

Reaching women and girls most at risk of VAWG: a practical brief

Harri Lee and Veronica Ahlenback

July 2020

Introduction

This brief¹ is intended for DFID staff working on VAWG policy and programming, supporting teams to understand **who is at risk of being left out in VAWG programming** and how programmes can **adopt a more systematic and intersectional² approach to social inclusion³**.

The approach and principles outlined in this brief are relevant for mainstream VAWG programming (those targeting the general population) that seeks to be inclusive and effectively reach at-risk groups, as well as targeted programming that focuses on one or several of these groups.

The brief is not intended as a comprehensive guide on how to reach women and girls at most risk of VAWG but rather as a resource providing an overview of the evidence and outlining principles and emerging lessons from what is still a limited evidence base.

The brief presents seven guiding principles for inclusion in VAWG programming (see box 1).

Seven guiding principles for inclusive VAWG programming

1. Commit to an inclusive and intersectional approach
2. Understand the context
3. Partner with civil society organisations (CSOs) that are led by and work for groups at-risk
4. Plan and budget for inclusion
5. Disaggregate data
6. Monitor risk for backlash
7. Expand the evidence base

Why pay attention to different groups in VAWG programming?

Understanding how gender inequality and patriarchy intersect with other systems of inequality and oppression is fundamental in designing and delivering effective VAWG interventions that.⁴

Data from low- and middle-income countries (LMICs) shows that **some groups of women and girls are more likely to experience violence**. For example:

- **Women with disabilities** are between two and four times more likely to experience intimate partner violence (IPV) and are also more likely to experience non-partner sexual violence (NPSV).⁵
- 29% of ever-partnered **adolescent girls**⁶ have experienced IPV globally. IPV is usually higher amongst younger women aged 18-25.⁷
- Although data is scarce, the available evidence shows rates of violence against **lesbian, bisexual and trans (LBT) women** is high. For example, in a study in Nepal, 72% of lesbian women reported having experienced violence.⁸
- 47% of **indigenous women and girls** belonging to Scheduled Tribes in India had experienced at least one type of IPV in their lifetime compared with 40% general population.⁹

There are also forms of VAWG specific to some groups. For example, “corrective rape” has been well-documented against lesbian women in South Africa, as has forced sterilisation and removal of assistive devices and medication for women with disabilities.¹⁰

This brief is based on a longer review of the evidence on how to reach women and girls particularly at risk of VAWG in interventions in low- and middle-income countries, conducted in July 2020 by the VAWG Helpdesk.

Suggested reference: Lee, H. and Ahlenback, V. (2020) *Reaching Women and Girls Most at Risk of VAWG: A Practical Brief*, London: VAWG Helpdesk

There are multiple and compounding risk factors for these groups, for example those relating to gender inequality, stigma and discrimination against people with disabilities, homophobia, racism and xenophobia, and the intersections between them.

Risk factors are dependent on the multiple identities of an individual and operate at all levels of the socio-ecological framework (see box below for an example related to disability).

Risk factors for women and girls with disabilities

Individual: internalised stigma and shame, lack of awareness of rights and VAWG, reluctance to seek help due to several reasons including fear of institutionalisation, strong links between disability and poor mental health which is then associated with experience of VAWG, specific impairment types are associated with higher VAWG risk including intellectual impairments and impairments which affect communication, such as hearing impairments.

Interpersonal: physical, economic and social dependence on carers, family members and intimate partners.

Community: negative attitudes, stigma and discrimination, inaccessible services, lack of transport, lack of sign language interpreters in services.

Societal: devaluing of women with disabilities, pervasive stereotyping of women with disabilities as asexual, combined with patriarchal norms, lack of data, legislation, limited training of service providers, lack of engagement with disabled people's organisations (DPOs) and communication and coordination between agencies.

These multiple and compounding risk factors are likely to lead to additional barriers to help-seeking and participation in VAWG programmes, as well as poorer outcomes in VAWG programming.

Designing inclusive VAWG programming is likely to improve programme effectiveness and ensure that high-risk women and girls are able to live their lives free of violence or seek and receive high-quality support when they do experience it.

What is the evidence on reaching women and girls most at risk?

The evidence base on reaching women and girls most in VAWG programming is **limited, both in targeted and mainstream programmes**. There has been some progress in recent years, including through the DFID-funded What Works to Prevent VAWG programme, which collected data on women with disabilities and adolescent girls. However, more data and evidence are needed to ensure VAWG programmes are inclusive and to understand what works to prevent and respond to VAWG against high-risk groups.

Key data and evidence gaps to be filled include:

- Evaluations of VAWG programmes which aim to be inclusive and collect and analyse disaggregated data, including by multiple factors such as age, gender and disability.
- Data on the prevalence of VAWG against LBTQI+ individuals and what works to reach them in VAWG programmes.¹¹
- Data on the prevalence of VAWG against older women and widows.
- Evaluations disaggregating data by impairment type to assess the extent to which women with different impairment types and severity of disability are included and benefit from the intervention.

The literature highlights many **barriers to reaching women and girls most at risk of VAWG**, including attitudinal, environmental and institutional barriers.

Attitudinal barriers include negative attitudes and reluctance to engage on the part of government officials and service providers, the invisibility of high-risk women and girls and their exclusion from women's rights movements, as well as lack of trust in government and service providers.

Environmental barriers include lack of accessible infrastructure and information and high costs of participation.

Institutional barriers include lack of data and evidence, limited budget and lack of institutional capacity.

Applying inclusion and intersectionality in practice in VAWG programming: the basics

The evidence and lessons learned identified in the query can be summarised in **seven guiding principles** for intersectional and inclusive VAWG programming.

Principle	Things to consider:
<p>Commit to an inclusive and intersectional approach</p> <p>The ‘leave no one behind’ agenda and the Sustainable Development Goals (SDG) call for the elimination of violence against <i>all</i> women and girls. This requires understanding who are at most risk of VAWG and who are at risk of being left behind in interventions, which necessitates an intersectional approach</p>	<p>Put gender and power at the centre of analysis: Interventions that seeks to reach and address violence against women and girls at-most risk must understand how they experience the intersection of gender inequality and other forms of oppression and inequalities – that shape their risk and experience of VAWG, as well as create unique barriers to their inclusion in VAWG interventions.</p> <p>Look inward: Programme staff and implementing partners should have the opportunity to internally examine attitudes, beliefs and potential biases towards the groups that the intervention will engage with, to address misconceptions (e.g. ‘these groups are too hard to reach’), prejudices and assumptions (e.g. based on stereotypes and common narratives around certain groups) and discomfort (e.g. worry about saying or doing the wrong thing).¹²</p>
<p>Understand the context</p> <p>It is crucial to understand who are at-risk of VAWG in the specific context and how they can be reached in a meaningful, safe and effective way. This requires close collaboration with local civil society organisations (CSOs) that are led by and work for at-risk women and girls (the next principle focuses on this).</p>	<p>Explore existing evidence: What evidence is already available, what are the evidence gaps? Look beyond ‘official’ data as certain groups are likely to be invisible in this data.</p> <p>Understand that risk is not only bound to belonging to an at-risk group in the context: It is also important to consider how risk factors and oppression that women face may shift during their lifetime and that women and girls can move in and out of certain at-risk groups, such as living with a temporary disability.¹³</p> <p>Consider ethical and safety concerns before initiating research: Formative research can be critical to develop contextually relevant and appropriate interventions. All research must adhere to standards for VAWG research such as WHO’s ‘Ethical and safety recommendations for intervention research on violence against women’.¹⁴ However, general guidelines may not consider safety and ethical measures when engaging with certain at-risk groups (e.g. LBTQI+ individuals, women and girls with disabilities and adolescent girls). It is important to review specific guidelines focusing on at-risk groups and consult local CSOs led by and working for these groups to understand how these apply to the local context.</p>
<p>Partner with CSOs that are led by and for women and girls at-risk</p> <p>At-risk women and girls and the CBOs led by and representing them are best placed to understand their needs, priorities and identify entry-points and strategies to address violence.¹⁵ It is therefore crucial that they are involved as key-partners in various stages of VAWG interventions.</p>	<p>Critical stages to involve CSOs include: Contextual analysis, designing of interventions, risk analysis and assessments, safety and ethical discussions around research, data collection and implementation of intervention, and programme delivery and evaluation.</p> <p>Understand potential constraints in the context: CSOs that work with certain at-risk women and girls (e.g. LBTQI+ individuals and female sex workers) may face for instance legal and security restrictions which may lead some to organise underground. Consider the potential of flexible funding and reporting for CSOs that face such constraints, and the potential of supporting wider organisational and movement building.</p> <p>Aim for broad consultation: Do not assume that a CSO represent the diversity of experiences and identities within a group. For example, adolescent girls and young women can be marginalised in WROs, women with disabilities can be marginalised in mainstream DPOs, and LBTQI+ organisation may not represent all sexual and gender minorities. Aim for a broad consultation with CSOs led by and working with diverse at-risk women and girls.</p>

<p>Plan and budget for inclusion</p> <p>VAWG interventions are not likely to reach certain at-risk groups without deliberate approaches and allocated resources for inclusion, including to meet accessibility requirements for women and girls with disabilities.¹⁶</p>	<p>Allocate resources and ensure capacity to meet disability requirements for women and girls with different types of impairments (e.g. in transport, venues, materials and communication).</p> <p>Develop strategies to address lack of trust: Some groups of at-risk women and girls lack trust in service providers and government institutions due to e.g. a history of discrimination and violence. Develop strategies to overcome these barriers, which is likely to require addressing both empowering women and girls as well as addressing discriminatory attitudes</p> <p>Develop strategies to reach socially and geographically isolated women and girls: This may require addressing social stigma as well as economic, linguistic, and political barriers.</p>
<p>Disaggregate data</p> <p>To understand who are reached by an intervention, it is crucial to systematically collect disaggregated data on women's multiple identities and social markers such as age, disability, ethnicity, caste, and socioeconomic status.</p>	<p>Use the Washington Group Questions (WGQs): The WGQs have emerged as the standard tool for collecting disability disaggregated data. Train programme teams and implementing partners on the WGQs and ensure these are systematically used throughout the programme.¹⁷</p> <p>What data is ethical and safe to collect: Some data is generally more sensitive to collect than other, including on SOGIE, HIV-status and sex work experience. Carefully consider what data is ethical, safe and necessary to collect, taking into account legal status and social acceptance of these groups. Do not collect data from at-risk group unless it is safe to do so and always let people choose to self-identify.¹⁸</p>
<p>Monitor risk for backlash</p> <p>There is an inevitable risk of backlash when programmes address power dynamics and structural inequalities, especially related to VAWG against groups that are often highly stigmatised and discriminated in society.</p>	<p>Conduct risk analysis prior to the intervention and ongoing risk assessments, including monitoring for adverse outcomes and unintended effects that may affect women and girls at-risk.</p> <p>Ensure safeguarding reporting and referral mechanisms are safe and accessible for diverse women and girls.</p>
<p>Expand the evidence base</p> <p>There is a need for evaluations of well-designed and well-implemented VAWG interventions.</p>	<p>VAWG interventions that set out to reach at-risk women and girls should plan for evaluations and share lessons learned in order to expand the evidence base.</p> <p>There are particular gaps in evaluations of VAWG programmes targeting out-of-school girls, women and girls with disabilities and LGBTQI+ people, as well as evaluations which examine multiple factors of exclusion and VAWG risk.</p>

Case study: Working to prevent and respond to VAWG against women with disabilities in Cambodia

ADD International partnered with Cambodia Women's Crisis Centre to embed disability inclusive practice in a district based multi-sectoral network approach to improve prevention and response services. The project aimed to strengthen capacity amongst DPOs and self-help groups to prevent, identify and refer survivors of violence to services. Key learning points included that referral systems are sometimes hard to navigate for people with disabilities; in these cases **training to use referral mechanisms can be helpful but referral mechanisms themselves need to be made more accessible.** In addition, supporting partnerships between DPOs and local government can mean that issues affecting women with disabilities are made visible and inform local government priorities.¹⁹

Endnotes

- ¹ The brief is based on a Violence against Women and Girls (VAWG) helpdesk report (no. 304), which provided a summary of VAWG HD queries done in the past and rapid research for current evidence and lessons learned from VAWG interventions that have sought to reach women and girls at high risk of VAWG in low and middle income countries (LMICs). The query included 9 days of desk-based research. For an overview of the methodology and the full report, see Lee, H. and V. Ahlenback (2020) *Reaching women and girls most at risk of VAWG: a rapid evidence review*, VAWG Helpdesk Research Report No. 304. London, UK: VAWG Helpdesk.
- ² **Intersectionality:** *The term 'intersectionality' was first used by Kimberlé Crenshaw to describe the multiple layers of discrimination and marginalisation that African American women face in the United States: "Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LBGTQ problem there"* Interview with Kimberlé Crenshaw (2017): <http://www.law.columbia.edu/pt-br/news/2017/06/kimberle-crenshaw-intersectionality>
- ³ **Social inclusion:** *Social inclusion is the removal of barriers and the enhancement of incentives to increase the access of diverse individuals and groups to development opportunities. These barriers may be formal (eg. laws and policies), or they may be informal (e.g. social norms and attitudes). In short, social inclusion is about evening the playing field by making the 'rules of the game' more fair.* Adapted from SDDirect's Gender Equality and Social Inclusion Strategy for the DFID-funded SABI programme in Sierra Leone
- ⁴ Fraser, E. Vlahakis, M and Holden, J. (2018) *VAWG and Intersectionality*, VAWG Helpdesk Research Report No. 178. London, UK: VAWG Helpdesk.
- ⁵ Dunkle, K., van der Heijden, I., Stern, E., and E. Chirwa (2018) *Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme*, Pretoria: What Works.
- ⁶ Ages 15-19
- ⁷ Adolescence is a time of unique opportunity and risk, with intersecting forms of violence, including types of violence commonly perpetrated against children and adults, as well as new forms of violence such as child marriage. Haberland, N. A., McCarthy, K. and M. Brady (2018) "A Systematic Review of Adolescent Girl Program Implementation in Low- and Middle-Income Countries: Evidence Gaps and Insights" in *Journal of Adolescent Health*, Vol. 63, No. 1.; Corboz, J., Jewkes, R. and Chirwa, E. (2020) *Violence against younger and older women in low- and middle-income settings*, What Works to Prevent Violence against Women and Girls.
- ⁸ CREA (n.d) *Count me IN! Research Report on Violence against Disabled, Lesbian, and Sex-working Women in Bangladesh, India, and Nepal*
- ⁹ UNICEF, UN Women, UNFPA, ILO and OSRSG/VAC (2013) *Breaking the Silence on Violence against Indigenous Girls, Adolescents and Young Women*. New York: UNFPA. https://www.unfpa.org/sites/default/files/resource-pdf/VAIWG_FINAL.pdf
- ¹⁰ Human Rights Watch (2011) "We'll Show You You're a Woman" *Violence and Discrimination against Black Lesbians and Transgender Men in South Africa*. New York: Human Rights Watch <https://www.hrw.org/sites/default/files/reports/southafrica1211.pdf>; ActionAid (2009) *Hate crimes: the rise of 'corrective' rape in South Africa*. London: ActionAid. https://www.actionaid.org.uk/sites/default/files/publications/hate_crimes_the_rise_of_corrective_rape_in_south_africa_september_2009.pdf; Lee, H (2019) *VAWG in the Health Sector: women and girls at risk*, VAWG Helpdesk Research Report No. 252. London, UK: VAWG Helpdesk; Van Der Heijden, V (2014) *What works to prevent violence against women with disabilities: What Works to Prevent VAWG inception report*. Pretoria: What Works.
- ¹¹ Only collect data on sexuality and gender identity where it is safe to do so and always consult LBTQI+ organisations. Where it is not safe to collect this data, the Humanitarian Advisory Group suggests to assume that 5% beneficiaries will be LBTQI+ individuals. Humanitarian Advisory Group (2018) *Taking Sexual and Gender Minorities out of the Too-Hard Basket*, https://humanitarianadvisorygroup.org/wp-content/uploads/2018/06/HH_Practice-Paper-Sexual-and-Gender-Minorities-in-humanitarian-response.pdf
- ¹² Imkaan (2019) *The Value of Intersectionality in Understanding Violence against Women and Girls (VAWG)*, <https://eca.unwomen.org/en/digital-library/publications/2019/10/the-value-of-intersectionality-in-understanding-violence-against-women-and-girls>
- ¹³ Fraser, E. and Nwadinobi, E. (2018) *Harmful Cultural Practices towards Widows*, VAWG Helpdesk Research Report No. 196
- ¹⁴ WHO (2016) *Ethical and safety recommendations for intervention research on violence against women*, <https://www.who.int/reproductivehealth/publications/violence/intervention-research-vaw/en/>
- ¹⁵ Imkaan (2019) *Ibid.*
- ¹⁶ ADD International (undated) *Disability and Gender-Based Violence: ADD International's approach, a learning paper*, Frome, UK: ADD International. https://www.add.org.uk/sites/default/files/Gender_Based_Violence_Learning_Paper.pdf
- ¹⁷ The Washington Group Short Set includes questions on visual, hearing, communication, mobility and self-care functionality. The extended set includes questions on depression and anxiety. Given the strong links between VAWG and mental health, it may be advisable to use the extended set, with appropriate ethical protocols. For more info see: <http://www.washingtongroup-disability.com/>
- ¹⁸ Humanitarian Advisory Group (2018) *Ibid.*
- ¹⁹ ADD International (undated) *Disability and Gender-Based Violence: ADD International's approach, a learning paper*