



GBViE response programming refers to interventions with explicit GBViE objectives to establish or strengthen service delivery to respond to incidents of GBV after they have occurred.

GBV leads to a range of negative consequences including physical, sexual, psychological, socioeconomic and legal for the individual, her family as well as wider community. Survivors of GBV can experience immediate and life-threatening health emergencies or can suffer long-standing health consequences including broken bones, sexually-transmitted infections (STIs) and other reproductive health challenges. They are often blamed for the violence inflicted upon them and can be made to feel ashamed of what has happened to them, when in reality the blame should be with the perpetrator. Survivors can lose their jobs or be ostracized from their family and left to take care of themselves and their children on their own. With prompt and high quality GBV services, these and other negative consequences of GBV can be managed and survivors can heal and recover.

GBViE response ensures survivors have an opportunity to be **safe** and to **access and receive immediate life-saving medical care** (including the clinical management of rape)¹, **psychological first aid** and psychosocial resources, **case management services**, and where possible **legal aid support**. These services are the minimum necessary for the recovery and healing process of survivors. GBViE response uses a survivor-centered approach which means that survivors are informed, safe, are not discriminated against and are referred to appropriate services.

CARE's GBViE response prioritizes establishing or strengthening access to these life-saving services, either directly or through partners. This is in line with the international standard to ensure response services are available and accessible to GBV survivors in emergencies established by the GBViE Minimum Standards. We work to ensure women can access services such as:



CARE's GBViE response activities may address one or more of these crucial services, often in partnership.

All GBViE response programming requires specialized staff with the knowledge and skills to ethically and safely support survivors. The actors in this area of GBViE work are specialized—for example, health, legal, psychosocial, security—and therefore receive specialized training. Response activities are *always* the responsibility of trained GBV specialists. For many of these services, CARE works with partner organizations who are specialized in providing these services.

¹ Clinical management of rape has a very specific protocol including emergency contraception, post-exposure prophylaxis for HIV infection and antibiotics for other STIs. Further guidance can be found at: <https://www.who.int/reproductivehealth/publications/rape-survivors-humanitarian-settings/en/>

Ethical data management:

Before responding to incidents of GBV, there should be either a safe and ethical mechanism for data collection and storage or a plan to establish one as soon as possible. This is essential to GBV response coordination as well as referral mechanisms. In more established GBViE response programming, it may be possible to establish a Gender-Based Violence Information Management System (GBVIMS), which is a multi-faceted initiative that enables humanitarian actors who are responding to incidents of GBV to collect effectively and safely, store, analyze and share data reported by GBV survivors. Read an overview of the [GBVIMS](#) and more on [data collection in service delivery](#).

The guidance below is designed to support response services for women and girls. While it is understood that women and girls face increased risk of violence during a crisis or displacement, it is important to note that men, boys and individuals in the LGBTQI+ community also face specific threats and risks that can increase their vulnerabilities as well. For more information, read this report by CARE on assistance and protection challenges for [men and boys in displacement](#). It is important to understand that men and boys require similar sectoral but different approach in GBV response; use this guidance to address [violence against men, boys and LGBTQI in a humanitarian setting](#).



Medical Care

CARE supports access to sexual and reproductive health services in humanitarian settings and deems it a priority in all emergencies.

Because most forms of GBV lead to health and psychosocial consequences, it is critical to ensure women and girls can access clinical services, i.e. the clinical management of rape (CMR)², as well as psychological first aid or psychosocial support. At the onset of emergencies, CARE and its partners implement the Minimum Initial Service Package (MISP) which includes ensuring 24/7 access to clinical care for sexual violence survivors amongst other life-saving SRHR services. Once the situation has stabilized, CARE advocates for the transition to comprehensive SRHR programming which includes the prevention, detection and management of GBV aligned with the [Inter-Agency Field Manual for SRH in Crisis Settings \(see chapters 3 and 10\)](#).

Health services are often the first point of contact for survivors seeking assistance for GBV and must be recognized as a critical entry point to receive GBV cases and provide referrals to additional support services where requested, utilizing survivor-centered approaches. Therefore, putting in place confidential and safe spaces within the health facilities to receive and provide services to survivors is critical. GBV screening by trained health providers has the potential to create a confidential environment where survivors can speak openly about their experiences with GBV, ensure competent care and referrals based on individual needs and wishes of survivors, and increase community awareness about GBV issues, thereby reducing stigma and improving attitudes. However, this MUST only be carried out by trained staff.

Key resources:

[Inter-Agency Field Manual for SRH in Crisis Settings](#)

CARE's [Emergency Toolkit](#)

[Sexual and Reproductive Health \(SRH\) Clinical Outreach Refresher Trainings \(S-CORTs\)](#)

[GBV screening in health facilities](#)

[Integration of Sexual Reproductive Health and Gender-Based Violence Program in Cox's Bazar, Bangladesh](#)

² [WHO Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings \(2019\)](#)



Women and Girls Safe Spaces (WGSS)

CARE encourages the establishment or strengthening of Women and Girls Safe Spaces (WGSS).

WGSS are physical spaces that are for women and girls only. They provide comfortable and safe spaces for women and girls to meet together and be free from harm and harassment. They are also an entry point for women and girls to report protection concerns and voice their needs. In WGSS, women and girls can gain knowledge and skills; access GBV response services or other available services; and foster opportunities for mutual support and collective action in their community. Therefore, WGSS may fall both under the CARE GBViE **prevention** programmatic pillar or the **response** pillar based on the context, need and supported activities.

Women and Girls Safe Spaces (WGSS) are distinct from Safe Houses or Shelters. CARE usually partners with relevant organizations and authorities that provide these services. Safe houses or shelters provide emergency housing for survivors from a few days to several months and are often kept in secret locations to protect the residents and staff from potential attacks from perpetrators. GBV survivors and their children can access safe houses or shelter through psychosocial or case management services or a referral from another service delivery agency. Each safe house or shelter operates slightly differently but often allow women and their children to stay for up to a certain period of time, offer supportive services like counseling or livelihoods training and support women to decide where they will go and how best to stay safe.



Psychosocial Support Resources

Women and Girls Safe Spaces can provide an entry point to access psychosocial support resources, which are services that support the emotional and psychological wellbeing of survivors.

Psychosocial services can be in the form of counseling or therapy and can happen in group or in a 1:1 setting. It requires trained psychosocial providers who can attend to the emotional health of individuals, follows a survivor-centered approach as all other services and helps survivors heal and recover for their experiences.

CARE usually partners with relevant national or regional partners who are specialized in these services. When there are no other established psychosocial services, psychological first aid is the minimum that should be provided for survivors. The [GBV Pocket Guide](#) outlines step-by-step guidance on how to Prepare, Look, Listen and Link survivors to additional support.

Key resources:

CARE's [Examining Women and Girls' Safe Spaces in Humanitarian Contexts: Research Findings from Northwest Syria and South Sudan](#)

CARE's [Women and Girls Safe Spaces in Rohingya Camps](#)

UNFPA's [Women and Girls Safe Spaces: A guidance note based on lessons learned from the Syria crisis](#)

IRC's [WOMEN AND GIRLS SAFE SPACES: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings](#)

[Women and Girls Safe Spaces: Technical Guidance Note for COVID-19](#)

Key resources:

[GBV Pocket Guide](#)

[Inter-Agency Minimum Standards](#)

[IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#)



Case Management Services

GBV case management services are a structured method for providing help to a survivor.

This is important given that GBV often results in harmful physical, psychological, and social consequences for the survivor. In GBV case management services, the needs and wishes of a survivor are assessed and collected, and the survivor is informed of the available options. Quality case management further identifies problems faced by survivors and ensures these are addressed in a coordinated way. Case management can also become a primary entry point for survivors to receive crisis and longer-term psychosocial support, given the common lack of more established health and social support service providers in humanitarian settings. WGSS can also be the setting in which GBViE response programs provide GBV case management services.

The [Interagency GBV Case Management Guidelines](#) (available in English, French and Arabic) outline a survivor-centered approach and process. This includes guiding principles, consent processes, case management methods and protocols, and technical guidance for specific types of abuse and populations—for example, guidance on responding to intimate partner violence and child/early marriage, and for working with adolescent girls, male sexual violence survivors, LGBTQI survivors and survivors with disabilities. It equally includes case supervision strategies and tools as well as training materials that elaborate the content of the guidelines and can build the expertise of staff involved in providing case management and psychosocial care for GBV survivors. Further you will find assessment tools, sample case management forms as well as supervision tool and training materials for case management.

In times of Covid as well as in the case of migratory emergencies, where populations are passing through to safer locations or populations are too spread out, use [mobile and remote case management delivery](#) to support survivors, with remote GBV service delivery, GBV services (predominately emotional support and case management) are provided over a technology platform (i.e. hotline, chat, or SMS) rather than in person.

In programs with no Case Management in place, it is advised staff respond to GBV through case referrals using the existing referral pathway. The main priority should be to provide psychological first aid which is basic emotional support as well as information on the services which may be able to assist them, details on how to access these, and appropriate support to survivors to access the services if they choose to do so. This requires conducting service mapping and establishing a referral mechanism between service providers. Ensure case management and all referred services use a survivor-centered approach. The first information and messages provided to survivors could influence whether they access further care when appropriate.

Key resources:

[Inter-Agency GBV Case Management Guidelines](#)

IRC's [Guidelines for Mobile and Remote GBV Service Delivery](#)

Sample [Guideline on GBV referrals](#) for an emergency setting.



Cash & Voucher Assistance

CARE offers cash and voucher assistance in many emergency contexts to support affected communities to meet their needs.

Women who are at risk of GBV as well as survivors should be referred to cash and voucher programs as this will enable them to pay for any costs to access necessary services such as transportation or support household needs such as rent, utilities and/or food. It is essential that all cash interventions are designed according to a survivor-centered approach.

Examples of interventions may include livelihoods programs that aim to help crisis-affected persons improve their economic situation and prevent risky coping strategies that could lead to GBV, as well as case management services for survivors of GBV which include medical and psychosocial support and referrals to CVA, when appropriate.

It is critical that CVA interventions (across all sectors):

- Proactively seek to identify and take action to mitigate GBV risks in the environment and in program design and implementation.
- Proactively facilitate and monitor vulnerable groups' safe access to services.
- Do not cause or increase the likelihood of GBV.³



Distribution of Dignity Kits

CARE promotes the distribution of dignity kits—comprising basic personal items and material assistance—which can improve safe mobility and support interaction in public spaces, ultimately reducing vulnerability to certain GBV-related risks.

Crises and displacement affect the accessibility of items women and girls need to maintain their basic physical, emotional and well-being needs. CARE consults women and girls to develop context-specific solutions to their safety and any risks they experience. In some contexts, men and boys also have important needs for dignity items. This includes advocating for or providing material support, including dignity kits, often in partnership with local community-based organizations.

Dignity kits typically contain culturally relevant personal hygiene items such as sanitary napkins and soap, information on available GBV services and referral pathways, and tools for GBV risk mitigation, such as (solar) lights/handheld torches, stoves, and whistles. Depending on the type of sectoral response to the emergency, it might be preferable to include WASH/hygiene-related dignity items in a single hygiene kit under a WASH program, and household-related items within the shelter response, as opposed to distributing a standalone dignity kit.

Ideally, dignity kits are comprised of locally-supplied products and distributed to affected populations with the purpose of ensuring that women and girls have their basic needs met, their vulnerability is reduced and that they are connected to information and support services.

Key resources:

CARE's [Emergency Toolkit](#)

Cash & Voucher Assistance and GBV Compendium: [Practical Guidance for Humanitarian Practitioners](#)

Cash & Voucher Assistance and GBV Compendium: [Training Modules](#)

CALP's [Gender & Inclusion](#) resources

CALP's [Glossary of Terminology for Cash & Voucher Assistance](#)

Key resources:

Inter-Agency Minimum Standards: [Standard 11](#) (pp 84-91)

[Dignity Kit Guidance Note](#) from the GBV Protection Cluster Turkey (Syria)

UNFPA's [Basic Dignity Kit](#)

UNFPA's [Minimum Standards for Prevention and Response to GBViE: Standard 9](#) (pp 46-49)

[Toolkit for Planning and Monitoring Safer Distributions](#)

[Violence, Gender & Wash: A Practitioner's Toolkit](#)

[Distribution Guidance to Reduce the Risk of Gender-Based Violence](#)

³ Adapted from Cash and Voucher Assistance and Gender Based Violence Compendium: Practical Guidance for Humanitarian Practitioners

Kits need to be regularly updated to reflect developing needs and cultural preferences of affected populations, feedback on the suitability of items already received and available services. Wherever safe and applicable, they may also be composed of reusable products and solutions. Program teams should also investigate possibilities for providing cash or vouchers instead of actual kits.

It is critical to engage women and adolescent girls in consultation regarding composition of the kits and to provide information prior to the distribution of kits to facilitate their safe and timely delivery, and to encourage appropriate use of the items. Therefore, GBV risk mitigation measures related to the locations, size of materials, and discreetness of distribution must be addressed in the design and distribution plans for the kits.



Legal and Justice Support

In protracted contexts, GBV survivors may need access to legal counseling if they choose to seek formal justice in a court of law.

While many acts of GBV are crimes and against the law in many countries, GBV cases are notoriously difficult to prosecute and often survivors are not afforded the justice they deserve. Evidence collection, documentation and other forms of proof are often difficult to collect even in the best of circumstances and during conflict and displacement evidence collection is challenging, although not impossible.

In some contexts, CARE programs and partners may also engage with community actors and authorities to establish informal justice mechanisms that happen outside the formal laws and courts. See this guidance note by the GBV AoR on [Strengthening Access to Justice for Gender-based Violence Survivors in Emergencies](#).

Key resources:

GBV Area of Responsibility guidance on [Strengthening Access to Justice for Gender-based Violence Survivors in Emergencies](#)

WOMEN LEAD IN EMERGENCIES & GBVIE RESPONSE

Women Lead in Emergencies (WLiE) is one of the four focus areas of CARE's approach to Gender in Emergencies.

WLiE is a model and toolkit for humanitarians to use in multi-sector humanitarian programs to support crisis-affected women to participate in decision-making and to take collective action on issues that matter to them. Integrating WLiE in CARE programs supports locally led humanitarian practice by women (across all sectors) and gender equality in emergency settings—and can **contribute to GBVie response**.

For example, during the WLiE process women's groups co-create action plans for how they want to participate in emergency response and are supported by CARE and partners to identify solutions and strategies for addressing problems. Women often identify GBV as a priority issue and may choose to take collective action to respond to GBV, ensuring response activities are grounded in the context and respond to the needs of women and girls.

RESOURCES TO SUPPORT GBViE RESPONSE

- Inter-agency Standing Committee [GBViE Minimum Standards](#)
- CARE's [Emergency Toolkit](#)
- [GBV Pocket Guide](#)
- [Gender-Based Violence Information Management System overview](#)
- IRC's guidance on [Data collection in Service Delivery](#)
- Inter-Agency [Field Manual for SRH in Crisis Settings](#)
- IASC's [Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#)
- Inter-Agency [GBV Case Management Guidelines](#)
- IRC's [Guidelines for Mobile and Remote GBV Service Delivery](#)
- [Distribution Guidance to Reduce the Risk of Gender-Based Violence](#)

Further resources specific to CARE staff are available from the [GBV Hub](#) on CARE Shares.