**Standard Operating Procedures for GBV Interventions in Humanitarian Settings**

**GBV SOPs Resource Package (2023)**

**ACKNOWLEDGEMENTS**

This GBV SOPs resource package replaces *Establishing gender-based violence standard operating procedures (GBV SOPs)* *for multisectoral and inter-organizational prevention and response to gender-based violence in humanitarian settings,* dated May 2008 and the UNHCR *Standard operating procedures for SGBV prevention and response* dated July 2006. The GBV SOPs development process was coordinated in partnership between UNHCR and the gender-based violence area of responsibility (GBV AoR).

This resource is the product of inter-agency collaboration and consultation with multiple actors at local, regional and global levels. The changes and additions made to the 2023 GBV SOPs Resource Package reflect the evolution of GBV programming over more than a decade, the outcomes of a survey and direct consultations with country-level, regional and headquarters staff and pilots in four settings involving refugees, internally displaced (IDPs) and stateless persons in Moldova, Columbia, Poland and Yemen. Draft versions of this guide were reviewed by GBV and other thematic technical experts from UN agencies as well as local, national and international NGOs and civil society organizations (CSOs). Collecting feedback from GBV practitioners from different operations was critical to making the resource an inclusive, operation-informed tool, based on established or emerging best practices. The resource also benefited from contributions from GBV sub-cluster /sub-sector coordinators and regional GBV advisors and specialists working with UNHCR and the GBV AoR.

The drafting of the revised GBV SOPs was supported by Inbal Sansani under joint overall management and support from Amel Amirali and Kathryn McCallister (UNHCR) and Tamah Murfet and Stefanie Lorin (GBV AoR).

The revision of the GBV SOPs was supported by the United States Government through the Bureau of Population, Refugees and Migration (PRM) Safe from the Start programme.

**Standard Operating Procedures for GBV Interventions in Humanitarian Settings**

**GBV SOPs Resource Package**

**Part 1: GBV SOPs Development Guide:** includes an overview of the SOPs development and revision processes. It discusses process initiation, coordination and contextualization in diverse contexts.

**Part 2: GBV SOPs template:** the SOPs template is the core document to be completed in a specific physical setting.

**Part 3: GBV SOPs Annexes**: should be completed, revised, or omitted as needed.

**Standard Operating Procedures for GBV Interventions in Humanitarian Settings**

**GBV SOPs Resource Package**

**Part 1: GBV SOPs Development Guide**

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# Introduction

The purpose of this GBV SOPs resource package is to support the development of standard operating procedures (SOPs) for gender-based violence (GBV) interventions in humanitarian settings.

**Why develop inter-agency SOPs?**

When multiple organizations are providing GBV prevention and response services in humanitarian settings, it is crucial to adopt a coordinated approach. GBV SOPs are specific procedures that are agreed among organizations in a particular context, outlining the roles and responsibilities of each actor in preventing, mitigating the risks, and responding to GBV. GBV SOPs support GBV and other humanitarian actors to coordinate and implement safe and accessible GBV response, risk mitigation and prevention interventions. GBV SOPs can be a powerful tool for creating shared ownership among local, national, and international actors, agreeing on ethical standards and legal frameworks and outlining the specific accountability of each actor.

GBV actors in a setting come together to develop single national or sub-national GBV SOPs. Sub-national GBV SOPs for a specific physical setting or location should be based on the main national SOPs document.

Individual organizations providing case management services complement the inter-agency SOPs with agency internal GBV case management SOPs. However, it is important to ensure that there is only one inter-agency SOPs document in each setting that defines the procedures around multisectoral GBV services, including GBV case management services.

This GBV SOPs resource package reflects the increasingly multisectoral nature of GBV interventions and addresses linkages among sectors that go beyond the basics of GBV response and toward comprehensive GBV programming.

**Table 1: Overview of GBV SOPs**

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| **What** | Standard Operating Procedures (SOPs) for GBV interventions (GBV SOPs) |
| **Who** | GBV coordinators, GBV coordination group members and non-GBV actors and sectors. See section 3.3 for a full list of actors that can participate in the GBV SOPs development process. |
| **When** | As soon as possible in an emergency setting; as standard on-going practice in all humanitarian settings; as context changes in development settings; as part of preparedness planning if possible. |
| **Why** | Coordinated efforts are essential for promoting safe and accessible GBV services, preventing and mitigating the risk of GBV. |
| **Where** | In all humanitarian contexts in which GBV programming is implemented, including in refugee, internally displaced, migrant and mixed settings. In nexus and development contexts, where existing frameworks, action plans and procedures do not adequately cover the needs of survivors and those at risk of GBV among affected people. In this case, existing processes and procedures should be identified first to work toward alignment and avoid duplication.  |

What is new in the updated GBV SOPs resource package?

* This GBV SOPs resource package is intended for use in a variety of humanitarian response settings, including those **supporting refugees, internally displaced (IDPs) and stateless persons and mixed populations**. Although it focuses on humanitarian settings, the content can be used in contexts where there are both humanitarian and development interventions.
* It includes sections on risk mitigation, preparedness, and coordination. These are included to outline the expectations and commitments of different actors. The GBV SOPs development process is an opportunity to ensure that all actors and stakeholders are aware of coordination mechanisms, available resources, and responsibilities.

The GBV SOPs resource package is not a ’’how-to” manual for all GBV programming. Rather, it should be used alongside complementary existing technical resources. Each section of the template includes references to relevant technical resources.

To keep the GBV SOPs accessible and user-friendly, the information in the document should be kept to a minimum. For example, if the GBV coordination group has completed terms of reference and workplans, it is better to provide a link to these documents in the GBV SOPs rather than including the full text.

The GBV SOPs put women and girls at the centre, in response to structural and systemic gender inequality and discrimination that lead to their higher risk of experiencing GBV and their lack of safe and equitable access to humanitarian assistance. For this reason, the GBV SOPs use female pronouns except in sections that apply specifically to men and boys.

# How to use the GBV SOPs resource package

This GBV SOPs resource package has three parts:

**Part 1**, the **GBV SOPs development guide**, includes an overview of the GBV SOPs development or revision process and essential aspects to consider for each phase of development.

**Part 2** is the **GBV SOPs template**. This is the main document to be completed and contextualized in the relevant context.

**Part 3**, the **Annexes**, includes forms and guidance to support both the development of GBV SOPs and GBV programming. These should be completed (e.g. the GBV SOPs workplan), adapted (e.g. the forms) or omitted as relevant.

# How to develop inter-agency GBV SOPs

The development of GBV SOPs involves collaboration, coordination, inter-organizational and cross-sectoral exchange, as well as community participation and negotiation. The purpose of a collaborative process is to increase all participants’ understanding of how to respond to, mitigate and prevent GBV in a particular setting, agree on common procedures and create ownership. The **process** for developing the SOPs is hence an important intervention.

## Leadership and coordination of GBV SOPs development

The GBV coordinator(s) (or person(s) covering this function) are responsible for initiating GBV SOPs development on behalf of the GBV coordination mechanism and its members, for managing negotiations and revisions for the GBV SOPs and for monitoring its functioning over time.

UNFPA is the lead agency of the GBV AoR, within the global protection cluster led by UNHCR, under the IASC coordination structure. UNHCR is the lead on implementation of the refugee coordination model in refugee settings together with national authorities (see also section 9 in the SOPs template). Coordination arrangements for mixed settings are set out in the [Joint Note on Mixed Situations.](https://psea.interagencystandingcommittee.org/resources/joint-unhcr-and-ocha-note-mixed-situations-coordination-practice)

If there is no operational GBV coordination system in the setting, GBV actors can initiate the GBV SOPs development process. A group of agencies and/or organizations focused on GBV service provision may form before a GBV “coordination body” is formally designated, particularly at the start of an emergency.

Where there is a national coordination mechanism with decentralized local structures, consider developing one set of national GBV SOPs and then contextualizing the local referral pathways in each sub-national location. In this case, it is important that GBV coordinators involve decentralized structures and local humanitarian and development actors when developing national GBV SOPs. In some cases, sub-national contexts may be different enough to require their own GBV SOPs.

### Coordination with governments

It is important to engage relevant government actors early in the development or revision of GBV SOPs. If the government is not leading the GBV coordination, involvement in SOPs drafting can vary from setting to another, ranging from active participation in the drafting process to endorsing the final document. It is important to share information with the relevant government actors to promote understanding of the importance of SOPs, the implications for different actors and support for implementation.

In contexts where national authorities do not adhere to humanitarian principles and obstruct protection or perpetuate abuse, it may be difficult or harmful to engage authorities in SOPs development. The approach to working with government actors is decided on a case-by-case basis, based on an in-depth understanding of the context, to ensure that assistance is provided in line with both humanitarian principles and a “do-no-harm” approach.

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| **Highlight: Alternative SOPs title**In some contexts, the use of GBV standard operating procedures as a title can create confusion or pushback from government counterparts, particularly where GBV-related terminology and interventions are less accepted. In such situations, different titles have been used to promote acceptance, for example “Guidance for Humanitarian Actors” rather than SOPs. |

### Coordination of GBV SOPs development process in mixed settings

In “mixed settings” – i.e. where there are different categories or affected populations (e.g. both refugees and IDPs or migrants and host community members) – it is recommended to develop one set of GBV SOPs to cover all populations.

Where more than one coordination structure is operational, the relevant coordination bodies decide together who is best placed to (co)-lead the development of GBV SOPs. This decision should be informed by each actor’s mandate and capacity (including technical capacity, funding, staff, etc.) and ensure equal and safe access for all populations. Where possible, joint coordination and leadership of this process should be considered.

## GBV SOPs development process phases

The GBV SOPs are developed in consultation with a diverse group of actors and agencies
(see section 3.3 Participants in GBV SOPs development process). The SOPs development process can be led by GBV coordinators in the context or delegated to an organization member of the GBV coordination group. This section outlines a phased approach to the development of GBV SOPs.

Step 1: Prepare for GBV SOPs development

In preparation for the SOPs development process, GBV coordinators[[1]](#footnote-2):

* Gather any existing SOPs, guidance, national strategies or action plans that address GBV prevention, risk mitigation or response in the given context.
* In contexts where collaboration with national authorities is possible, safe and ethical,
and where GBV national strategy, action plan or other documents exist:
* Initiate discussions with authorities on SOPs development or review as early as feasible.
* Clarify differences and similarities between existing GBV documents and this resource package.
* Determine the extent to which the existing GBV SOPs or other documents are aligned with GBV minimum standards, accurately reflect the current context and capacities and include different aspects of response services.
* Determine whether to revise, adapt or build on existing SOPs or documents, including addressing barriers to equal access and inclusion, such as for forcibly displaced and stateless persons.
* If the revision of existing documents requires long-term investment in terms of resources, time and negotiation, discuss with authorities the possibility of developing practical interim GBV SOPs based on this resource package.

Step 2: Convene a GBV SOPs reference group and develop a workplan

GBV coordinators convene a small core group – the GBV SOPs reference group – to facilitate the development of GBV SOPs and keep it moving forward.

GBV coordinators convene a group of diverse participants based on the actors’ roles and profiles and assess how to maximize safe participation by community organizations and representatives. The GBV SOPs reference group should include approximately 5-10 people.

The reference group (RG) drafts a work plan[[2]](#footnote-3) and identifies who should be involved in the development of GBV SOPs (see section 3.3 for guidance on who to engage during the different steps). The workplan should include a training for GBV and non-GBV actors on basic GBV concepts, including using the GBV guiding principles, GBV minimum standards (2019) and IASC GBV Guidelines (IASC 2015),[[3]](#footnote-4) as necessary.

The reference group coordinates with all identified relevant stakeholders and advises on the upcoming GBV SOPs development or revision and the importance of their participation.

Step 3: Conduct situational analysis and/or service mapping

GBV coordinators review available research and documentation to gather information about GBV needs, risks, available resources, services and gaps.

This may include:

* Information from inter-agency and agency-specific assessment reports
(e.g. multisector initial rapid assessment, data from the GBV information management system (GBVIMS), safety audits and focus-group discussions).
* Service mapping, situational analysis or secondary data review.

If sufficient information is not available, GBV coordinators oversee rapid situational analysis including, if needed and possible, safety audits and focus-group discussions.

Step 4: Share the workplan, situational analysis and service mapping.

GBV coordinators invite other key actors involved in GBV response, mitigation and prevention efforts to a meeting or workshop to review and provide input to the reference group’s draft plan for developing the GBV SOPs.

GBV coordinators share the situational analysis and this SOPs resource package (guide, template and annexes) with the actors who will be involved in developing the GBV SOPs. GBV coordinators or reference group initiate individual or group discussions to engage actors and encourage participation.

Step 5: Facilitate GBV SOPs template review and revision meetings

GBV coordinators facilitate a series of meetings to go through the GBV SOPs template by section. This must be inclusive, participatory and transparent to build relationships and commitment among actors.

These discussions must be carefully facilitated to stay on track and maintain balance between ensuring timely development of GBV SOPs and adequate engagement of all relevant actors. Meetings and process have to be results-oriented and engaging to ensure sustained participation.

At this stage, GBV coordinators share information about the development of GBV SOPs with relevant clusters/sectors, in particular health and child protection, to ensure alignment of procedures across actors.

The use of technology may increase access to the GBV SOPs development process and make it more inclusive, for example through remote or virtual discussions online or by phone. The GBV coordinators should pay attention to any stakeholders who may not have access to technology and use multiple communication and meeting methods to expand participation. It may also be necessary to support those with less access to technology, for example by allowing them to use the office of an organization or agency with internet or phone access.

The reference group or a designated member, summarizes and documents key decisions and revises the GBV SOPs template after each meeting to reflect decisions and agreed procedures.

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| **Case Study: Engagement of local actors in the SOPs development process** In Libya, the GBV sub-cluster (GBV SC) designed a participatory consultation/data collection exercise to complement available information on GBV services and clarify mandatory reporting and clinical management of rape (CMR) practices and regulations to inform GBV SOPs development. Local GBV actors providing GBV response services in Libya were part of the GBV SOPs task force. With the objective of strengthening meaningful participation of key GBV stakeholders and leveraging the operational footprint and contextual knowledge of actors on the ground, the GBV SOPs task force jointly developed several questionnaires to inform different sections of the GBV SOPs and appointed local sub-cluster members as focal points to undertake data collection. Focal points consulted key stakeholders, such as officials of relevant line ministries, CSOs and international non-governmental organizations (INGOs) and presented findings back to the sub-cluster during a validation workshop, which brought together all relevant stakeholders. This participatory approach helped clarify procedures amongst sub-cluster members and enhance engagement of external stakeholders. It increased ownership of the SOPs amongst GBV sub-cluster members and created leadership opportunities for local actors. |

Step 6: Finalize the GBV SOPs

The reference group completes the GBV SOPs based on all discussions and feedback. When all sections are complete, GBV coordinators distribute the draft version to all participating actors and invite them to a final meeting to review the draft.

Step 7: Sign the GBV SOPs

GBV coordinators ensure that appropriate and inclusive procedures for signing the SOPs are in place, depending on the context. This might include a reception or other event where the heads of agencies and organizations sign the document on behalf of their agency/organization to demonstrate their commitment to the GBV SOPs.

Step 8: Share the GBV SOPs

GBV coordinators present and share the final GBV SOPs with GBV coordination group members. Each signatory agency presents and disseminates the GBV SOPs with their staff to support that agency’s role in upholding the procedures outlined in the GBV SOPs.

As part of the dissemination process, GBV coordinators should:

* Facilitate orientation sessions or training for GBV and other actors in the setting on the GBV SOPs, including referral pathways.
* Organize periodic trainings to respond to emerging needs and priorities among service providers and any other actors whose agencies are signatories to the GBV SOPs.
* Share the final GBV SOPs with humanitarian actors, including humanitarian leadership and relevant cluster/sector leads.
* Share the final GBV SOPs or key elements as relevant, with community representatives, women-led organizations (WLOs) and women’s rights organizations (WROs) and with youth-led organizations in the format most relevant to the audience.
* Share information on accessing GBV services through community outreach activities (see section 3.7).

Step 9: Conduct periodic updates of GBV SOPs

GBV coordinators initiate regular reviews of the GBV SOPs, including service mapping and referral pathways as needed to ensure these remain updated, accurate and comprehensive.

GBV coordinators review the GBV SOPs between six and nine months after they are first developed. After that, reviews are usually done annually or on ad hod basis in case of significant changes in the context or capacity of actors to respond (e.g. new emergency, large decrease in funding, influx of new actors). These reviews broadly follow the steps outlined above. However, they may be less extensive if there are no significant changes in the context and response.

GBV referral pathway should be regularly updated (based on updated service mapping) to reflect changes in service availability or to improve usability, separately from reviewing the rest of the GBV SOPs. Feedback from communities, particularly women and girls, should be included in this process, as well as feedback on the accessibility and effectiveness of the referral pathway.

## Participants in the GBV SOPs development process

GBV SOPs are developed through a consultative process that should include a diverse group of actors and agencies, ranging from those who provide direct services to survivors or organizations that represent diverse groups of people to actors focused on risk mitigation or prevention activities.

Some meetings involve all actors; for example, during discussions on GBV case management, referral pathways and coordination mechanisms. Other meetings focus on sector-specific groups and/or participants involved in certain response, risk mitigation or prevention-related activities. However, information on the process should be shared regularly with all participants to ensure transparency.

The GBV SOPs development process should include the following types of actors:

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| **Type of Actor** | **Purpose of engagement** | **Example** | **Suggested part of RG (Y/N)** | **Notes** |
| GBV specialized actors | Service provision to survivors of GBV and targeted GBV prevention activities (beyond risk mitigation). | Case management, psychosocial, safety and security, legal aid, CMR in health sector, actors implementing GBV prevention activities. | Y | These actors have the most direct input into SOPs development process; one representative of each type of GBV response service participates in the reference group.  |
| Organizations and/or agencies that provide representation, services and/or advocacy for groups who face increased barriers to accessing services. | Representation, inclusion, advocacy. | Organizations of persons with disabilities (OPD), organizations supporting people with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)and organizations supporting older persons, UNHCR refugee case processing GBV focal points. | N | These actors are consulted to ensure that the needs and priorities of all groups are represented and that barriers to access are identified and addressed. |
| Representatives of other sectors. | Responsibility to integrate GBV risk mitigation into sectoral interventions (e.g. camp coordination and management (CCCM); water, sanitation and hygiene (WASH); food security, education and shelter and non-food items (SNFI), among others. |  | N | These representatives should be consulted to improve coordination and preparedness and further risk mitigation and other prevention-related efforts in the setting and ensure that the GBV SOPs are aligned with other policies and procedures. |
| Focal points from agencies, organizations or coordination structures with cross-cutting roles. | Areas intersecting with GBV for service provision and coordination that need to be aligned  | Child protection, mental health and psychosocial support, (MHPSS), protection from sexual exploitation and abuse (PSEA)and anti-trafficking and gender in humanitarian action (GiHA). | Y | Consult these focal points when developing the GBV SOPs to ensure they are aligned with other policies and procedures and avoid duplication. Inclusion of these focal points may vary depending on the context.  |
| Local organizations. | Various GBV responsibilities, including service provision, advocacy and capacity development. | WLOs and WROs, civil society organizations, women’s activists, youth-led organizations, organizations led by displaced and stateless persons and other organizations representing at-risk groups. | Y | GBV coordinators and SOPs reference group promote the inclusion and participation of WLOs and WROs in the GBV SOPs development process by supporting potential participants with access needs (e.g. transportation, childcare, internet access, etc.). |
| Communities. | Consult when developing the GBV SOPs and share the final document with them (especially referral pathways, access points and feedback mechanisms). | Community leaders and members representing diverse groups of people. | N | Support or establish inclusive channels to consult with affected people, building on preferred and trusted communication channels. |
| Local and/or national government representatives. | Government representatives who are (co-) leading a coordination group, play the role of GBV coordinators outlined in the steps above. Otherwise, they should be consulted in SOPs development.  | Relevant line ministry representatives.  | Y | Ideally GBV, gender or “women’s” focal points. Consider the safety of all GBV actors when engaging with government counterparts.  |

### Participation by women and girls

Women and girls should be engaged as active partners and leaders in influencing the humanitarian sector to mitigate and prevent GBV and support survivor access to quality services.[[4]](#footnote-5)

Participation by women and girls through regular feedback or accountability mechanisms is a mean of monitoring unintended harmful consequences of humanitarian programming.

Effectively engaging women and girls in the SOPs development process can take different forms. Depending on the context and available resources, women and girls can be included through:

* Consultancy: women and youth can be hired from the community to work on the drafting of the SOPs.
* Consultation: before and after the development of the SOPs to get their ideas for the development process and feedback/validation afterward.
* Regular review sessions with women and girls to monitor and evaluate SOPs. Where feasible, incorporate community involvement in the monitoring and evaluation of SOPs implementation.
* Inclusion of women-led organizations, in particular those from affected people where applicable, throughout the development process.

Information gathered by consulting with women and girls from the affected people informs the GBV SOPs and all GBV programming and supports access to services and GBV prevention and risk mitigation. The participation of women and girls, including through finding ways to ensure that those who are marginalized can share their voices safely, helps to improve the accuracy of monitoring and assessment data for a more effective, contextualized response.[[5]](#footnote-6)

Consultations and collection of information should be done in a safe and ethical manner,[[6]](#footnote-7) based on the ways in which women and girls prefer to communicate and engage. It may be necessary to establish different ways of engaging community stakeholders to ensure access and inclusion and to mitigate risk.

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| **Highlight: Overcoming constraints to participation by women and girls[[7]](#footnote-8)**When scheduling meetings or activities during SOPs development, consideration should be given to the time and location to ensure women and girls can participate safely and easily. To overcome constraints to the participation of women and girls, it is necessary to consider a number of factors: * Time and location of meetings and activities and how these are determined and communicated.
* Travel required (Is it safe? Is transportation available and accessible? How can the GBV programme actor support safe travel? Do arrangements have to be made so that adolescent girls, older women or women and girls with disabilities do not have to travel alone?).
* Mobility (Are women and girls free to move around and leave their homes/shelter? Should mobile units be created rather than expecting women and girls to move?).
* Compensation for time (i.e. in-kind compensation, such as food/drink or non-food items).
* Involvement of “gatekeepers” (e.g. community and religious leaders or others who may inhibit or enable access for women and girls) to facilitate the participation of women and girls.
* Safety, security and community acceptability of venues.
* Outreach strategies to ensure participation by women and girls (e.g. involving volunteers from target communities and providing childcare facilities); and
* Facilitation (Which groups of women and girls feel safe speaking with which facilitators and other group members?).
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# GBV SOPs development in acute emergencies

In an acute emergency, the first priority is to map services and establish a referral pathway to ensure access for survivors to GBV-specialized services as soon as possible. Where information on services or services themselves, are limited, the referral pathway that is first developed may not include all services.

In such situations, it is not realistic to develop comprehensive GBV SOPs quickly enough to meet immediate needs. Some sections in the GBV SOPs template require negotiation and discussion, which may not be possible or appropriate in the early stages of an emergency.

In this case, **preliminary GBV SOPs** that cover the most relevant and immediately needed sections of the GBV SOPs template should be developed (initiated within the first two months). These should be developed by health, psychosocial, case management and any other protection actors who will be providing services (e.g. safety/security and legal aid/access to justice actors).

**The existence of clear GBV SOPs is more important than how comprehensive they are.**

At minimum, preliminary GBV SOPs should include the following sections:

* GBV terms (section 1).
* GBV guiding principles (section 2).
* Key considerations for response services, including consent, disclosure and mandatory reporting (section 3).
* Safety audit and service mapping in the setting (section 4).
* A referral pathway (section 5).

In situations where GBV SOPs already exist for a state or country-level response, it may only be necessary to develop a referral pathway at a specific emergency or new response location to contextualize the broader state or national SOPs. For further guidance on SOPs development where national GBV strategies/ documents exist see section 3.2 GBV SOPs development process phases – step 1.

# GBV SOPs development in refugee settings

In refugee contexts, additional services related to refugee case processing will be in place. Refugee case processing, whether conducted by governments or UNHCR, covers registration, refugee status determination (RSD) and identification of durable solutions for refugee and asylum seekers.

The various components of refugee case processing have their own standards, objectives, good practices and guidelines. During the GBV case management process, a survivor might seek support to be referred to one of the refugee case processing components. In preparation for the development of SOPs in refugee settings, it is important to be aware of existing SOPs for these processes and ensure the identification and inclusion of focal points responsible for the services. This will ensure that the referral criteria and processes are adequately outlined in the GBV SOPs. This is important so that all actors are aware of the specific protection needs of and services available to asylum seekers and refugees so they will be able to give survivors a clear explanation of the services and processes during the informed consent process.

# Groups who face increased discrimination and barriers to access

In any setting, there are groups of individuals who are at increased risk and face additional and/or greater barriers to access response services than other members of the population.
This includes forcibly displaced and stateless women and girls, women and girls with disabilities, adolescent girls, older women, women, girls and others who menstruate, women and girls living with HIV and AIDS, sex workers, women and girls with mental health conditions, substance abuse issues and women and girls from ethnic and religious minorities. Other forms of discrimination that lead to increased risk of GBV include those related to diverse sexual orientations and gender identities, socioeconomic status, birth country and legal status, including statelessness and asylum status, religion and ethnicity – these intersect with gender-based discrimination to increase risk of GBV.

Efforts to address GBV should be alert to and promote the rights and needs of these groups. Targeted work with specific at-risk groups should be undertaken in collaboration with agencies or organizations that have expertise in identifying additional barriers and addressing the needs of these marginalized groups.

When developing the GBV SOPs:

* Relevant sections will need to include specific operational guidance[[8]](#footnote-9) on how to address the needs of these specific groups. Prompts are included in the template where this information should be included. The GBV SOPs template does not list every possible barrier, risk or potential discrimination to people we serve in each setting. Part of the GBV SOPs development process is to consider the specific barriers and risks in the setting to certain groups and all exacerbating factors.
* The GBV SOPs development process should include representatives of groups who are at increased risk of GBV and the organizations that support them (see section 3). It is important to engage with community members, particularly diverse women and girls, from the onset of a crisis, to identify, analyse and determine strategies to address intersecting forms of oppression that exacerbate the risk of GBV and create barriers to accessing GBV response services and meaningful and safe inclusion and participation.

Some of the groups that commonly face increased risk and barriers to access include but are not limited to:

## Adolescent girls

Adolescent girls are especially vulnerable to GBV. They experience elevated risks of restrictions posed by cultural practices, sexual violence, exploitation and forced marriage, but are often not specifically considered for provision of sexual and reproductive health care. Given their age, the risks of early pregnancy, lack of decision-making power, denial of resources and limited access to information and services – including education and health care – special attention must be given to removing barriers and facilitating their access to services. GBV specialized actors should commit to providing compassionate care and services that are accessible, acceptable and appropriate to younger and older adolescent girls.

## Women and girls with disabilities

Approximately 15 percent of any community may be persons with disabilities; this rises in humanitarian contexts where conflict and/or natural disasters result in new impairments from injuries and limited access to health care.[[9]](#footnote-10) Rates of violence in developed countries are 4 to 10 times greater among persons with disabilities than persons with no disabilities. This has significant implications for protection of women and girls in humanitarian settings.

Women and girls with intellectual disabilities are particularly vulnerable to sexual violence. Those with intellectual, psychosocial or physical disabilities who are isolated in their homes report rape and domestic and intimate partner violence. In addition, women and adolescent girls who disproportionately assume caregiving roles in households with persons with disabilities may be exposed to harassment and exploitation when seeking assistance or accessing income. Attitudes of families, GBV service providers and community members can be the biggest barriers or the greatest facilitators for persons with disabilities to access safe and effective services and assistance. Additional barriers that should be identified and mitigated include physical obstacles in accessing GBV services and inaccessibility and absence of alternative ways of facilitating information and communication (e.g. lack of trained sign language interpreters).

## Forcibly displaced and stateless women and girls

Over 43 million forcibly displaced and stateless women and girls are at heightened risk of gender-based violence[[10]](#footnote-11) due to challenges arising from conflict and displacement, legal status or lack of thereof, lack of documentation, language barriers and intersecting forms of discrimination.

Those challenges also hamper access by forcibly displaced women and girls to life-saving services for GBV survivors and other essential services such as education and livelihoods, creating additional barriers that can increase their vulnerability to violence, abuse and exploitation through riskier livelihood options.

Forcibly displaced and stateless women and girls also hesitate to disclose GBV incidents if reporting requires the involvement of authorities for fear of arrest, deportation, detention, discrimination and/or further ill-treatment.

## Individuals with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)

Individuals with diverse SOGIESC may be among the most isolated and at-risk individuals in a community due to discrimination and threats of family and community rejection and harm. In all humanitarian settings, those who do not conform to proscribed heteronormative gender roles are at risk of persecution, discrimination and violence as a result of their real or perceived sexual orientation, gender identity or gender expression. Caregivers may abuse children who display non-conforming sexual orientation and gender identities and force them into heterosexual marriages.

## Older women[[11]](#footnote-12)

GBV against older women is widespread yet mostly hidden. Worldwide, almost half of older women live alone due to being widowed, divorced or never married. Older women isolated from friends, family and community have a threefold risk of exploitation and often limited access to services or support. GBV against older women occurs in multiple, often intersecting forms by perpetrators who may include intimate partners, family members (including female and male adult children), caregivers or members of the wider community. For older women and survivors of sexual assault, the health consequences and resulting injuries are often more severe. Age can impact women’s health-seeking behaviour and access to services, which in turn means that the harmful health consequences for GBV can go untreated and may worsen and that GBV continues and increases in frequency and severity.

## Adolescent boys and adult men survivors of sexual violence[[12]](#footnote-13)

Men and boys also experience rape and other forms of sexual violence, but this is not always acknowledged or well understood. Sexual violence inflicted on men can be used as a tactic of war to disempower, dominate and undermine traditional concepts of masculinity. As for women and girls, entrenched social, cultural and religious norms, including taboos around sexual orientation and masculinity, may stigmatize male survivors, evoke feelings of shame and prevent men and adolescent boys from disclosing incidents or seeking services. Sexual violence can cause significant and long-lasting impacts on the physical, mental and sexual health and well-being of male survivors and their families. It is important that multisectoral services targeting male survivors also exist. Male survivors have specific needs regarding treatment and care that should be addressed by health care providers who are trained to identify indications of sexual violence in men and boys and offer care that is survivor-centred, non-stigmatizing and non-discriminatory.

## Children survivors of GBV

Children are more vulnerable than adults to abuse due to their mental, psychological and physical development and limited participation in decision-making. In emergencies, systems that protect children, including family and community structures, often break down. Children may be separated from their families, placing them at even greater risk. Specific measures should be implemented to protect children from the risk of GBV at home, school, online and in the community.[[13]](#footnote-14)

*For additional information on at-risk groups, please refer to the table “Key considerations for
at-risk groups” pp. 21-23 of the* [*IASC GBV Guidelines.*](https://gbvaor.net/sites/default/files/2019-07/Guidelines%20for%20Integrating%20GBV%20in%20Humanitarian%20Action%20IASC%202015.pdf)

# Technical guidance

This section lists essential GBV resources and materials to inform the content of the GBV SOPs and also support capacity strengthening. In addition, the GBV SOPs template itself includes specific suggestions for additional technical guidance and resources in relevant sections.

* GBV area of responsibility. [Handbook for coordinating gender-based violence interventions in emergencies](https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf) (2019).
* UNFPA. [*The inter-agency minimum standards for gender-based violence in emergencies*](https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf) *Programming (GBV minimum standards) (2019)*.
* Although the GBV minimum standards are the common reference document for emergency settings, the [Essential services package for women and girls subject to violence](https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2015/Essential-Services-Package-en.pdf) (UN Women, UNFPA, WHO, UNDP and UNODC, 2021) is often used in more stable development contexts and should be used as a reference where applicable.
* IASC. [*IASC guidelines for integrating gender-based violence interventions in humanitarian action*](https://interagencystandingcommittee.org/system/files/2021-03/IASC%20Guidelines%20for%20Integrating%20Gender-Based%20Violence%20Interventions%20in%20Humanitarian%20Action%2C%202015.pdf) *(IASC GBV Guidelines) (2015).*
* World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR). [Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings](https://apps.who.int/iris/bitstream/handle/10665/331535/9789240001411-eng.pdf?ua=1)(2019).
* WHO. [*WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*](https://www.who.int/publications/i/item/9789241595681)(2007).
1. Lead of GBV SOPs development process can be delegated to a specific organization, GBV coordinator used here for brevity. [↑](#footnote-ref-2)
2. It is good practice to integrate or link the SOPS workplan with existing GBV coordination group workplans. [↑](#footnote-ref-3)
3. The key resources for such training include the [Inter-Agency Minimum Standards for GBV in Emergencies](https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf) for GBV actors and the [IASC GBV Guidelines (2015)](https://interagencystandingcommittee.org/system/files/2021-03/IASC%20Guidelines%20for%20Integrating%20Gender-Based%20Violence%20Interventions%20in%20Humanitarian%20Action%2C%202015.pdf) for non-GBV actors. [↑](#footnote-ref-4)
4. [Inter-Agency Minimum Standards for GBV in Emergencies (2019)](https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf), p.19. [↑](#footnote-ref-5)
5. Ibid, p. 10. See also pp. 13-14 for considerations on overcoming constraints on participation by women and girls. [↑](#footnote-ref-6)
6. See, [WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies](https://www.who.int/publications/i/item/9789241595681), (2007). [↑](#footnote-ref-7)
7. [[Inter-Agency Minimum Standards for GBV in Emergencies (2020)](https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf), p.19](https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf) and 33. [↑](#footnote-ref-8)
8. See, e.g. [IASC Guidelines, Inclusion of persons with disabilities in humanitarian action (2019)](https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019). [↑](#footnote-ref-9)
9. [[Inter-Agency Minimum Standards for GBV in Emergencies (2020)](https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf)](https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf) , p. 27. [↑](#footnote-ref-10)
10. [UNHCR, Global Trends](https://www.unhcr.org/globaltrends.html#:~:text=At%20the%20end%20of%202021,most%20since%20World%20War%20II) (2022) (accessed 27 June 2023). [↑](#footnote-ref-11)
11. International Rescue Committee, [Inclusion of diverse women and girls, Guidance note](https://gbvresponders.org/wp-content/uploads/2021/01/IRC-Inclusion_Guidance-ENG-screen.pdf), 2020; See also GBV AoR Whole of Syria, [Gender-based violence prevention and response to older women in the whole of Syria](https://reliefweb.int/report/syrian-arab-republic/gender-based-violence-prevention-and-response-older-women-whole-syria), 2020. [↑](#footnote-ref-12)
12. GBV AoR. [Guidance to gender-based violence coordinators addressing the needs of male survivors of sexual violence in GBV coordination](https://gbvaor.net/sites/default/files/2021-11/Guidance%20Note%20Male%20Survivors_FINAL29.9.21.pdf) ; see also Women’s Refugee Commission, various resources and guidance on “Sexual Violence against Men and Boys”, available at www.womensrefugeecommission.org/focus-areas/sexual-gender-based-violence/sexual-violence-against-men-and-boys (accessed 27 June 2023). [↑](#footnote-ref-13)
13. See International Rescue Committee and UNICEF, [Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings](https://gbvresponders.org/wp-content/uploads/2014/07/CCS-Guidelines-lowres.pdf), 2014 (accessed 27 June 2023). [↑](#footnote-ref-14)