GBV services providers have professional obligation to equally serve every women and girls with dignity and respect. When training GBV case workers, it's important to provide opportunities for response teams to identify and explore internalized discrimination and prejudice to ensure an unbiased and compassionate, non-judgmental response to survivors.

Key actions:

- Conduct service mapping to identify existing response services and gaps taking into consideration the diverse needs of women and girls and develop a plan to address critical service availability or capacity gaps with GBV key stakeholders and organization.
- Ensure multiple entry points beyond GBV case management and link women and girls to psychosocial support services.
- Recruit and hire staff/volunteers who are representative of the different diversities of women and girls in the community.
- Support GBV services providers with survivor centered case management training that is tailored and specific to adolescent girls, women who are older, women and girls with disabilities, women and girls with diverse sexual orientations, gender identities, ethnicity and religion affiliations.
- Monitor service access and quality of care that is responsive to the diverse needs of all women and girls survivors of GBV through confidential client feedback surveys, on-going supervision of caseworkers and regular feedback listening sessions group discussions with diverse women and girls.
- Strengthen inclusion of diverse women and girls in referral pathway by engaging disability, older age and LGBTQI actors and diverse ethnic community and religious leaders are part of the referral pathway
- Provide inclusion and diversity sensitization training to case workers, response staffs and GBV services providers;
- Leverage experiences, best practices, support and services from local actors working with diverse women and girls i.e. disability, older age and LGBTQI actors.

⁶⁶ Session 6 Case Management, page 46-49, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

⁶⁷ UNFPA MS, p. 56.

Annex to GBV Case Management: Considerations on Providing Care & Support to survivors with disabilities:

Communication

In most cases, survivors with disabilities can communicate directly with helpers or service providers with no adaptations, or relatively small adaptations, such as identifying someone who can interpret their form of sign language or by using simplified language in discussions. In other cases, it may be less clear what the best way to communicate with a survivor is, and additional steps may be required to determine this. When working with women and girls with disabilities who find it difficult to communicate you should:

Take time, watch and listen. If you are in a context where you will be able to see a survivor more than once, remember that case management is a process, not a one-time event. Each time you meet the survivor you will learn something new about them and understand better how they communicate and what they mean.

Always talk directly to the individual, even when a caregiver is present. If you are still establishing communication methods with survivor and need to ask for advice from the caregiver, make sure that you have these conversations in front of the survivor, so they can hear what is being said and participate in any way possible. Remember that women and girls who can't speak or move may still understand what is happening around them and what people are saying about them.

Pay attention to any way in which women and girls wishes to communicate. This could be through gestures and sometimes their emotions. Some women and girls with intellectual and psychosocial disabilities can exhibit a wide range of behaviors. This is sometimes the way they communicate with others. If you observe or sense survivor is trying to communicate with you, but you don't understand, it is okay to say "I don't understand."

Do not put pressure on survivor. Often times survivors with intellectual and developmental disabilities regress to a lower level of understanding/functioning when under stress. Always respect the individual's readiness to speak about incidents. As with any survivor, beware of unconsciously replicating dynamics of power and control by pressuring the survivor to disclose information they are not yet ready to talk about.⁶⁸

Informed Consent & Decision-Making⁶⁹

The Convention on the Rights of Persons with Disabilities highlights that persons with disabilities have the same rights as everyone else to make their own decisions, and that appropriate measures must be taken to support them to exercise their legal capacity. An individual cannot lose their legal capacity to make decisions simply because they have a disability. You should initially assume that all adult survivors with a disability have the capacity to provide informed consent independently. Always ask the individual whether they would like to access support to make an informed decision.

If you are working with a person with whom you are having difficulty communicating, ask yourself the following key questions:

- Did you try more than one method of communicating the information? Have you given them time to process this information and ask questions?
- Are you able to determine whether the survivor understands the information provided and the consequences of decisions they may make? How did you determine this? (e.g. through questions, discussions, gestures or other forms?)
- Have you been able to ensure that the survivor's decisions are voluntary and not forced or coerced by others? How did you determine this?

⁶⁸ Interagency GBV Case Management Guidelines, p. 139. <https://gbvresponders.org/response/gbv-case-management/>, p. 143.

⁶⁹ Interagency GBV Case Management Guidelines, p. 139. <https://gbvresponders.org/response/gbv-case-management/>, p. 143.

- (Is a caregiver or family member already involved? if so, how? are they answering the questions you ask with consulting the survivor?)

If after reflecting on these questions you are still unsure of a survivor's capacity to consent independently, you should involve a supervisor to help you determine whether there is a need to provide additional support for informed consent. You can discuss taking the following next steps with your supervisor:

Consider involving a trusted support person. Family members, caregivers and peers of persons with disabilities can be a valuable resource in facilitating understanding and communication with the person. If you determine that it is safe to do so, ask the survivor's permission to include someone they trust in your discussion as a way of supporting communication and enhancing the survivor's ability to provide informed consent. Let the survivor identify who they would like to involve, and watch for any signs that they agree or disagree with the suggestions being made by the support person. You will need to carefully check that the support person does not take over the decision making process.

Evaluate the best-interests of the survivor. Ultimately, if you are still unsure of the survivor's capacity to consent at any point in the case management process, then you can use the following guiding principles to identify decisions that are in the best interest of the survivor.

Safety: Does the decision/action protect the survivor from potential abuse (physical, emotional, psychological, and sexual, etc.)?

Empowerment: Is the decision/action in line with the best interpretation of the will and preferences of the survivor?

Cost-benefit analysis: Do the potential benefits of the decision/action outweigh the potential risks?

Healing: Does the decision/action promote the survivor's overall healing, growth and recovery?

To the extent possible, you should still obtain informed assent from the survivor (i.e. their communicated willingness to participate in proposed decisions, services and/or activities).

Working with Caregivers/Family Members

As discussed in the previous sections, it can be very useful and in some cases necessary to work with the survivor's caregiver(s) and/or family members. However, doing so can also complicate efforts to promote the safety, confidentiality and interests of the survivor. Persons with disabilities should always be consulted on the involvement of caregivers and family members, as would be the case with all survivors. You will need to routinely assess the risks and benefits of involving a caregiver in a survivor's care and continually ask if it necessary, safe and ultimately empowering for the survivor to do so. Some important things to remember when working with caregivers and family members are:

Assess safety. Routinely carry out a thorough safety assessment to rule out potential abuse from the assisting person, as most often the perpetrator is someone the survivor knows and it may be the person providing them care and assistance on a daily basis.

Focus on the survivor. The survivor is the individual seeking services and all actions should be guided by their will and preferences. The interests of family members and caregivers may or may not be linked to the will and preferences of the survivor. Maintain primary communication and participation with the survivor, and ask for permission from the survivor to communicate with the caregiver or family member.

Maintain confidentiality. If the survivor discloses information they do not wish to be shared with their caregiver/family members, you must respect and maintain the survivor's confidentiality. Do not share any of the survivor's information, even with the caregiver, without explicit permission from the survivor. When sharing information, always think about why the caregiver needs that information and only share what is necessary to facilitate care. For example, you may do a joint session with a survivor and their caregiver to review a case action plan because it requires the caregiver or family member's action. In that case, they only need to know what is relevant for facilitating that part of the survivor's care. Finally, if a caregiver or family member is involved in any aspects of the case management process, they also need to maintain confidentiality. Be sure you have made this clear to the person from the beginning.

Support the caregiver or family member. If you determine that the caregiver or family member involved is safe, you should provide support to the caregiver as well. Providing them with accurate information about the risks and impacts GBV and trauma can help them understand what the survivor may be experiencing and how to best support them. Caregivers may be inclined to blame the survivor, so be sure to communicate that what happened was not the survivor's fault. Caregivers may also blame themselves for not being able to protect the survivor from violence. Providing messages to the caregiver that are supportive, non-blaming and non-judgmental may be important for them to hear. By supporting them, you are also enhancing their ability to support the survivor.⁷⁰ Caregivers may also be struggling to accept or cope with the girls' disability and be contemplating forced/early marriage of their girl to a man/boy so that they no longer have to support her. GBV response staff should be aware that girls with disabilities may be at increased risk of forced/early marriage in some contexts and seek to mitigate these risks with the survivor through the case management process.

Safety

Safety plans for survivors with disabilities must be highly individualized and should take into account the following:

- The individual's specific disability and living situation and ways in which a perpetrator may try to exploit the survivor's disability to isolate them, prevent them from leaving or further harm them.
- How the survivor's disability may impact execution of their safety plan, and adjust the plan as necessary.
- What disability-specific items the person may need if they implement their safety plan, such as medication, assistive devices or equipment, or relevant documentation for health or legal support.⁷¹

⁷⁰ IAGBVCML, p. 146.

⁷¹ IAGBVCML, p. 146.

Psychosocial Support⁷²

Support the provision of cultural-, age- and gender sensitive psychosocial support services to ensure that survivors of traumatic events receive sufficient protection and rehabilitation to reintegrate into society. Ensure that appropriate and effective referral mechanisms are accessible for all women and girls. The discriminatory exclusion of women and girls from the diverse groups from psychosocial support and response services increases casualty rates, negative psychosocial impact, and health issues.

Modes of expressing distress – how women and girls explain and make sense of their health symptoms and how they seek help – are culture-specific, rooted in religion and social norms. Women's and girls' religious and ethnic background are therefore critical factors in understanding and meeting the needs of GBV survivors. For example, trust in service providers is necessary for them to come forward, and in some instances, women feel more comfortable receiving support from case workers from the same faith. Sensitive to women's family and community culture are important in supporting survivors of GBV as issues around privacy, domestic habits and tradition sometimes differ and failing to take these into account could prevent women from accessing the support they need.⁷³ Use existing civil society structures trusted by local populations, including those of diverse ethnicity and religious groups, to provide information on GBV response services.

Best practice: Reintegrating enslaved Yezidi women into society

NCA's partner organization Yazda, in cooperation with the Yezidi religious leadership in Lalish (a Yezidi holy place outside Dohuk) has developed an integration process for women survivors of IS captivity. At the beginning of the reintegration program, these women visit Lalish for a few days, receive counselling and undergo cleansing rituals, before being publicly welcomed back to the Yezidi community by the clergy in Lalish. Clergy members also publicly state that the women are in no way responsible for what happened to them, and that they should be received back into their families and communities without any resentment or prejudice.

Protection of Minorities in Iraq and Syria, p. 13.

Key actions:

- Train and support GBV first responders to provide a safe, calm environment; to listen supportively; to demonstrate compassion and non-judgmental; to provide reassurance without bias and promote access to diverse women and girls;
- Provide psychosocial support that is response to diverse women and girls' age, disability, culture and religion;
- Ensure information about psychosocial support services is shared with and reaches all diverse women and girls through targeted outreach;
- Identify and remove barriers to diverse women and girls' access to psychosocial support services including: location, mobility and accessibility, cost, privacy, language, cultural (e.g. need for permission or accompaniment of male relative), child care, timing of activities, etc.⁷⁴
- Identify and promote inclusive community-based support group, self-help and resilience strategies, including working with communities, existing local actors/activist to establish/adapt routines and practices that may facilitate community support that promotes inclusion, safety, respect, care and recovery;
- Integrate inclusive PSS service in the referral pathway, ensure safe, confidential referral to health, mental health care or clinical services and other protection services, livelihood and empowerment activities for all diverse women and girls.

⁷² Session 7 Psychosocial Support, page 50 -58, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

⁷³ Protection of Minorities in Syria and Iraq, p. 13.

⁷⁴ IASC MHPSS Protection, p. 9-10.

Women & Girls' Safe Spaces (WGSS)

A women and girls safe space is a place where women and girls in all their diversity are respected and welcomed. Staff and volunteers should be aware and consult with women and girls on how to adapt WGSS structures and recreational activities to be inclusive of women and girls of all ages, disabilities, sexual orientations, gender identities, ethnicities, and religions. Diverse women and girls should feel physically and emotionally safe to access the safe space to report protection concerns, express their needs, receive services, engage in empowerment and livelihood activities, support and connect with other women and girls. A WGSS should actively amplify the voice, agency and leadership of diverse women and girls and take action to maximize their meaningful participation in WGSS services and activities.

Segregated spaces for diverse women and girls are rarely the answer to specialized needs. A WGSS should aim to house a range of activities which can meet diverse women and girls' needs and build a diverse women's movement, connecting displaced women and girls in a new community. In general, GBV actors should aim to adapt safe space activities to be widely accessible, rather than organizing specialized activities for segregated groups. When in doubt, consult diverse women and girls and build collective understanding of diverse needs. If conflict or competition between diverse women and girls occurs, organize listening sessions and dialogue to facilitate WGSS participants to build empathy and understanding for each other's experiences. For example, celebrations of religious events can be valuable to bring multi-faith communities together and promote interfaith tolerance. Separate spaces for adolescent girls within a WGSS are recommended to provide a space with specialized age appropriate activities, however sharing learning from the AGSS with the wider women and girls' community builds understanding and community support for adolescent girls' needs. Similarly celebrating or holding awareness raising events on international days focused on disability, older age, or LGBTQ rights, can build awareness and promote tolerance within the wider community of women and girls.

Key action;

- Proactively engage diverse women and girls in the design of the WGSS;
- Organize a WGSS committee to run safe space activities which includes representation of diverse women and girls;
- Recruit staff and community volunteers to run WGSS activities who represent diverse women and girls in the community;
- Utilize an appropriate range of local languages and alternative communication methods to reach diverse women and girls in the community;
- Provide inclusion and diversity sensitization training to WGSS staff and volunteer, engage them in continuous reflection and self-awareness of implicit bias, power dynamic and privilege that affects diverse women and girl;
- Engage women and girls actively through informed outreach strategies to mitigate identified access barriers which hinder diverse women and girls' equal and meaningful participation;
- Disaggregate WGSS participants' feedback on programming by age, disability and other locally relevant inequalities and address gaps and barriers to participation.

Safe & welcoming for women and girls with diverse SOGI

1. Empower and celebrate diversities in WGSS.
2. Respect and accept of women's and girls' as they are.
3. Consult with women and girls how they prefer to participate in WGSS activity.
4. Promote the use of positive inclusion terminology among staffs and in WGSS activities.

Health Response⁷⁵

Access to quality, confidential, age-appropriate and compassionate healthcare services is a critical and life-saving component of a multi-sectoral response to GBV in emergencies. Healthcare providers are often the first and sometimes only point of contact for GBV survivors and they offer a general entry point which diverse women and girls can usually safely access for health reasons without specifying until in a private setting with the health care provider that they are in need of clinical care for GBV. Health providers are at the front line of response to GBV in emergencies and play a central role in identifying protection concerns affecting diverse women and girls, immediately addressing physical and emotional/psychological needs, and providing an entry point to ongoing GBV response and WGSS services.⁷⁶ Healthcare providers understand their responsibility to provide professional care which is confidential, non-judgmental and non-discriminatory, however as with all GBV responders, health care providers may benefit from opportunities to identify and explore their internalized bias and harmful attitudes to ensure ethical and non-discriminatory provision of care.

Key actions:

- Ensure all diverse women and girls have immediate access to priority reproductive health services as outlined in the Minimum Initial Service Package (MISP) at the onset of an emergency (no needs assessment is necessary);⁷⁷
- Ensure all diverse women and girls survivors of GBV have access to high-quality, life –saving health care, including timely clinical management of rape and post rape treatments;
- Consultation with diverse women and girls in the design and delivery of GBV and health programming.
- Develop women's support groups, including providing training to or specific support for inclusion of the diverse groups in community according to their age, disabilities and other identities.
- With health coordination mechanisms, support a mapping exercise/analysis of existing Sexual and Reproductive Health Services (SRH) including specialized local groups or service providers that are already working with diverse women and girls, identify SRH program needs, capacities and gaps and conduct a planning exercise in coordination with all relevant stakeholders for effective and efficient health service delivery and ensure access to health services are not undermining by staff attitudes, power dynamic based on the intersectional inequalities faced by diverse women and girls.
- Comprehensively include community-led outreach; community health worker, traditional birth attendances, hygiene promotor, women's group and other community outreach workers to exhaustively encompass diverse women and girls to inform affected health and reproductive health related consequences of GBV and services available.
- Identify, collect and analyze disaggregated health information system by sex, age, disability and other identities to monitor GBV risk-reduction activities, access and barriers to health services.
- Health staff must be trained to deliver age appropriate and disability friendly services. Inclusion of diverse population, non-discrimination, stigma reduction, power dynamic and the rights to access to services must be integrated into clinical capacity building for all staff.
- Work with local actors, gender specialists, diversity specialist, inclusion specialize or specialized networks such as age, disabilities, LGBTQI, ethnic or religious group in health service provision.

Interacting with survivors with disabilities is a matter of persons, not of disabilities.

IRC.

⁷⁵ Session 8 Health Response, page 59 - 70, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

⁷⁶ UNFPA MS, p. 24.

⁷⁷ The Sphere Project, Sexual and Reproductive Health Standard 1, <http://www.spherehandbook.org/en/essential-healthservices-sexual-and-reproductive-health-standard-1-reproductive-health/>

Referral Systems⁷⁸

Survivors of GBV have multiple needs, and coordination amongst service providers is crucial to support women and girls to meet those needs. Context-specific referral systems coordinate service delivery and facilitate survivors' access to services. In emergency settings, GBV survivors from diverse backgrounds need to have access to life-saving services quickly and safely. At a minimum, diverse women and girls need (1) a network of qualified service providers; and (2) an established referral pathway detailing where and how survivors can access services.⁷⁹

A referral pathway is a flexible mechanism that safely links diverse women and girl survivors of GBV to supportive services and in an emergency context, referral pathways prioritize safe access to healthcare and psychosocial support. A functional referral system is survivor-centered and inclusive of diverse women and girl survivors. Diverse women and girls can learn about GBV response services from their participation in other social change movements. Equipping humanitarian actors focused on disability, older age, LGBTQI rights with an understanding of the GBV response referral pathway will help staff to refer women and girls who disclose GBV for care. Engaging these groups can also help GBV actors learn about different services available to meet the needs of diverse women and girls.

Key actions:

- When conducting a [GBV service mapping](#), include criteria which assesses inclusive access to services by diverse women and girls;
- Engage social change and inclusion actors such as disability, LGBTQI, older age, youth and child rights groups to ensure their familiarity with the GBV response referral pathway and support women and girls from these groups to access services;
- Ensure referral pathways are accessible to diverse women and girls through multiple mediums: multi-language radio, posters with braille, sign language at community events, etc;
- Pay specific attention to how adolescent girls can have entry points to GBV response through both GBV and Child Protection programming;
- Monitor feedback from diverse women and girls focusing on barriers and accessibility in referral system and take action to remove barriers and increase access for diverse women and girls to access multi-sectoral services;
- Hold services providers accountable to the diverse needs and inclusion of diverse women and girls through existing coordination mechanism and SoPs.

⁷⁸ Session 9 Referral Systems, page 71 - 77, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

⁷⁹ UNFPA MS, p. 54.

Community Outreach⁸⁰

In an emergency, community outreach facilitates GBV actors to share information with community members to support diverse women and girls to access GBV response services, and reduce the risks that diverse women and girls face. Community outreach includes information on the benefits of GBV response services, how, where and when to access them and should be accessible to diverse women and girls. Community outreach is an opportunity to demonstrate inclusive GBV response programming in the images, languages and materials used to promote understanding and access to GBV response services. Engaging a diverse range of women as staff and community volunteers can role model inclusivity and make services more attractive and accessible to diverse women and girls in the community. Posters, radio shows, mass campaigns can represent diverse women and girls in positive ways, promote recognition of equal rights and dignity, and show diverse women and girls supporting each other and working together to prevent GBV.

Key Actions:

- Ensure GBV outreach teams are as diverse as possible and include community volunteers and staff from diverse groups of women with particular attention to age, language groups and disability;
- Ensure IEC materials sharing information to promote uptake of GBV response services and breaking the silence on GBV include representations of diverse community members and are accessible by all language groups;
- Use radio as well as visual IEC materials to reach women and girls with visual and hearing disabilities;
- Implement a range of community outreach approaches which meet the needs of diverse women and girls, for example, reach out to adolescent girls in and out of school, organize different times and places to meet to engage a wider range of women and girls, etc;
- Work with other social change and inclusion actors such as Older Age, Disability and LGBTQI actors and community and religious leaders from diverse ethnic and religious affiliations to co-host outreach events which reach specific groups of diverse women and girls and the wider community;
- Discuss with adolescent girls and female and male caregivers how to safely engage adolescent girls to lead some types of community peer to peer outreach activities;
- Following communication materials guidance, portray diverse women and girls in positive ways, for example offering help to other women or being activists;
- Implement listening sessions with diverse women and girls or other preferable feedback mechanism to get feedback on outreach activities and adjust programming informed by diverse women and girls' recommendations.

⁸⁰ Session 10 Community Outreach, page 78 - 80, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

Reducing Risks for Women & Girls in Emergencies⁸¹

In emergencies, diverse women and girls face a host of safety and security risks linked to displacement. Many of these risks, when identified, can be safely and quickly addressed by humanitarian actors. However, humanitarian agencies may unintentionally increase these risks through assistance programs and services designed to improve efficiency without properly identifying and addressing the needs of diverse women and girls and the potential obstacles they may face in accessing services safely.

When GBV actors implement inclusive GBV programming which effectively engages and supports diverse women and girls, then GBV risk mitigation activities will document the specific risks and barriers facing diverse women and girls in each context. There are also many GBV risk reduction activities which can be routinely conducted to meet the needs of diverse women and girls in every context. For example, in each humanitarian setting toilets and wash facilities should be sex segregated, age appropriate, locked, well-lit, located within safe reach of women and girls, and accessible for women and girls with disabilities and limited mobility. In addition, water and fuel should be located within safe reach of women and girls and accessible for women who are older, women and girls with disabilities, women with young children, and pregnant women and adolescent girls. Shelter, food, cash and NFI distribution, education and livelihood programming should be accessible to diverse women and girls and suited to their needs. Monitoring should be in place to ensure diverse women and girls' safe and equitable access to these basic needs.

GBV risk mitigation actions should include mitigating the risk of sexual exploitation and abuse (SEA) perpetrated by humanitarians – women and girls who experience intersecting inequalities based on age, disability, sexual orientation, gender identity, ethnicity, religion and other axis of oppression, are more likely to be targeted and abused by humanitarians and inclusion of their voices and attention to the barriers and risks facing their access to humanitarian aid is a priority in GBV response programming.

Key actions:

- Assume GBV is happening to diverse women and girls in every context and implement inclusive GBV risk mitigation actions, including mitigating the risk of SEA;
- Influence humanitarian actors to address the identified risks and barriers affecting diverse women and girls through coordination and advocacy;
- Review the GBV Guidelines risk mitigation actions to inform your safety analysis and consider the different barriers and risks faced by diverse women and girls for each humanitarian service;
- Use adapted [safety audits](#) which include questions which capture the specific risks and barriers facing diverse women and girls;
- Consult regularly with women and girls on GBV risks faced by diverse women and girls and strategies to address them;
- Identify strategies, in consultation with diverse women and girls, to overcome constraints to their participation in and access to aid delivery, access to service, participate in activity (e.g. timing, location, safety of travel, safety of activities);
- Promote the meaningful participation of diverse women and girls in humanitarian programming planning and decision making.

⁸¹ Session 11 Reducing Risks for Women & Girls in Emergencies, page 81 - 88, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

Information Management and Sharing⁸²

It is important to consider how and why we use information about diverse women and girl survivors of GBV in emergencies and to adhere to consistent ethical principles in data collection. GBV data collection is extremely sensitive, especially in the context of service delivery. The management of that data is complex and requires that systems and safeguards be in place to ensure data security and the safety of everyone involved because collecting and sharing this information can be dangerous to the survivors reporting, communities, and those involved in collecting the information.⁸³ Collecting GBV data entails the responsibility to protect it.⁸⁴ Respecting inter-agency information sharing protocols by all agencies is critical to the safety of women and girl survivors, particularly those most at risk.

The GBV informed consent and case intake forms⁸⁵ routinely capture information on age, disability, and ethnicity. GBV actors are therefore able as part of routine service data analysis to consider whether adolescent girls, women who are older, women and girls with disabilities and from diverse ethnic groups are accessing GBV response services. Where they are not accessing services, individual interviews or focus group discussions are recommended to identify barriers to [accessing services](#). Where population data is available on the age, disability and ethnicity of women and girls, it is possible to analyze whether the case load of a GBV response is proportional to the diversity of the local population.

Women and girls from diverse sexual orientation and gender identities will also be present in every population of displaced women and girls. After training your GBV response team to make sure they are inclusive of diverse women and girls and where it is safe to do so, you may consider adding a separate section to capture sexual orientation and gender identity. For example, you could have a section which asks: Cisgender or transgender female for gender identity; and lesbian, bisexual or heterosexual for sexual orientation. Do not adapt the case intake form to add a section on sexual orientation and gender identity without first training your staff and ensuring services are inclusive of diverse women and girls. Where being a lesbian, bisexual or transgender woman or girl is criminalized – do not document their sexual orientation.

2-Survivor Information		
Date of birth (approximate if necessary)*:	Sex*: ☐ Female ☐ Male	Clan or ethnicity:
Country of origin* ⁸³ : ☐ Country names here ☐ Etc.	☐ Etc.	☐ Other (specify) :
Nationality (If different than country of origin):		Religion:
Current civil / marital status*:	☐ Single ☐ Married / Cohabiting	☐ Divorced / Separated ☐ Widowed

[GBVIMS intake form](#) captures information on age, disability, and ethnicity

Key actions:

- Assume GBV is happening to diverse women and girls in every context and implement inclusive GBV response programming – don't wait to collect data first!
- Ensure informed consent forms are suited for use with diverse women and girls, including language, age, ability, and the developmental capacity of the client;

⁸² Session 13 Information Management and Sharing, pages 89- 94, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

⁸³ GBVIMS, User Guide, p. 2.3.

⁸⁴ GBVIMS Facilitators' Guide, p. 21.

⁸⁵ <http://www.gbvims.com/gbvims-tools/intake-form/>

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- Use the standard GBV case intake forms to capture information about women and girls' diversity safely and store confidentially in a locked cabinet/encrypted database;
- Utilize the data gathered in the GBV Case Intake Form to complete trend analysis and develop program recommendations based on uptake of services by diverse groups of women and girls;
- Make sure all GBV response actors using the GBV case intake form with additional data points for women and girls of diverse sexual orientations and gender identity are first trained on inclusive GBV programming;
- Ensure data about women and girl survivors of GBV is kept secure and used ethically to improve programming and deliver quality services.

Coordination and Advocacy⁸⁶

Coordination and advocacy are closely linked and aim to ensure resources, support and programming are used effectively for diverse women and girls. Advocacy is a common thread throughout GBV work and is integral to every level of intervention—structural, systemic, operative—when addressing violence against women and girls in emergencies.

Utilizing data and stories about women and girls for advocacy during an emergency requires strict attention to ethical guidelines established to protect women and girls and mitigate the risks of GBV programming in emergencies. When disaggregating data to highlight the specific needs of diverse women and girls, it's essential to still check this data is non-identifying and safe to share. It may be possible by becoming too specific about the identity of a woman or girl this will put her at risk of retaliation by the perpetrator, community stigma or harm.

In order to complete an inclusive advocacy strategy problem analysis, consider adding the following reflection questions:

- What problems do diverse women and girls face in the community?
- What is the greatest priority for women? Is this the same for diverse women and girls?
- Why is this a problem?
- What needs to be done to address this problem and help women or survivors? Does this solution work as well for diverse women and girls?
- What solution is the most likely to succeed? Are we leaving any women and girls behind?
- How can we ensure that the way in which diverse women and girls' needs are communicated through advocacy does not increase risks to their safety?
- How can we ensure that the content of our advocacy messaging on diverse women and girls' needs does not increase risks to their safety?
- Are there any possible unintended consequences of advocacy/coordination communication which could do harm to women and girls? Can these risks be mitigated?

Connecting across social change movements can be a powerful way to increase the effectiveness of advocacy addressing GBV against diverse women and girls in emergencies and provides opportunities for other social change movements to consider GBV against diverse women and girls and highlight this issue in their own advocacy on disability, older age, LGBTQI or child rights.

Key actions:

- Ensure campaign and advocacy events safely and ethically engage a diversity of women and girl activists;
- Support representation of a diversity of women and girls in community leadership structures and support capacity development of female leaders on, women's rights, leadership skills, negotiation skills, and public speaking⁸⁷;
- When influencing humanitarian leaders and donors with advocacy activities, ensure the stories and voices of diverse women and girls are represented;
- Ensure advocacy strategy problem analysis highlights risks and barriers affecting diverse women and girls and presents solutions from diverse women and girls;
- In local, national or international advocacy reports or events, use data and stories to ethically and safely illustrate the needs and priorities of diverse women and girls;

⁸⁶ Session 14 Coordination and Advocacy in Emergencies, page 96-104, GBV Emergency Preparedness & Response Participant Handbook <https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>

⁸⁷ GBV Minimum Standard for Women's Participation and Empowerment (*forthcoming*)

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- When identifying and working with allies at the local and international level, work across movements to engage disability, LGBTQI, older age, child rights, and other social change movements.

Emergency Preparedness and Contingency Planning⁸⁸

GBV Emergency Preparedness aims to establish a standing capacity to respond to violence against women and girls in a range of different humanitarian crisis situations that may affect a country or region by putting in place a broad set of preparedness measures. Pre-positioning supplies is an important GBV preparedness activity. Consider when stockpiling supplies of dignity kit materials whether sanitary practices are different for the diverse ethnic groups who may be affected by a crisis in the local context. When creating IEC materials with simple messages promoting access to services in an emergency, make sure language is inclusive of diverse ethnic groups and that pictures of women and girls include women and girls of various ages, ethnicities, with disabilities and a range of gender identities.

Training diverse local women's groups and GBV actors to be ready to respond to an emergency is another important GBV preparedness activity which presents an opportunity to implement inclusive GBV programming. Make sure to engage women's groups within larger social change movements. For example, approach organizations for people with disabilities or LGBTQI rights groups or religious and ethnic communities to find out if they have women's groups; find out if youth groups or forums have groups for adolescent girls, and so on.

Many organizations may plan their preparedness activities by pre-training a GBV response team which can be deployed if an emergency occurs. Modelling diversity is important in your GBV response team. Make sure the women engaged to manage the team and deliver services come from diverse backgrounds.

Key actions:

- Review the emergency deployment toolkit /materials check list and make sure that supplies are being stockpiled which are accessible for diverse women and girls, including dignity kits and IEC materials;
- When training women's groups and women led organizations in crisis prone contexts ensure to identify and train groups which support and include diverse women and girls;
- When implementing preparedness training of local GBV actors, social workers and health workers in crisis prone contexts, aim to engage women service providers from a breadth of ethnic groups and language, ages, women with disabilities, and local gender diversities service providers;
- When implementing preparedness service mapping activities, make sure to review the referral pathway for accessibility and add in additional entry points to suit the needs of diverse women and girls in the local context;
- Make sure the referral pathway is shared with local social change groups and organizations who engage diverse women and girls;
- Review your preparedness budget to ensure resources have been assigned to adequately deliver inclusive GBV response programming for all women and girls;
- Update and integrate risks, security and safety concerns for staff from diverse background. Ensure corrective action is taken to result in inclusive service delivery to women and girls when issues are identified. ;
- Integrate diversity and inclusion sensitization in GBV emergency preparedness and response training to staff.

⁸⁸ Session 15 Emergency Preparedness, page 106-110, GBV Emergency Preparedness & Response Participant Handbook
<https://gbvresponders.org/emergency-response-preparedness/emergency-response-and-preparedness-training/>