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# USAID'S COLLECTIVE ACTION TO REDUCE GENDER-BASED VIOLENCE (CARE-GBV)

## How to implement a survivor-centered approach in GBV programming

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# How to implement a survivor-centered approach in GBV programming

## Overview

The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID’s collective prevention and response, or “collective action,” in gender-based violence (GBV) development programming across USAID. GBV programmers should be aware of and responsive to the specific needs of survivors. This is referred to as “survivor-centered” programming.

This how-to note focuses on helping USAID and implementing partners who have a role in GBV programming understand how programs can achieve a survivor-centered approach. The document includes definitions and explanations of the key aspects of a survivor-centered approach, six strategies for implementing a survivor-centered approach, a checklist of actions programs can take to become survivor-centered, and resources with links for more learning.

A survivor-centered approach is the hallmark of quality GBV programming. It empowers survivors and promotes their dignity and agency. It is reflected through organizational policies and structures, as well as staff knowledge, skills, attitudes, and practices.

## What is a survivor-centered approach?

A survivor-centered approach focuses on the empowerment of survivors by creating a supportive environment for healing. Survivors of GBV can regain or strengthen their sense of empowerment when accessing survivor-centered GBV services

## Key Points

A survivor-centered approach:

- Is the hallmark of quality GBV programming
- Promotes the dignity, rights, agency, and empowerment of survivors of GBV
- Is implemented by ensuring survivors’ safety, protecting confidentiality, demonstrating respect for survivors’ dignity and self-determination, and practicing nondiscrimination
- Is important to **all** organizations that work on GBV — whether they provide direct services or work on prevention
- Is responsive to the intersectional identities of survivors of GBV
- Assumes that staff, as well as program participants, may be survivors of GBV even if they have not shared that they are
- Is context-specific and should be locally led

that uphold these four **guiding principles**: (1) ensure the **safety** of survivors, including preventing and mitigating further violence; (2) protect the **confidentiality** of survivors, including their right for information about them to be shared only with their informed consent and their right to choose whether and to whom to tell their experiences; (3) demonstrate **respect** for survivors’ needs and wishes and their right to make their own choices, including those that service providers may find hard

to understand or disagree with; and (4) practice **nondiscrimination**, ensuring that survivors, in all their diversity, are able to access and receive appropriate services and meaningful support.<sup>1</sup> **Do no harm** is an overarching principle of all work related to GBV. Promoting **survivors' agency and dignity** is a key objective of a survivor-centered approach.<sup>2</sup> Figure 1 details how the four guiding principles support survivors' agency and dignity, build empowerment, and ensure a do-no-harm approach.

South African activists Yolanda Dyantyi and Ciko Sidzumo state:<sup>3</sup>

“A survivor-centered approach ... implies addressing the ways in which the system takes away survivors' power. It addresses the barriers they face in accessing support systems, helps them navigate these systems without being further disempowered, and focuses on their re-humanization through the process.”

This guidance emphasizes that a survivor-centered approach **is not just for organizations that provide direct services** to survivors. It is for all organizations that work on GBV, whether prevention or response focused. The approach is fundamental to all aspects of GBV programming. It also highlights the need for a survivor-centered approach to be **responsive to the intersectional identities of GBV survivors**, including those who experience multiple and overlapping systems of oppression based on sexual orientation, gender identity and expression, and sex characteristics; disabilities; racial or ethnic identities; religious affiliation; nationality; immigrant or refugee status; and others. In addition, as is true for all kinds of programming, it is important to emphasize that **context matters**. A commitment to **locally-led programs** will support incorporating approaches that are context specific.

**Figure 1. Survivor-centered GBV programming**



**Table 1. Principles, objectives, and desired results of a survivor-centered approach**

Principles	What does it mean?
<b>Do no harm</b>	Doing no harm means taking care not to put program participants, staff, and community members at physical or emotional risk, whether intentionally or unintentionally. The four core principles of safety, respect, confidentiality, and nondiscrimination all contribute to ensuring a do-no-harm approach in working with survivors.
<b>Safety</b>	The physical and emotional safety of survivors, their children, and other family or dependents should be prioritized in a survivor-centered approach. All organizations, whether they provide GBV response services or not, should promote the safety of potential victims or survivors through detailed risk analysis of programming to ensure that any work — whether it is awareness-raising, prevention, advocacy, or response — does not put survivors or others at risk of additional harm. For GBV response service organizations, this includes asking survivors if they feel safe, whether they have a safe place to stay, and what support would help increase their safety. Helping survivors create <a href="#">safety plans</a> is important; safety planning, as well as other kinds of support, can promote survivor well-being. <sup>4</sup>
<b>Respect</b>	Respect includes listening and showing empathy; providing information and resources; honoring survivors’ choices, including those others may disagree with; and ensuring that survivors are not blamed for what happened to them. Respect for survivors’ choices requires implementers to understand that survivors make choices based on their needs, wants, and priorities, which are affected by the intersectional identities that a survivor holds.
<b>Confidentiality</b>	Protecting the confidentiality of survivors requires attention to both a program’s <b>interactions with survivors and the <a href="#">documentation</a></b> of a survivor’s case. Program staff should never pressure participants or other staff members to share their experiences or to identify as survivors. Survivors who are reporting violence or accessing services, whether in person or virtually, should be provided privacy so that others cannot overhear them. Information about a survivor should only be shared with their informed consent. Organizations serving survivors must have processes to protect the confidentiality of digital files and records and to ensure appropriate information management — within the organization, by donors, and through national information management systems (NIMS). Confidentiality also involves protecting identifying information in reports, advocacy documents, and case studies for donors, fundraising, and publicity. <sup>5</sup>

**Table 1.** *continued*

Principles	What does it mean?
<b>Nondiscrimination</b>	Promoting nondiscrimination includes staff training and supervision and making it known to the public that all survivors are eligible to receive support and services. Nondiscrimination is best implemented through active efforts to engage those who typically might not feel welcome, by acknowledging that survivors can be anyone, including people who are LGBTQI+; people with disabilities; members of indigenous, ethnic, or religious minority communities; and others who are marginalized. Services for specific populations might need to be provided by a different organization to protect safe access (for example, women- and girls-only spaces), but referral networks <sup>a</sup> should be in place and made accessible to all populations.
Desired result	What does it mean?
<b>Agency</b>	Survivor agency, or power and control over their own bodies and lives, is a key objective of a survivor-centered approach. Agency is achieved through an approach that supports survivors in making informed decisions and choices.
<b>Dignity</b>	Dignity, defined as feelings of self-worth and self-confidence, as well as feeling respected by others, is another key objective and desired result of a survivor-centered approach.
<b>Empowerment</b>	Empowerment is both a process and desired result of survivors strengthening control over their lives. This involves survivors gaining new skills and knowledge; being able to explore and recognize existing skills, knowledge, and strengths; setting priorities; and being supported by others in these processes. For some survivors, empowerment includes using referrals and receiving assistance in achieving their priorities. Empowerment may also result in survivors having an interest in and ability to influence, address, and change policies, structures, processes, and institutions that affect their lives. <sup>6</sup>

<sup>a</sup> A referral network connects survivors with support and resources, including health, legal, justice, and other social services.

**Table 2. Key definitions**

<b>Gender-based violence (GBV)</b>	Any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. <sup>6</sup> It is rooted in structural gender inequalities, patriarchy, and power imbalances. GBV is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social, and other forms of control and/or abuse. <sup>7</sup>
<b>Survivor/victim</b>	Many women’s rights organizations use the term “survivor,” a term that implies strength, power, and empowerment, to refer to someone who has experienced GBV. “Victim” suggests helplessness. Some use “victim” to refer to someone immediately after an experience of GBV, and “survivor” when the person has regained some sense of control over their body. In practice, those who experience GBV may not associate with either term, or they may shift between feeling like a victim and a survivor.
<b>Intersectional</b>	An intersectional lens acknowledges that individuals face different structural power imbalances and may be at disproportionate risk of violence if they occupy marginalized social identities. It also takes into consideration how a person’s varied social identities are interconnected. Addressing GBV with an intersectional lens includes considering where overlapping and compounding forms of oppression produce unique risk factors and experiences of violence. <sup>8</sup> Intersecting forms of oppression can create distinctive barriers to and risks in accessing support services and care. <sup>9</sup>
<b>Inclusion</b>	Inclusion is a process of ensuring that diverse individuals and groups are included in an approach, activity, or program. An inclusive development approach recognizes that every person, regardless of identity, is instrumental in the transformation of their own societies, and that their ability to participate fully throughout the development process leads to better outcomes. <sup>10</sup>
<b>Trauma-informed</b>	Recognizes trauma, including primary and vicarious trauma, and responds with policies, procedures, and practices that seek to actively prevent re-traumatization. A trauma-informed approach means it includes physical, psychological, and emotional safety for all providers and survivors. It also assumes that everyone, regardless of their personal experiences, can benefit from this approach. <sup>11</sup>

<sup>b</sup> The GBV definition states: “Types of GBV include, but are not limited to: child, early, and forced marriage; female genital mutilation/cutting; so-called “honor”-based violence and killings, and other harmful practices; acid violence; dating violence; domestic violence; female infanticide; femicide or gender-related killing of women and girls; all forms of human trafficking; intimate partner violence; sexual harassment; stalking; all forms of sexual violence, including reproductive and sexual coercion, and rape, including marital rape, so-called “corrective” rape, and rape as a tactic of conflict. Other types of violence that are sometimes gender-based include, but are not limited to: abandonment; neglect; bullying; child abuse; corporal punishment; and elder abuse.” U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally (GBV Strategy) P.6 Available from: <https://www.state.gov/u-s-strategy-to-prevent-and-respond-to-gender-based-violence-globally-gbv-strategy/>

## How to create a survivor-centered approach: six strategies

With the proper resources and funding, any agency addressing GBV can implement a survivor-centered approach. Developing and institutionalizing a survivor-centered approach does not require a large financial investment. However, it does require a commitment of staff time to develop policies, map GBV resources and develop referral networks, train staff, and ensure that survivor-centered attitudes and practices are adhered to among staff and promoted in communities.

A survivor-centered approach should be used throughout the [USAID program cycle](#),<sup>c</sup> including in strategic planning; program and activity design and implementation; monitoring and evaluation; and collaborating, learning, and adapting. As noted above, a survivor-centered approach should be incorporated into all programs that work on GBV — whether addressing prevention, mitigation, or response. Throughout implementation it is important to pause, reflect, and consider how to apply lessons to shift how a program is being managed to reflect what has been learned. Consulting program participants as part of monitoring, evaluation, and learning is critical to this process.

The following section describes six strategies for developing survivor-centered programming. The checklist that begins on page 11 provides resources for implementing these strategies.

### 1) Engage locally-led women's rights organizations and other groups working on GBV and human rights.

Locally-led women's organizations, LGBTQI+ organizations, disability rights organizations, and others working in any capacity on GBV programming should be among the organizations that are consulted and engaged early and often. Their active participation throughout program design, implementation, and evaluation builds empowerment and helps to ensure that approaches are appropriate

to the context and accountable to those most affected by GBV. Rather than specifically seeking out survivors, which may be emotionally, mentally, or physically harmful, engaging organizations that work on GBV ensures that survivors will be among the stakeholders consulted. Consistent engagement and collaboration with communities also smooths the transition to programs becoming locally led.<sup>12</sup> Participation should be inclusive of individuals and groups at higher risk of experiencing GBV and those who experience unique barriers to meaningfully participating in GBV prevention, mitigation, and response programming.

*Challenges to address:* Groups working on GBV, LGBTQI+ rights, disability rights, and other issues are often siloed. Identifying an issue of importance to all groups, such as GBV legislation, can bring diverse groups together.

### 2) Assume program participants and organizational staff include survivors of GBV, whether or not they have self-identified as survivors.

Given the prevalence of GBV, organizations should be aware that they are interacting with survivors of GBV on a regular basis. This assumption — whether or not a staff person or participant has disclosed this — should inform all GBV programming, whether that program or agency focuses on prevention or response.

*Challenges to address:* Discussions within organizations working on GBV, or considering work on GBV, may trigger memories of GBV experiences for staff who have personal or professional experiences with GBV. Even staff members who have developed ways to maintain adequate boundaries may be emotionally affected by a survivor's experience or other discussions about GBV. This is why organizations must take the time to ensure they are survivor-centered, offering resources and referrals for those who might need them regardless of disclosure.

<sup>c</sup> The Program Cycle is USAID's operational model for planning, delivering, assessing, and adapting development programming. To view USAID's Program Cycle, [click here](#).

### 3) Develop and implement standard operating procedures, safeguarding policies, and ways of working.

Develop standard operating procedures during the initial design of a new GBV program to institutionalize a survivor-centered approach. Standard operating procedures help to ensure that all staff are trained on and subsequently understand processes relating to confidentiality, safety planning, referrals, and case management, if relevant, and protection of individualized and identifying data in reporting mechanisms. These policies can and should be implemented in all organizations, regardless of size or budget.

Also put in place safeguarding policies, such as those related to anonymous reporting channels and nonretaliation policies for the prevention of sexual exploitation, abuse, and harassment. Staff should receive regular training on these policies and procedures and be held accountable for adhering to them.

*Challenges to address:* Agencies providing direct services to survivors may need creative solutions to issues related to confidentiality. Survivors may not want to be seen entering the office of a GBV service provider. And where space is limited, it may be challenging to ensure that survivors are not overheard talking about their experiences or accessing services. Solutions include embedding services and staff into a multipurpose center where a variety of activities take place, sound-proofing rooms or providing background noise machines, and identifying outside private spaces for consultations.

### 4) Map GBV programming and survivor resources and develop referral networks.

Appropriate, safe, and effective referral options that practice a survivor-centered approach are a critical element of addressing the needs of survivors. GBV organizations should know what referral options exist in a community, as well as to what extent those services are survivor-centered. A first step is to map available services, a process that requires in-depth assessment of what resources exist, as well as the extent to which these service providers operate

from a survivor-centered approach. A second step is to work with providers to develop referral networks among and between health, safety, shelter, economic assistance, justice, and mental health and psychosocial support services. Connecting survivors to fractured referral pathways or services that do not employ a survivor-centered approach can lead to revictimization and cause harm.<sup>13</sup>

In addition to developing formal referral services, it is important to build the capacity of informal and community-based sources of support for survivors. It is well established that these are the most frequently sought out sources of support for women.<sup>14</sup> Informal supports may include local traditional leaders, religious leaders, women's and human rights groups, teachers, local government leaders, and others found at places women and other survivors may gather.

*Challenges to address:* In many settings, referral networks and services are limited, ineffective, or may not operate with a survivor-centered lens. Both formal and informal referral sources are often situated within the context of prevailing patriarchal norms and practices.<sup>15</sup> Program staff should understand the potential risks of referring survivors to these services where survivors may be further harmed through practices that promote shame, blame, or put the person in physical harm's way.

If a GBV organization has the capacity and expertise, it can be important to build the capacity of nascent or ineffective service providers, as well as community-based informal services, to offer survivor-centered services. However, doing this work requires GBV expertise. Engaging GBV experts to lead this work, in collaboration with community-based organizations, may be the best way to approach building referral networks that are survivor-centered. Where the only service providers in a community are known to not be survivor-centered, survivors should be informed and given the choice about whether they want a referral or not. It is important to keep in mind that the benefits of a referral may outweigh the harm, particularly if the survivor can be supported through the process by someone they trust.



## 5) Train and work with all staff to build their knowledge and ability to promote survivor-centered attitudes and practices.

Provide appropriate training and develop on-going capacity building and supervision structures for all staff of GBV programs, not just program staff. This should include receptionists, administrative staff, custodians, drivers, security staff, and others. The frequency and application of training and capacity building will vary depending on staff roles and responsibilities. An initial set of trainings for staff should be followed by key capacity-building actions.

To ensure that survivors are treated with respect and their self-determination is supported, GBV programmers must actively develop and work to increase survivor-centered attitudes and practices among staff. This means believing that survivors are the experts in their own lives and respecting their choices, even when providers believe these choices are not in their best interest. When hiring new staff, include attitude-based questions in interview protocols to hire people whose beliefs and attitudes most closely align with a survivor-centered approach. Provide new staff with training and regular opportunities for individual and group self-reflection to promote self-awareness of unconscious biases and to strengthen favorable attitudes. Actively cultivate an understanding of how a survivor's prior life experiences and current circumstances may influence their decisions.

*Challenges to address:* Negative attitudes toward survivors of GBV, particularly relating to their choices about how to respond to GBV, exist across cultures and societies. Biases are often based in community norms. For example, in some contexts women are expected to remain in abusive relationships to keep their families together; in other contexts, women are encouraged to leave abusive relationships. Staff of organizations working on GBV may hold conscious or unconscious attitudes that

reflect these and other norms. In addition, it can be hard to understand why a survivor chooses to return to an abusive partner, or why a survivor does not force a perpetrator to face consequences for the abuse. Nonetheless, a truly survivor-centered approach means trusting survivors and respecting their choices.

## 6) Strengthen multisectoral approaches to GBV.

A multisectoral approach, including health, justice, education, social services, and other sectoral initiatives, promotes holistic and comprehensive GBV prevention, mitigation, and response.<sup>16</sup> Strengthening multisectoral approaches to GBV helps ensure that the multiple drivers of GBV are addressed to prevent and mitigate violence more effectively. Training staff across sectors on GBV core concepts, survivor-centered approaches, and prevention of sexual exploitation and abuse can improve the quality of services available to survivors. Additionally, advocacy work and active coordination with other sectors and service providers, including providers from existing government-run services, can help ensure that referral networks are established and improve the quality and availability of services.<sup>17</sup>

*Challenges to address:* While it is well known that multisectoral and cross-sectoral approaches are effective, it can often be challenging to implement these approaches because of funding streams and other institutional challenges. Nonetheless, in the humanitarian sector, interagency committees promote work across various sectors. In development work, one example of GBV integration is when water, sanitation, and hygiene activities improve lighting at water services to promote GBV prevention and mitigation. GBV prevention programming at the community level can also engage with the education sector and work to prevent GBV in schools.

## Challenges with systems, processes, policies, and procedures

Some challenges to a survivor-centered approach are embedded in national systems and institutions over which GBV organizations may not have control. Two of these are NIMS and mandatory reporting laws or policies.

### 1. National information management systems and other reporting systems

Protecting data and appropriately reporting on incidents of GBV can be incredibly challenging. No individual case data should ever be reported into a national reporting system or information management system that cannot guarantee data protection, anonymization, and aggregation of incidents. The presentation of data should ensure the safety of survivors. All reports should include aggregated data rather than specifics about reported incidents. Personally identifying information should never be entered into reporting systems. GBV programs can work with governments and national reporting systems to sensitize them to the issues relating to confidentiality, safety, and ethics of reporting on GBV, and provide resources about information management systems that are specifically designed for GBV programs.<sup>18</sup>

### 2. Mandatory reporting laws and policies

Mandatory reporting laws and policies are often well-intentioned, with the aim of protecting survivors of GBV and holding perpetrators accountable for their crimes. However, implementing these laws often poses significant risks to survivors. Any policy that limits the ability of the survivor to freely access and choose from the widest possible array of actions is not survivor-centered. For example, in some countries, when survivors report a sexual assault at a medical facility they are required to report to police. In contexts where the justice system is likely to blame a survivor for the assault, it may not be in the survivor's best interest to report to police. However, the survivor may need medical care, including post-exposure prophylaxis for HIV, as well as for other sexually transmitted infections and pregnancy. Service providers should be prepared to discuss with survivors how the policies may affect their ability to access certain services. Helping survivors make informed choices and understand the risks and benefits of reporting to law enforcement, even if the choices themselves are flawed, is an element of a survivor-centered approach.

## Checklist

The following checklist is relevant to all organizations that address GBV, whether as a part of programming or in standalone initiatives.

For each action item, links to resources are provided for additional information.

✓	Action Item	Resources
<b>Engage locally-led women's rights organizations and other groups working on GBV and human rights.</b>		
	Engage women and GBV organizations and others in program design; implementation; and monitoring, evaluation, and learning.	Raising Voices. <a href="#">SASA! Activist Kit for Preventing Violence Against Women and Girls</a> . n.d. International Medical Corps and International Rescue Committee. <a href="#">Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings</a> . 2020.
<b>Assume program participants and organizational staff include survivors of GBV, whether or not they have self-identified as survivors.</b>		
	Train <b>all</b> staff in psychological first aid or other basic helping skills.	International Federation of Red Cross and Red Crescent Societies. <a href="#">A Guide to Psychological First Aid for Red Cross and Red Crescent Societies</a> . 2018.
	Train staff in basic principles and approaches of trauma-informed programming.	Substance Abuse and Mental Health Services Administration. <a href="#">SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach</a> . 2014.
<b>Develop and implement standard operating procedures, safeguarding policies, and ways of working.</b>		
	Promote safety planning.	UNICEF. <a href="#">COVID-19: Create your safety plan in case of domestic violence</a> . 2020. Raising Voices. <a href="#">Infographic: Violence is never okay. You have a right to feel safe. Try...</a> 2020.
	Create and implement prevention of sexual exploitation and abuse policies and feedback mechanisms.	USAID. <a href="#">Policy On Protection From Sexual Exploitation and Abuse (PSEA)</a> . 2020. Save the Children. <a href="#">Creating An Inclusive and Accessible Feedback and Reporting Mechanism</a> . 2020.
	Develop processes for data management of GBV survivor data.	Knowledge, evidence and learning for development Helpdesk report. <a href="#">Documentation of Survivors of Gender-Based Violence</a> . 2021.
<b>Map GBV programming and survivor resources and develop referral networks.</b>		
	Conduct referral mapping.	Raising Voices. <a href="#">SASA! Together: An Activist Approach for Preventing Violence Against Women</a> . 2020. GBV Area of Responsibility. <a href="#">Supporting Service Delivery</a> . 2019.

✓	Action Item	Resources
	Conduct knowledge, attitude, and practice studies with key sectors (health, safety, justice, mental health, and psychosocial support).	UN Women. <a href="#">Assessing Providers' Level of Knowledge, Attitudes and Practices (KAP) Related to Violence Against Women and Girls</a> . 2011.
<b>Train and work with staff to build their knowledge and skills, and to promote survivor-centered attitudes and practices.</b>		
	Develop and implement staff training and capacity building to ensure that staff develop knowledge, skills, and survivor-centered attitudes.	Raising Voices. <a href="#">Rethinking Domestic Violence: A Training Process for Community Activists</a> . n.d. The Prevention Collaborative. <a href="#">Training and Mentoring Community Facilitators to Lead Critical Reflection Groups for Preventing Violence Against Women</a> . 2018.
	Ensure staff have access to resources for wellness and resiliency promotion, and self-care.	Raising Voices. <a href="#">Guidance Note 3: How Can We Amplify Self and Collective Care?</a> 2020. Sexual Violence Research Initiative. <a href="#">Guidelines for the Prevention and Management of Vicarious Trauma Among Researchers of Sexual and Intimate Partner Violence</a> . 2015.
	Implement regular team-building activities that promote survivor-centered attitudes and practices across the organization.	Raising Voices. <a href="#">Creating an Organizational Culture for Social Justice Activism</a> . 2015. The GBV Prevention Network and Raising Voices. <a href="#">Get Moving! Facilitator's Guide, 2nd Edition</a> , 2012.
	Implement learning processes that provide opportunities for individual and group reflection.	International Medical Corps and International Rescue Committee. <a href="#">Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings</a> . 2020. Raising Voices. <a href="#">Rethinking Domestic Violence: A Training Process for Community Activists</a> . n.d. GBV Prevention Network. <a href="#">In Her Shoes Toolkit</a> . 2011.
<b>Strengthen multisectoral approaches to GBV.</b>		
	Promote active coordination across sectors.	<a href="#">GBV Area of Responsibility. Handbook for Coordinating Gender-Based Violence in Emergencies. Core Function #6: Supporting Advocacy 2019</a> .
	Conduct training on survivor-centered concepts for health providers, government agencies, justice actors, police, religious leaders, and others.	Global Protection Cluster and Inter-Agency Standing Committee. <a href="#">How to Support a Survivor of GBV When There Is No GBV Actor In Your Area</a> . 2015. ActionAid International <a href="#">Safety With Dignity</a> . 2010.

## Additional Resources

Many of the resources listed below were developed for the humanitarian sector, but they also can be useful in development programming. In adapting guidance from the humanitarian to the development sector, it is important to remember that in humanitarian settings, resources and referral networks are often more developed than in the development context. However, whether in humanitarian or development contexts, organizations can use this how-to note and the resources provided below to assess and strengthen a survivor-centered approach to GBV programming.

- USAID. [Guiding Principles for Working with Gender-based Violence Survivors](#). 2019.
- UNFPA and GBV Area of Responsibility. [The Inter-Agency Minimum Standards for GBV in Emergencies Programming](#). 2019.
- GBV Sub-Cluster (Turkey Hub- Syria) [Standard Operating Procedures for Gender-Based Violence Prevention and Response](#). 2018.
- Global Protection Cluster. [Responding to a GBV Disclosure as a non-GBV Specialist](#). 2016
- Dyanti, Y. and Sidzumo, C. [Survivor-Centered Approaches to Eradicating GBV](#). 2019.
- UN Women. [Virtual Center to End Violence against Women and Girls](#).

- Global Protection Cluster and Interagency Standing Committee. [GBV Pocket Guide. How to Support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area](#). 2015.
- [Putting the Individual First: The Importance of Survivor-Centered Approaches When Responding to Sexual Violence in Conflict](#)
- Raising Voices. [SASA! Together: An Activist Approach for Preventing Violence Against Women](#). 2020.
- [GBV Information Management Systems \(GBVIMS website\)](#)
- GBVIMS Steering Committee. [Interagency GBV Case Management Guidelines](#). 2017.
- IFRC. [IFRC Secretariat Policy on Prevention and Response to Sexual Exploitation and Abuse](#). 2018.

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- <sup>1</sup> Gender-Based Violence Area of Responsibility. The Inter-Agency Minimum Standards for GBV in Emergencies Programming, page 4. Available from: [16 Interagency Minimum Standards for GBV in Emergencies Programming Over 16 Days of Action Against GBV - GBV \(gbvaor.net\)](#)
- <sup>2</sup> Dyanti, Y. and Sidzumo, C. Survivor-Centered Approaches to Eradicating GBV: Centering Survivor Experiences, Intersectionality and Restoring Power. 2019. Available from: <https://www.culture-review.co.za/survivor-centred-approaches-to-eradicating-gbv>.
- <sup>3</sup> Ibid.
- <sup>4</sup> Decker, M.R., Wood, S.N., Kennedy, S.R. et al. Adapting the myPlan safety app to respond to intimate partner violence for women in low- and middle-income country settings: app tailoring and randomized controlled trial protocol. BMC Public Health 20, 808. 2020. Available from: [Adapting the myPlan safety app to respond to intimate partner violence for women in low and middle income country settings: App tailoring and randomized controlled trial protocol — Johns Hopkins University \(elsevier.com\)](#)
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- <sup>6</sup> [The Inter-Agency Minimum Standards for GBV in Emergencies Programming, page 12.](#)
- <sup>7</sup> United States Agency for International Development and U.S. Department of State. United States Strategy to Prevent and Respond to Gender-based Violence Globally. 2019. Available from: <https://www.state.gov/u-s-strategy-to-prevent-and-respond-to-gender-based-violence-globally-gbv-strategy/>
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