



Guidance notes

1. Women and girls who are at increased risk of GBV due to discrimination and other access barriers

Women and girls who are at increased risk of GBV include adolescent girls, women and girls with disabilities, women and girls from ethnic or religious minority groups, women and girls with diverse sexual orientation or gender identities, and older women (see Introduction for further discussion). These groups face increased risks of sexual violence, intimate partner violence, child marriage, denial of opportunities, services and resources, and sexual exploitation and abuse. They are often invisible, face additional barriers to accessing services and joining support networks, and require specific targeted action to benefit equitably from GBV programming. Analysis of intersectional systems of oppression must inform GBV

programming and guide GBV programme actors to prioritize reaching women and girls who face increased risk in a humanitarian crisis. Throughout this resource, key actions highlight targeted activities to ensure GBV-specialized programming is accessible to all women and girls.

Adolescent girls

Adolescent girls, from ages 10 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.⁵⁶ During adolescence, girls are in a gradual process of shifting from *childhood to adulthood*, and many factors impact the speed of their transition into adult roles and responsibilities, including their physical development, social and cultural expectations, economic situation, life experiences, and experiences such as disaster, conflict and displacement.

GBV-specialized actors must target adolescent girls as a distinct population with unique needs due to their high risk of sexual violence, child marriage and/or early pregnancy, female genital cutting and/or mutilation, sexually transmitted infections, unsafe abortion and social/psychological problems.⁵⁷ GBV-specialized actors must also recognize that adolescent girls are not a heterogeneous group and commit to seeing the full "universe" of girls,⁵⁸ with differences including age (10 to 14 are younger adolescents, 15 to 19 are older adolescents), marital status, separated, unaccompanied or orphan status, HIV status, ethnicity, in or out of school and working in or outside the house, pregnant or lactating, disability, roles as mother or primary caregiver, sexual orientation, gender identity and experience of sexual exploitation.^{59, 60}

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.⁶¹ GBV-specialized actors should commit to providing compassionate care and services that are accessible, acceptable and appropriate to younger and older adolescent girls.⁶²

STOP! Do No Harm.

GBV awareness-raising activities often result in survivors deciding to disclose their experiences of violence. As such, all awareness-raising on GBV must include information on how survivors can access support. In order to respect the principle of "do no harm", it is generally **not** recommended to conduct community awareness-raising activities on GBV in locations where response services have not yet been established.

See Standard 7 Referral Systems

In collaboration with child protection services, GBV-specialized actors must build the capacity of their teams to appropriately support adolescent girl survivors and place girls' best interests, safety and well-being at the centre of all decisions. Based on an accurate assessment of her development, age and capacity to understand and make decisions about her safety and access to services, GBV-specialized actors must evaluate with the adolescent girl survivor the positive and negative consequences of safety planning and referral for services, choosing the least harmful option and engaging her caregiver when appropriate.

Guiding Principles for Working with Child Survivors

- 1 Promote the child's best interest
- 2 Ensure the safety of the child
- 3 Comfort the child
- 4 Ensure appropriate confidentiality
- 5 Involve the child in decision-making
- 6 Treat every child fairly and equally
- 7 Strengthen children's resiliencies

Source: IRC and UNICEF 2012, p. 89

Women and girls with disabilities

Approximately 15 per cent of any community may be persons with disabilities,⁶³ this rises in humanitarian contexts where conflict and/or natural disasters result in new impairments from injuries and limited access to health care. Rates of violence are 4 to 10 times greater among persons with disabilities than non-disabled persons in developed countries.⁶⁴ This has significant implications for women's and girls' protection in humanitarian settings.⁶⁵ Women and girls with intellectual disabilities are particularly vulnerable to sexual violence.⁶⁶ Those with intellectual, psychosocial or physical disabilities who are isolated in their homes report rape and intimate partner violence.⁶⁷ In addition, women and adolescent girls who disproportionately assume caregiving roles in households with persons with disabilities may be exposed to harassment and exploitation when seeking assistance or accessing income. Attitudes of families, GBV service providers and community members can be the biggest barriers or the greatest facilitators for persons with disabilities to access safe and effective services and assistance.⁶⁸

Lesbian, transgender, bisexual and queer women and girls

Women and girls with diverse sexual orientations and gender identities may be among the most isolated and at-risk individuals in a community due to discrimination and threats of family and community rejection and harm. In all humanitarian settings, women and girls who do not conform to proscribed heteronormative gender roles are at risk of persecution, discrimination and violence as a result of their real or perceived sexual orientation, gender identity or gender expression. Caregivers may abuse girls who display non-conforming sexual orientation and gender identities, and force them into heterosexual marriages. Women and girls may also be at risk of sexual violence that is specifically perpetrated as a hate crime and wrongly justified as a "corrective" measure.⁶⁹

2. Child survivors of sexual abuse

Child sexual abuse occurs more often than reported numbers show.⁷⁰ Young children and adolescent girls and boys are vulnerable because of their age, size, dependency on adults and limited participation in decision-making processes. Sexual abuse in childhood can occur in the family environment, the perpetrator is often close to the child and someone with

whom the child has a relationship of trust. Girls and boys at heightened risk of abuse include those who have physical and/or mental/developmental disabilities, are internally displaced or refugees, are unaccompanied and/or separated from their families and caregivers, or live on the streets, in a residential care centre or in abusive households.⁷¹ Certain forms of GBV related to age for girls include female genital cutting and/or mutilation and child marriage. It is important that GBV-specialized actors share the GBV Guiding Principles with other actors, such as child protection, education and health actors, to inform their support of young and adolescent girl and boy survivors of sexual abuse. Thorough guidance is provided in

Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings. Throughout these Minimum Standards, key actions and guidance are provided to support GBV-specialized actors to coordinate effectively with child protection actors to collectively meet the needs of child survivors of sexual abuse. For more information also see the Minimum Standards for Child Protection in Humanitarian Action (CPMS), Standard 9: Sexual and gender-based violence.

Informed consent and informed assent

Informed consent means making an informed choice freely and voluntarily by persons in an equal power relationship. A survivor must be informed about all available options, and fully understand what she is consenting to as well as the risks, including the limits of confidentiality, before agreeing. The full range of choices should be presented to the survivor, regardless of the service provider's individual beliefs. The survivor should not be pressured to consent to any interview, exam, assessment, etc. A survivor is allowed to withdraw consent at any time.

Informed assent is the expressed willingness to participate in services. For younger children, who are by definition too young to give informed consent but are old enough to understand and agree to participate in services, the child's "informed assent" is sought.

Source: IRC and UNICEF 2012, p. 16

3. Adolescent boys and adult men survivors of sexual violence

Sexual violence against boys and men is often committed by other men in the context of armed conflict or ethnic violence as a means of emasculating men and disempowering their families and communities. Boys are also at risk of sexual abuse, usually perpetrated by family members or other men known to the child. Traditional masculine norms may make it difficult for adolescent boys and men to disclose and seek help, and may also result in a lack of compassionate responses from family, friends and service providers.⁷²

Men and boys who are at particular risk of sexual violence by other men with increased power and status include men and boys with disabilities, adolescent boys, older men, men and boys with diverse sexual orientations and gender identities, men and boys living with HIV and AIDS, and men and boys from ethnic and religious minorities. Other forms of discrimination that lead to increased risk of sexual violence for men and boys include socioeconomic status, birth country and legal status, including asylum status.

Many of the impacts of sexual violence on men and boys are similar to those experienced by women and girls, however, there are some particular experiences that service providers should understand in order to best serve this population⁷³ Organizations primarily set up to provide services to women and girls, and/or that do so through women's and girls' safe spaces, will need to have clear procedures for how to respond to disclosures from boys and men. Protocols need to be in place for referring the case to a service provider with appropriate service entry points for men (for example, a health actor who has been trained in clinical care for male survivors, or another protection or mental health actor). If such options are not available, an organization can work with the survivor in an alternative location, such as a nearby health clinic⁷⁴

Tools and Resources

Crehan, P et al (2015) *Violence Against Women and Girls: Brief on Violence Against Sexual and Gender Minority Women*. Violence Against Women and Girls (VAWG) Resource Guide. Washington, D.C. World Bank. http://www.vawgresourceguide.org/sites/vawg/files/briefs/vawg_resource_guide_sexual_and_gender_minority_women_final.pdf

HelpAge International (2017) *Violence against Older Women*. Discussion Paper. November 2017. <http://www.helpage.org/download/5a1848be4c5ee>.

IRC and Women's Refugee Commission (2015) "I see that it is possible" Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings. <http://gbvresponders.org/wp-content/uploads/2015/06/Building-Capacity-for-Disability-Inclusion-in-Gender-Based-Violence-Programming-in-Humanitarian-Settings-v2.pdf>

IRC and the Women's Refugee Commission (2015) *GBV and Disability Inclusion Toolkit*. Available from: <https://gbvresponders.org/response/disability-inclusion-2/>

Age and Disability Consortium (2017) *Age and Disability Training Course – Trainer's Handbook*. London: RedR UK on behalf of the Age and Disability Consortium. Available from: https://reliefweb.int/sites/reliefweb.int/files/resources/ADCAP_Training%20Handbook%202017.pdf

United Nations Population Fund (UNFPA) (2018) *Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights*. https://www.unfpa.org/sites/default/files/pub-pdf/Final_Global_Study_English_3_Oct.pdf

United Nations High Commissioner for Refugees (UNHCR) (2015) *Protecting Persons with Diverse Sexual Orientations and Gender Identities: A Global Report on UNHCR's Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees*. <https://www.refworld.org/docid/566140454.html>

KEY ACTIONS



Staff Care and Support

	Preparedness	Response	Recovery
Establish a GBV programme team with sufficient staff, resources and support, including female personnel and ethnic diversity, to facilitate quality programming	✓	✓	✓
Conduct an internal staff capacity assessment across programme areas to identify gaps in knowledge, capacity and attitudes, and develop a strategy to build staff capacity and address identified needs	✓	✓	✓
Develop job profiles with specific responsibilities in line with the GBV Core Competency Framework for GBV in emergencies	✓	✓	✓
Establish regular supervision to provide technical and psychosocial support for all staff delivering GBV response services	✓	✓	✓
Establish access to psychosocial support for all staff working on GBV, recognizing that support needs will be different ¹⁰⁹ based on individual experiences of stress and trauma	✓	✓	✓
Share GBV training resources with all staff	✓	✓	✓
Promote staff well-being in emergencies and facilitate a healthy working environment. <ul style="list-style-type: none"> • Prioritize self-care and safety for staff (e.g., clear job description, systematic on-boarding and operational support, at least one day off per week, clear working hours, appropriate insurance and provisions for medical evacuation, parental leave, rest and relaxation or home leave for staff in complex humanitarian emergencies, staff well-being activities, etc.), • Promote access to health care and psychosocial support for staff,¹¹⁰ • Create spaces for staff to discuss quality of life and safety concerns 	✓	✓	✓
Ensure the availability of a funded and actionable plan to protect and promote staff well-being within the response context ¹¹¹	✓	✓	✓
Ensure emergency response proposals include appropriate funding for sufficient staff across GBV programming interventions and supervision for all staff responding to the emergency	✓	✓	✓
Ensure that management staff model openness about the challenges of working on GBV, self-care, stress management techniques and a healthy work-life balance	✓	✓	✓
Promote an organizational culture in which complaints are taken seriously and acted upon according to defined policies and procedures	✓	✓	✓
Ensure that specific measures are in place to protect community workers' and volunteers' safety and well-being, recognizing the inherent pressures and risks involved in their dual role as both community members and service providers ¹¹²	✓	✓	✓

KEY ACTIONS : Psychosocial Support

	Preparedness	Response	Recovery
Assess and strengthen existing psychosocial services, mechanisms and capacities where possible	✓	✓	
Provide individual and group psychosocial support services that are safe and accessible for women and adolescent girls, welcome and integrate women and girls who experience discrimination, and address barriers to access while not exclusively targeting GBV survivors	✓	✓	✓
Ensure GBV programming provides women and girl survivors with access to context-appropriate individual and/or group psychosocial support services adapted to their ages and needs	✓	✓	✓
Recruit and train GBV response workers with strong interpersonal skills, belief in gender equality, empathy, and knowledge of the local language(s) and culture(s)	✓	✓	✓
Ensure that all psychosocial support services focused on women and girls promote a sense of safety, calm, self-efficacy, community solidarity and support, connectedness and hope ¹⁵⁴	✓	✓	✓
Establish or strengthen existing safe spaces for women and girls to provide psychosocial support activities (see Standard 8 Women's and Girls' Safe Spaces)	✓	✓	✓
Link with child protection actors to understand available psychosocial support activities for young and adolescent girl and boy survivors of sexual abuse, offer child survivors and caregivers information on services, and refer as appropriate	✓	✓	✓
Ensure information about psychosocial support services is shared with and reaches diverse women and girls through targeted outreach	✓	✓	✓
Train GBV response workers on the root causes, consequences and impacts of GBV, survivor-centred principles and skills, and the capacity to support survivors (whether or not survivors disclose)	✓	✓	✓
Consider and address obstacles to women's and girls' access to psychosocial support services, including emotional distress and fear, documentation, discrimination, safety and security issues, proximity, cost, privacy, language and cultural issues ¹⁵⁵	✓	✓	✓
Identify and promote community-based support, self-help and resilience strategies, including working with women and girls to establish support groups and networks that promote healing and recovery	✓	✓	✓
Provide skills and knowledge-building opportunities for women and girls to improve their psychosocial well-being, e.g., social and emotional learning, financial skills, numeracy and literacy, etc (see Standard 8 Women's and Girls' Safe Spaces), including by linking survivors to livelihood activities and additional services ¹⁵⁶ (see Standard 12 Economic Empowerment and Livelihoods)	✓	✓	✓
Train GBV response workers to recognize signs that women and girls may benefit from GBV case management or specialized mental health care (see Standard 4 Health Care for GBV Survivors)	✓	✓	✓
Ensure that the minority of GBV survivors who require specialized mental health support are referred to mental health services where available	✓	✓	✓
Integrate psychosocial support services in the referral pathway, including confidential referrals and links with health-care providers for clinical services/mental health care and other services as needed	✓	✓	✓
Advocate for all front-line workers (including, for example, registration, health posts, community outreach teams, etc) to be trained in psychological first aid	✓	✓	✓