



[SDDirect COVID-19 Pandemic Blog Series](#)

Enhancing GBV Risk Mitigation, Prevention and Response for Women and Girls with Disabilities

Laura Martineau-Searle, GBV AoR Helpdesk Manager, introduces a new [GBV AoR Helpdesk report](#) authored by Emma Pearce, which provides information and practical guidance to support gender-based violence practitioners to integrate attention to disability into GBV prevention, risk mitigation and response efforts during the COVID-19 pandemic.

The humanitarian imperative – [to alleviate suffering amongst those least able to withstand the stress caused by disaster](#) – requires humanitarian workers to ground responses to COVID-19 in an approach that seeks to understand and address the needs of particularly marginalised populations. In an effort to improve attention and support to people with disability—especially women and girls who are survivors or at risk of GBV--the [GBV AoR Helpdesk](#) has produced a [new report](#) for GBV practitioners on how they can integrate attention to disability into GBV prevention, mitigation and response efforts.¹ Drawing from [research, evidence and learning](#) which suggests women with disabilities are at greater risk of experiencing intimate partner violence than non-disabled women, the report examines the range of potential barriers women with disabilities may have accessing GBV services as a result of COVID-19 crisis. While social distancing, stay-at-home and quarantine measures adopted by Governments may save many lives by curbing the spread of COVID-19, these measures may inadvertently increase risk of exposure to violence for women and girls with disabilities, while simultaneously hindering their access to support.

As such, it is important that humanitarian workers adapt GBV prevention, risk mitigation and response efforts to better meet the needs of women and girls with disabilities. The latest GBV AoR Helpdesk report sets out the following recommendations on disability - inclusive GBV programming during the pandemic:

- 1. Ensuring Disability Inclusion in GBV Risk Mitigation and Prevention** – GBV practitioners should disseminate information on GBV, and how GBV services are being adapted during the COVID-19 pandemic, in accessible formats (e.g. oral, print, sign language, and easy-to-read/plan language), and using respectful and non-discriminatory language. Organisations of

¹ This particular GBV AoR Helpdesk report explores the intersection between Gender and Disability, but we fully recognise and acknowledge the potential for gender to intersect with other characteristics such as age and ethnicity to contribute to different and overlapping experiences of oppression and enhance vulnerability to harm.

persons with disabilities can provide advice on messaging and help disseminate information. Information is more likely to reach women and girls with disabilities and their caregivers if it is disseminated through disability service providers, organisations of women with disabilities and health facilities.

2. Adopting Adapted and Remote Service Delivery Approaches – GBV practitioners can adopt adapted and remote approaches in order to respond to GBV-related needs of women and girls with disabilities during the COVID-19 pandemic, who may be less likely to leave home not only as a result of disability, but also because they are at greater risk of contracting the virus. Service providers can work with organisation of women with disabilities to brainstorm ways that women and girls with disabilities can access support for GBV-related issues—as well as their caregivers, who may be similarly housebound as a result of caregiving responsibilities, but who may also need GBV services. Adapted approaches might include mobile phone case management, WhatsApp communication, or a form of video conferencing, or use of panic alarms.

3. Strengthening Capacity for Disability Inclusion – Partnerships between GBV services providers and with organisations of persons with disabilities—particularly organisations of women and girls with disabilities—as well as caregiver groups, can help GBV practitioners to more safely identify and access survivors. In-person or remote training (in accordance with national COVID-19 response strategies) can support these organisations to develop GBV risk analysis and mitigation plans and adapt protocols for safe identification and referral of survivors.

Each crisis brings with it an opportunity for the humanitarian community to reflect on lessons learned to inform and improve emergency response. The COVID-19 pandemic offers an opportunity for the GBV community to strengthen disability inclusion in both the short and the longer-term.

For a more detailed exploration of how GBV practitioners can integrate disability considerations into GBV prevention, risk mitigation and response efforts, please read the latest [GBV AoR Helpdesk](#) report, and share as widely as possible. Given the evolving nature of pandemic, this paper should be considered a “living” document and may be adapted as more evidence relating to disability, GBV and COVID-19 becomes available.

If you would like to access an oral, print, sign language, and easy-to-read/plain language version of this blog, please email laura.martineau-searle@sddirect.org.uk.

We welcome constructive feedback on this blog and are keen to collaborate with organisations that share our values and our commitment to ensuring no one is left behind as part of the COVID-19 response. If you would like to share feedback or explore opportunities for collaboration, please email laura.martineau-searle@sddirect.org.uk.