How to support survivors of gender-based violence when a GBV actor is not available in your area:

In September 2015 the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Settings (GBV Guidelines) were launched. Over the course of 2016 and 2017, the GBV Guidelines Implementation Support Team trained over 2,500 humanitarian practitioners in 11 sectors and 18 countries on how to reduce gender-based violence-related risks in their programming.

Across a diversity of contexts and sectors, training participants voiced their interest and need for concise, how-to resource on how to support a survivor of gender-based violence (GBV) when there is no GBV actor (including a referral pathway or GBV specialist/focal point) in their area. Upon consultation with other practitioners and coordination mechanisms, it is apparent that this challenge resonates in a diversity of settings and across multiple types of actors.

To fill this gap, a joint Working Group convened by the GBV Guidelines Reference Group and the GBV Area of Responsibility developed a resource package on how to support a survivor of GBV when there is no GBV referral pathway or GBV focal point (“Pocket Guide”), as a companion guide to the GBV Guidelines. This resource package was created using expertise from Working Group members, external reviewers and consultation participants from September 2017 to February 2018; furthermore, the resource aligns with existing global tools such as the Shelter Cluster’s GBV Constant Companion and IRC/UNICEF’s Caring for Child Survivors of Sexual Abuse Guidelines.

The February 2018 version of the Pocket Guide resource package includes print, online and mobile app versions in Arabic, English, French and Spanish.

About the GBV Guidelines
The 2015 GBV Guidelines (revised from the 2005 version) are a practical, field-tested tool that provides guidance for humanitarian actors and communities affected by conflict and natural disasters on essential actions to mitigate gender-based violence (GBV)-related risks – resulting in safer and more effective programs. The GBV Guidelines are for non-GBV specialists, who can and should undertake actions within the day-to-day operations of their own sectors to reduce GBV-related risks. A three-year Implementation Strategy is being rolled-out to maximize levels of interest, awareness and uptake around the GBV Guidelines.

For more information, visit www.gbvguidelines.org.
3. **A Pocket Guide**, targeted towards frontline providers in all clusters/sectors, to use as an easy reference on how to support a survivor of gender-based violence if a survivor seeks their support in a context where there is no GBV actor/referral pathway available in the area.

**WHO CAN USE THE POCKET GUIDE?**
The Pocket Guide is targeted towards non-GBV specialists who are on the frontlines of providing services to affected communities, including hygiene promoters, community health workers, camp managers, protection focal points etc.

**WHAT IS INCLUDED IN THE POCKET GUIDE?**
The Pocket Guide is designed to be a practical resource when a survivor discloses their experience to any humanitarian practitioner. It includes an easy to read flow chart, quick reference Dos and Don’ts, and quick navigation to a step-by-step list of actions following a prepare, look, listen and link framework.

The Pocket Guide integrates considerations for children and adolescents, sexual and gender minorities/LGBTQI, survivors with disabilities and male survivors.

**WHERE CAN I GET IT?**
- **Online** at [www.gbvguidelines.org](http://www.gbvguidelines.org) and [www.gbvaor.net](http://www.gbvaor.net) in high and low-res versions for printing
- **Download** it on Google Play or the iTunes store. Search for “GBV Pocket Guide.”

**Key messages for advocacy and coordination**

1. Integrating GBV risk mitigation measures, such as those in the IASC GBV Guidelines, is not only a core responsibility of all humanitarian actors, it also improves the effectiveness of humanitarian response across all sectors.
   - a. In accordance with the “Do No Harm” principle and the IASC Centrality of Protection statement, humanitarian actors in all sectors have a responsibility to design and implement their programming in a way that minimizes GBV risks and ensures accessibility for vulnerable groups.
   - b. When programs are safer and more accessible, more people benefit, and overall outcomes improve; on the other hand, failing to address GBV concerns compromises the effectiveness of humanitarian interventions in all sectors.

2. Pre-existing gender inequality makes women and girls particularly vulnerable in this type of crisis, increasing their exposure to multiple forms of GBV, including sexual violence, domestic violence, forced marriage and sexual exploitation and abuse.
   - a. When families are unable to meet their basic needs, women and girls are forced to employ dangerous coping mechanisms, increasing their exposure to GBV.
   - b. When women and girls are not provided with opportunities for meaningful participation, their needs and access to services are often not reflected in the provision of humanitarian aid.

**LOOKING AHEAD:** The Working Group is exploring how to provide further resources for scenarios where there are mobile services, services that require transportation to services, or virtual services like a telephone hotline or confidential online chat. GBV specialists are also exploring new service delivery models to respond, prevent and mitigate GBV. The joint working group seeks to further build out tools and resources to meet these needs.

**GET INVOLVED:** If interested in rolling out the Pocket Guide in your area or being more involved in the GBV risk mitigation in emergencies conversation, email gbv.guidelines@gmail.com.

**ACKNOWLEDGEMENTS:** The Working Group would like to acknowledge the tremendous technical and coordination support of external reviewers and consultation participants involved in drafting this resource package including ACF, Camp Coordination and Camp Management Cluster, Child Protection Area of Responsibility, Inter-Agency Working Group on Reproductive Health in Crisis, International Committee of the Red Cross, IRC, Irish Consortium on Gender-based Violence, IOM, OXFAM, Shelter Cluster, Trócaire, UNFPA in the Whole of Syria Region, UNHCR, UNICEF South Sudan, WASH Cluster, World Vision South Sudan, WFP South Sudan, Women’s Refugee Commission.