

This resource accompanies CARE's [GBV Guidance for Development Programs](#) and CARE's [GBViE Guidance Note](#).

GBV principles & approaches

Roles and Responsibilities of GBV and Non-GBV Specialists

This resource outlines the specific roles and responsibilities of both GBV specialists and staff who are not GBV experts.

ALL staff who interact with affected populations have the responsibility to:

- Act intentionally to **mitigate the risks** of GBV
- Respond compassionately and appropriately to **disclosures of GBV**.

GBV risk mitigation actions can be performed by non-GBV specialist staff. **GBV prevention** interventions should be guided by GBV specialists and supported by all program staff. **GBV response** should be provided by GBV specialists.

A GBV specialist is a professional with specialized GBV knowledge and expertise. They have received GBV-specific professional and/or academic training, and/or have considerable experience working on GBV.

GBV specialists

GBV specialists with high quality, relevant training can do all the above. Their role may also include:

- Identifying specific needs of GBV survivors.
- Designing, implementing, monitoring and evaluating GBV prevention or response interventions.
- Ensuring interventions meet required standards through training and following standard operating protocols (SOPs).
- Assessing the quality of GBV referral services.
- Conducting GBV case management
- Conducting GBV training for staff or partners.
- Conducting MEAL activities and GBV data collection

Staff supporting GBV interventions in development programs should refer to CARE's [GBV Guidance for Development Programs](#). Staff in humanitarian settings should refer to the IASC [GBV Guidelines](#).

Some GBV interventions require specialist knowledge and skills. GBV specialists must have the following core competencies:

- Understand and applies a survivor-centred approach, including GBV Guiding Principles (Safety, Confidentiality, Respect, Non-discrimination).
- Demonstrate commitment to gender equality.
- Promote and integrate gender analysis and mainstreaming into humanitarian programming.
- Exhibit empathy and positive interpersonal skills, including cultural competence.

See [Core Competencies for GBV Specialists](#) for further details.

Staff without specialized training on GBV should NOT engage in GBV-specialized research, programming, post-GBV care, certain kinds of service delivery or MEAL. Engaging in these activities without specialized training and expertise can inadvertently increase the risk of harm to both the survivor and the staff member. For example, an abuser could target the survivor or staff member for additional violence if an intervention is conducted without privacy and confidentiality.

Non-GBV specialists¹

GBV risk mitigation

All staff who are **not GBV specialists**, regardless of sector, must ensure that their programming is as safe and accessible as possible.

In consultation with women, girls, and populations at high risk of GBV (e.g., sex workers, LGBTQI+ populations, incarcerated people, et al), non-GBV specialists should **identify GBV risks** and **take action to integrate GBV risk mitigation strategies** to reduce the risks of GBV.

Their role includes:

- Ensuring services do not cause harm.
- Identifying GBV prevalence through secondary data analysis, types, risks in the environment, and barriers to accessing services through basic, secondary gender analysis (e.g., a desk or literature review).
- Identifying, mitigating and reducing relevant project and sector-specific GBV risks.
- Seeking out local Women's Rights Groups and activists who can bring a gender lens and contribute their perspectives of potentials for harm of GBV.
- Conducting basic referral service mapping to develop (or update if one exists) a list of referral services.

In particular, non-GBV specialists working on social or gender norms should understand the changes in norms or behaviors their project seeks. They must identify how those changes have the potential to increase GBV risks and plan to mitigate these risks.

Example: A women's economic empowerment project pushes against gender norms prohibiting women from having control over financial resources. As a result, tensions in the home may increase, which increases the risk of GBV. A non-GBV specialist has a responsibility to identify the potential risk and plan to mitigate this, such as through activities which shift gender norms in positive ways to support both the project's outcomes and GBV-related outcomes.

Non-GBV specialists implementing development programs should follow the steps in CARE's [GBV Guidance for Development Programs](#) to mitigate risks and ensure they understand how to ethically respond to a disclosure of GBV.

Non-GBV specialists implementing projects in acute emergencies should refer to CARE's [GBViE Guidance Note](#) and the [GBViE Implementation Guide for Risk Mitigation](#).

¹ Adapted from Global Protection Cluster. IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action. GBV Risk Identification & Mitigation: the role of a non-GBV specialist in responding to a GBV disclosure. 2016

Responding to disclosures of GBV

If someone discloses their experience of GBV, staff should:

- Know how to safely support and listen to them without judgment.
- Provide accurate information on available GBV services and referral options.
- Know how to safely refer a survivor who chooses to seek support.
- Be aware that child survivors may have differing needs to adult survivors, and that referral pathways and reporting obligations can differ depending on age.
- Be aware of the reporting channels and reporting obligations for SHEA concerns, if the survivor discloses that their abuser is CARE staff or related personnel.

Staff in development settings should refer to CARE's summary of [DOs & DON'Ts when responding to a GBV disclosure](#) for further guidance and participate in [GBV first-line response training](#). Staff in humanitarian settings should refer to the IASC [GBV pocket guide](#).