

Intersectionality in Gender-Based Violence (GBV) Programming

Briefing Paper

Ableism, sexism and ageism in GBV prevention and response

This briefing paper proposes to consider that Gender Based Violence (GBV) is in fact rarely based solely on a person's gender.

Each individual has an identity made up of many complex and intertwined identity factors, which cannot be reduced to their gender. In other words, women, girls and persons belonging to gender minorities are disproportionately exposed to violence because of their gender ; nevertheless, their other identity factors (also called discrimination factors or social determinants) (age, disability, sexual orientation, origin/skin color, socio-economic level, marital status, migratory status, place of living, etc.), also play a fundamental role.

Experiences of exclusion, discrimination and violence are fueled by individual, social, political and institutional perceptions of these different identity factors as a whole and at their intersection. This briefing paper highlights the importance of an intersectional analysis, *at a minimum on the basis of disability, gender and age factors*, to ensure that all survivors of GBV are considered and that their unique needs are addressed by formal and informal actors in the fight against GBV.

Key points

- Intersectionality is a concept that allows us to understand and analyze how multiple identity factors (e.g. gender, disability, age, economic status, ethnicity, religion, sexual orientation...) of a person **combine and interact to create specific experiences and situations of discrimination or privilege**, as well as context-specific advantages and disadvantages. For example, a woman with a disability may face discrimination not only because of her gender or her disability, but because of a combination of these two factors which operate simultaneously and interact in an inseparable way, producing specific forms of discrimination. (MIW and IFA, "[How-To Guide: Intersectionality in practice](#)", 2022)
- Intersectional programming on GBV aims to intentionally analyze the values, societal norms and power relations that underpin inequalities and violence, including GBV, in a given context. This then allows us to reflect on **individual identity factors** and understand how they influence **perceptions of 'needs'**, and how to **reach** and therefore **include** the most marginalized people.
- Survivors of GBV often face a **combination of several systems of oppression in relation to their multiple identities**. For example, a survivor of violence who is a foreigner, has a disability and belongs to the LGBTIQ+ community will, depending on the context, experience racism, ableism or homophobia, or a unique combination of several of these forms of oppression. Thus, intersectional GBV programming will address the **key discrimination factors**, their influence on the **risk of experiencing** violence, and on people's access to response services. Thus, program design will determine the **target groups** based on the key discrimination factors in the given context.

Sexism, ableism and ageism are exacerbated by other discriminatory factors such as origin/skin color, ethnicity, religion, migration status, sexual orientation, among others.¹

When we consider that some people are different because they live with a disability, come from a so-called lower social class, are homosexual or belong to a minority ethnicity, we label as 'different' everything that does not fit the dominant social norm in our context (e.g. being an upper class heterosexual male without a disability). Anything that fits the dominant norm is perceived as 'neutral' and 'normal' and anything that does not fit the dominant norm is perceived as 'flawed', 'abnormal' and 'different'. These perceptions and biases fuel discrimination and inequalities, which in turn reinforce these perceptions and biases.

We also tend to be aware of identity factors only in people who belong to minorities, or minority identities. However, we are each a complex combination of identity factors that, depending on the context, give us unique experiences that make us more or less privileged and more or less vulnerable to forms of oppression.

For example, a woman in a wheelchair will have a different experience than a non-disabled woman and a man in a wheelchair. In her social life, this woman in a wheelchair may be excluded from the leadership of disabled persons' organizations because she is a woman, and may be excluded from the leadership of feminist organizations because she lives with a disability (examples of multiple discrimination). In her professional life, this woman in a wheelchair may be excluded from the labor market because she has an experience at the intersection of ableism and sexism (example of intersectional discrimination). If this woman in a wheelchair was also a foreigner, she might have a discriminatory experience at the intersection of ableism, sexism and racism. If this woman in a wheelchair was also elderly, she might have a discriminatory experience at the intersection of ableism, sexism and ageism.

¹ UN Women. [Gender, age, and disability: Addressing the intersection](#)", 2022

Thus, in relation to the prevention of and response to GBV, an intersectional approach allows us to understand that the people most at risk are:

- Those who are facing multiple and intersectional discrimination,
- Those that are least taken into account by public policies and programs in the area or country concerned,
- Those who have the least opportunity to be consulted, listened to and heard in all phases of programming.

An intersectional perspective must consider several levels of analysis and intervention:

Institutional level: This form of ageism, sexism and ableism affects institutions. For example, a sexual violence stakeholder refuses to support gender-minority survivors because of restrictive public policies. Another example might be that services are denied because the survivor is underage or not married.

Interpersonal level: This level is in social interactions and relationships.

For example, the adult child of an elderly victim of violence may try to "ignore" the GBV incident and not report it because of age-related biases.

Internal level: Internalization occurs when a person consciously or unconsciously believes the negative messages they hear and the stereotypes in society, and applies them to themselves. For example, a woman with hearing difficulties may believe that going to a job that requires accommodation is a privilege, not a right.

How can we improve GBV prevention and response programs by adopting an intersectional approach?

Without an intentional understanding and use of intersectionality, formal and informal GBV actors design and implement interventions that might perpetuate systems of power and oppression related to sexism, ageism, ableism, racism, etc. This usually does not happen deliberately, but through a lack of an intersectional lens in the design of programs.

Using an intersectional approach, *at least* on the basis of disability, gender and age factors, we are able to:

- more accurately reflect the **diversity** of people at risk of GBV and GBV survivors,
- identify in a comprehensive and non-tokenistic way the **different factors** that, in a given context, make some people **more vulnerable and limit their access** to essential **services**,
- take into account in a more nuanced way the **diversity of individual and community resources** of survivors of GBV. This also helps to avoid viewing GBV survivors as passive victims.

An intersectional approach to GBV programming includes² :

- **Question our biases, beliefs and assumptions** about the people the program wants to reach, their experiences and their needs. These biases and prejudices may, for example, affect our ability to identify those most at risk, or negatively impact our attitude when working with a survivor of GBV.

This process of self-reflection starts by questioning our own identity factors, our privileges and disadvantages resulting from these factors, as well as the diversity of the members of our organization or program team. Then, it is about questioning each and every one of our biases and prejudices, which are influenced by our identities, our belonging to dominant or dominated groups, our direct or indirect personal experience of GBV, etc.

² For more detailed guidance, it is highly recommended to refer to the guide "Intersectionality in GBV Interventions. A toolkit for humanitarian and development practitioners", HI, 2023 and the "[How-To Guide: Intersectionality in Practice](#)" MIW and IFA, 2022.

- **Avoid thinking of the recipients of an anti-GBV program as predefined homogeneous target groups** (e.g. "women", "young people", "women with disabilities", etc.); **determine the target groups** of interventions and programs on the basis of the discriminating identity factors resulting from your intersectional analysis, in order to avoid the pitfall of actually reaching only the most privileged people or those who are least at risk.
- **Considering the relationships and intersections between discriminating identity factors:** understanding how, in a given environment, the relationships between these factors affect the way people experience a given situation, may or may not mobilize personal resources, may or may not show resilience, may or may not seek support from institutions, access services, etc.
- In the design phase of the intervention, **consult, involve and listen to the people concerned**, with whom the program wishes to work. These consultations should be truly **inclusive and accessible, taking into** account different situations of disability, capacity of expression, precariousness, availability, level of education, language, etc.
- Adopt a **feminist approach to GBV³** and a **survivor-centered approach with an intersectional perspective**, i.e. understanding and accepting without judgement the physical, psychological, emotional, social, cultural and spiritual state of each individual and building on these aspects to support their healing.
- Reflect on the **data that needs to be collected and analyzed to reflect an intersectional perspective**, respecting consent and ensuring that it does not put the individuals concerned at risk.
- **To work in partnership during all phases of the program with community groups and associations of and led by** concerned people (organizations of women with disabilities, organizations of LGBTIQ+ persons, indigenous people's groups, etc.).

³ For more details see: [Why does a feminist perspective matter in work to prevent and respond to violence against women and girls? COFEM, 2018.](#)