

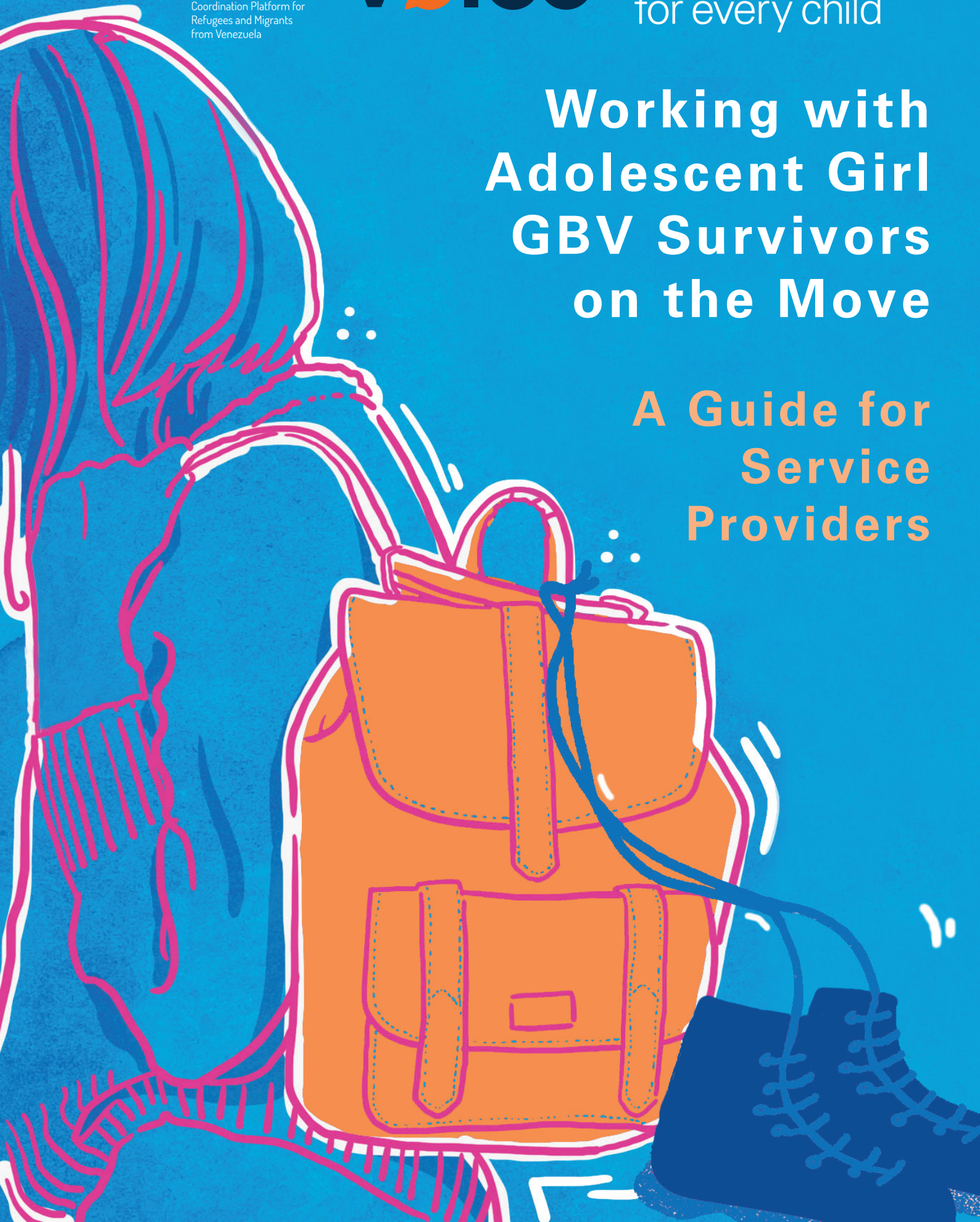
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**RESPONSE FOR
VENEZUELANAS**
Coordination Platform for
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from Venezuela

AMPLIFYING WOMEN AND GIRLS IN CRISES
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Working with Adolescent Girl GBV Survivors on the Move

A Guide for Service Providers



Working with Adolescent Girl GBV Survivors on the Move: A Guide for Service Providers

This Guide is designed for service providers in Latin America and the Caribbean (LAC) working with adolescent girls on the move who experience or are at risk of gender-based violence (GBV), with a particular focus on contexts of Venezuelan migration. The Guide complements existing guidance and resources and aims to strengthen GBV care and support in the region by addressing context-specific concerns.

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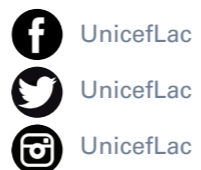


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Latin America and Caribbean Regional Office
Building 102, Alberto Tejada St.
Ciudad del Saber
Panama, Republic of Panama
PO Box: 0843-03045
Telephone: (507) 301-7400

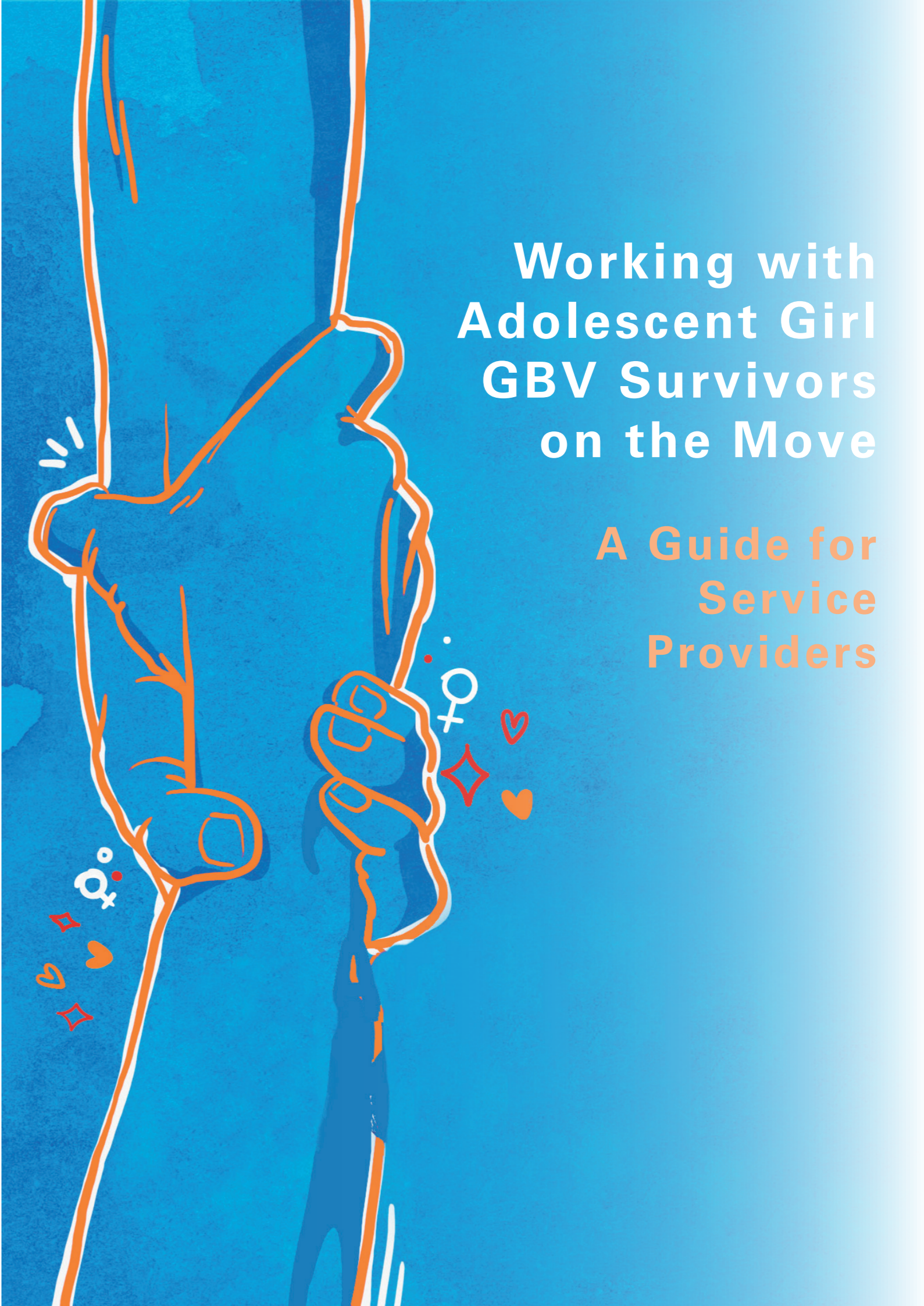
uniceflac@unicef.org
www.unicef.org/lac



CREDITS
Illustrations: UNICEF
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Introduction

This Guide is designed for service providers in Latin America and the Caribbean (LAC) working with adolescent girls on the move who experience or are at risk of gender-based violence (GBV), with a particular focus on contexts of Venezuelan migration.

The Guide complements existing guidance and resources and aims to strengthen GBV care and support in the region by addressing context-specific concerns.

This Guide will support you in:

1. Understanding the diverse experiences of adolescent girls, the risks of GBV they face, and barriers to getting assistance while on the move;
2. Ensuring effective communication with adolescent girls on the move;
3. Working with adolescent girls to reduce the GBV risks they face while on the move;
4. Adapting quality care and support for GBV survivors to adolescent girls in all their diversity and responding to the risks and barriers to assistance they face while on the move;
5. Understanding and using existing resources (tools, guidance, and training materials) to support these aims.

Focus on Adolescent Girls on the Move

This Guide focuses on working with adolescent girls, due to the additional risks and violence they face. Adolescent girls:¹

- Are less likely to have the lifesaving information, skills, and capacities to navigate the challenges and risks that come with displacement, compared to adolescent boys and adults;
- Face a unique set of violence-related risks, including sexual violence, harmful practices, and human trafficking;

- Are forced to assume roles and responsibilities that restrict their mobility and visibility, increasing their isolation and breaking bonds with their peers and with other social networks; and
- Account for an increasing proportion of displaced persons – but services are often not tailored to their specific needs and age, instead targeting adult GBV survivors or offering child- or youth-focused services that do not have a gender focus.

The combination of factors means that services must be tailored to adolescent girls' needs and experiences in order to serve them well and help them survive and thrive during times of crisis and displacement.

Adolescent girls on the move addresses all those affected by migration and displacement (on their own or with caretakers), namely:

- Those who are migrating within their own country or across borders;
- Those who are forcibly displaced within their own country and across borders;
- Those moving in a documented or undocumented manner, including those whose movement involves smuggling or trafficking networks; and
- Those who have reached a temporary or permanent destination, and those who have been or are in the process of being deported to their country of origin.

Though the primary focus of the Guide is on supporting those who interact with, and provide services to, adolescent girl GBV survivors, much of the content – particularly in Parts I and II – is relevant for all individuals who interact with adolescent girls in their work, whether or not the girls are known to have experienced violence.

For this reason, the Guide refers to more general experiences of adolescent girls in the early sections and develops a stronger focus on GBV survivors in later sections.

Rationale and Approach

This Guide is designed to complement existing materials and support service providers in LAC to provide specialized care and support to adolescent girls on the move. The geographic and demographic focus is prompted by the new and unique challenges arising in the LAC region, particularly in the context of mass movement of Venezuelan refugees and migrants, which may include a mix of those in transit, in a temporary or final destination, returning, and/or those moving back and forth ('pendular migration'). The Guide focuses on adapting services to support individuals in transit, as they often cannot benefit from traditional service delivery models that are designed for displaced populations in settlements. However, it also provides links to resources that support traditional delivery models and highlights how adaptations may differ between the two.

This Guide is informed by a desk review and consultations with regional stakeholders in November 2019. In response to their priorities, the Guide:

- Brings together existing resources so that those working with adolescent girls on the move can refer to everything they need in one place.
- Summarizes key principles and actions, and directs users to where they can find more information if they need it.
- Follows the Plain Language Principles,² using simple and jargon-free language as much as possible.
- Has a strong focus on how attitudes toward adolescent girls on the move can influence risk and services.
- Has a strong focus on adolescents' rights and how service providers can help to uphold them.

- Applies theory to practice by:
 - Exploring the experiences of three fictional adolescent girls, Sofia, Caribai and Mariana, with different identities and life experiences throughout the Guide (*See Box 1 below*); and
 - Showcasing existing and new tools that can be used with or for adolescent girls.
- Avoids repetition by referring to existing resources. However, the Guide does incorporate more information from resources that are not currently available in Spanish to make them more accessible to non-English-speakers.

Box 1: Bringing Theory to Life: The Stories of Sofia, Caribai, and Mariana

The three fictional case studies of adolescent girls below are used throughout the Guide to explore experiences, risks, barriers to services, and adaptation needs from a more concrete and intersectional point of view.



Sofia, Age 12

Family and accompaniment status: Traveling with her 19-year-old sister. Living with an intellectual disability. Lives in an informal settlement in Colombia, close to the Venezuelan border. Often travels back and forth between Venezuela and Colombia.



Caribai, Age 14

Family and accompaniment status: Married, traveling with her 22-year-old husband. Indigenous background, speaks limited Spanish. Permanently settled in Peru, but without formal immigration status and documents.



Mariana, Age 17

Family and accompaniment status: Traveling alone. Bisexual. Recently found out she is pregnant (due to sexual exploitation and abuse).

¹ Adapted from UNFPA and UNICEF, *Adolescent Girls Toolkit Iraq*, p.4. <https://gbvguidelines.org/wp/wp-content/uploads/2018/05/Adolescent-Girls-Toolkit-Iraq.pdf>

² Translators Without Borders, 2019. *Plain Language Principles*. <https://protection.interaction.org/wp-content/uploads/2019/09/Translators-without-Borders-Plain-language-principles-May-2019.pdf>

Target Audience

This Guide is designed for those who work with adolescent girls on the move – especially survivors of GBV – including government agencies, non-government organizations, and community-based organizations (especially women’s organizations).

This includes but is not limited to, those who specialize in GBV case management response (for example, social workers and managers); healthcare providers; legal or justice actors; child protection actors; those who provide more generalized protection support (for example personnel for Support Spaces,³ safe spaces, and mobile spaces); those who may encounter adolescent girls through their work, such as women’s rights organizations, socio-integration actors, or others providing support to girls on the move; and importantly, those community activists that have been at the forefront of raising awareness on protection issues and mobilizing (for example, women’s rights activists and indigenous leaders).

The Guide is intended to be useful for:

1. Those providing specialized GBV services, helping them to adapt their work to the needs and experiences of adolescent girls on the move; and
2. Non-specialized GBV actors, helping them to better understand the risk factors and experiences of adolescent girls, and how to interact with them in supportive ways.

It is not intended to replace existing guidance and resources, for example on GBV case management. Users of this Guide should have existing knowledge of gender, GBV, and response programming. *Those seeking other guidance should see the additional resources at the end of each section.*

Using the Guide

Each section (apart from Section 1) includes:

- Information on a key topic and its relevance;
- Guiding principles and approaches relevant to this topic;
- Considerations for the three case studies relevant to this topic;
- A summary of takeaway messages and actions under the headings Understand, Identify, Support, and Adapt; and
- Key tools and resources.

At the end of the Guide you will find a summary pull-out version of the takeaway messages and actions, as well as the considerations for Sofia, Caribai, and Mariana.



³ Support Spaces are a regional initiative supported by the Regional Inter-Agency Coordination Platform for refugees and migrants from Venezuela, which seeks to promote in a coordinated and joint manner a network of spaces where people receive information, orientation, and basic services that respond to their urgent needs. For more information, see R4V, *Support Spaces Factsheet*. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_-final.pdf

4.6 M APPROX. VENEZUELAN REFUGEES AND MIGRANTS IN LATIN AMERICA AND THE CARIBBEAN **5.4 M** TOTAL APPROX. VENEZUELAN REFUGEES AND MIGRANTS IN THE WORLD



This map is stylized and is not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Part I: The Basics

Part I provides an overview of gender-based violence (GBV), the profiles of those whom this Guide seeks to serve, and the risks they face.

Section 1: Setting the Stage

What's in this Section?

This section gives an overview of key concepts and terms that are fundamental to using this Guide.

This includes:

- What are the key terms I need to know before using this Guide?
- What drives GBV?
- What are the consequences of GBV?
- What is the framework for understanding GBV risks and interventions?
- What do GBV survivors need?
- Where can I learn more?

More information about these concepts can be found in resources outlined at the end of this section.

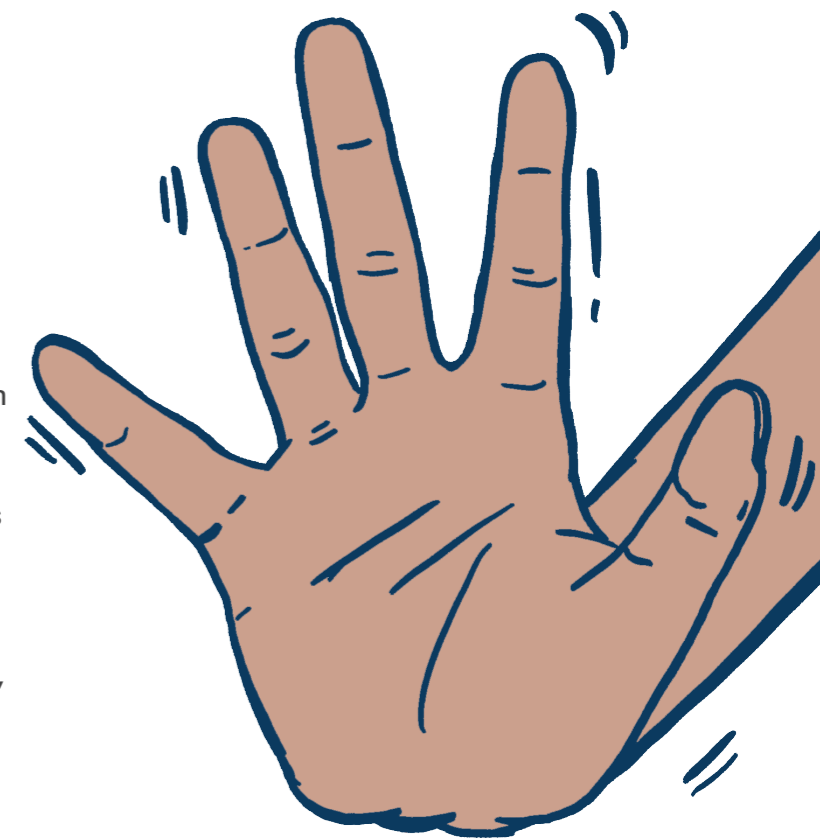


What are the Key Terms in the Glossary that I Need to Know Before Using this Guide?

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.⁴ Acts of GBV violate a number of universal human rights – and child rights for those under 18 – protected by international human rights instruments, such as the 1979 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), and regional instruments such as the 1994 Belém do Pará Convention. Further, most countries in Latin America and the Caribbean (LAC) recognize most forms of GBV as criminal acts in their domestic laws and policies.

Violence against children is an umbrella term for all forms of physical, mental or emotional violence, injury and abuse, neglect or negligent treatment, maltreatment, or exploitation of anyone under the age of 18, all of which violate the rights set forth in the Convention on the Rights of the Child (CRC).⁵ Violence against children includes acts of GBV and also encompasses a wider range of acts that inflict harm or suffering, such as the denial of the right to schooling, forced labor, or corporal punishment. GBV, however, uniquely describes those acts that are fundamentally driven by gender inequality, socially ascribed gender norms and/or abuses of power for the purposes of sexual gratification.

The term GBV is also increasingly used by some actors to highlight the gendered dimensions of certain forms of violence against men and boys – particularly some forms of sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and



femininity. This violence against males is based on socially constructed ideas of what it means to be a man and to exercise male power. It is used by men (and in rare cases by women) to cause harm to other men and boys.

As with violence against women and girls, this violence is often underreported due to stigma – in this case those associated with norms of masculinity (e.g. discouraging male survivors from acknowledging vulnerability or suggesting that a male survivor is somehow weak for having been assaulted).

Gender-based violence also includes violence against lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) persons, based on perceptions that they defy gender norms.

⁴ IASC, 2015, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p.5. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

⁵ UN General Assembly, Article 19, Convention on the Rights of the Child. <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

Table 1: Common Types of GBV Experienced by Adolescent Girls⁶

Denial of resources, opportunities or services	When someone prevents a person from receiving, owning, or using services, resources, and opportunities to which s/he has a right. For example, a girl not being allowed to go to school or to use contraceptives, or a girl's money being taken from her.
Domestic violence (DV) and intimate-partner violence (IPV)	Domestic violence: violence that takes place within the home or family (between intimate partners or other family members). Intimate-partner violence: any type of GBV that happens between intimate partners (married, cohabiting, boyfriend/girlfriend, or previously any of those things).
Emotional and psychological abuse	Creating mental or emotional pain, e.g. threats of violence, humiliation, isolation, sexual harassment, or destroying cherished items.
Femicide⁷	The killing of women and girls, by men, for reasons associated with their gender.
Forced and early marriage/unions	Forced marriage: Marriage of a person against her or his will. Early marriage/unions: formal marriage or informal union before age 18. Even though some countries allow marriage before age 18, international human rights standards classify these as child marriages. Early marriage/unions are a kind of forced marriage, as children are unable to give informed consent.
Obstetric violence⁸	Violence connected to pregnancy and childbirth, often by healthcare providers and intimate partners. This may include physical abuse, sexual violence, performing procedures without explanation or permission, non-confidential care, refusing care because of age or cultural/language background, and detention in facilities. It may also include forced pregnancy or forced abortion.
Physical assault	An act of physical (non-sexual) violence e.g. hitting, slapping, burning.
Rape	Physically forced or otherwise coerced penetration – even if slight – of the vagina, anus, or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.
Sexual assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.
Sexual exploitation	Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including profiting monetarily, socially, or politically from the sexual exploitation of another. Forced and/or coerced prostitution can fall under this category.
Sexual harassment	Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
Sexual violence	Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. This is an umbrella term that takes many forms, including rape, sexual slavery and/or trafficking, sexual harassment, sexual exploitation and/or abuse, and forced abortion.
Trafficking for the purposes of sexual exploitation	The recruitment, transportation, transfer, harboring, or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purposes of sexual exploitation.

⁶ Definitions are drawn from IASC, 2015, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p.321, with the addition of some GBV types commonly described in Latin America and the Caribbean (definitions not drawn from IASC are noted with references). Some definitions have been simplified or shortened.

⁷ Wilson TD, 'Violence Against Women in Latin America', *Latin American Perspectives*, 2014 (journals.sagepub.com/doi/abs/10.1177/0094582X13492143)

⁸ Bowser D, Hill K. 'Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a Landscape Analysis', *USAID/Traction Project*, 2010. Cited in WHO, 2017, 'The Prevention and Elimination of Disrespect and Abuse During Facility-Based Childbirth'.

What Drives GBV?

The fundamental causes of GBV are the "attitudes, beliefs, norms and structures that promote and/or condone gender-based discrimination and unequal power".⁹

A variety of other factors may contribute to and exacerbate violence under certain circumstances, including social and economic inequalities, impunity for perpetrators, alcohol and drug abuse, and conditions related to humanitarian emergencies (for example, the breakdown in law and order, and people in the community that help protect each other, as well as a lack of safe shelters and services.)

What are the Consequences of GBV?

GBV seriously impacts survivors' immediate sexual, physical, and psychological health, and contributes to greater risk of future health problems. Consequences of violence may be exacerbated for adolescents, particularly adolescent girls.

Adolescents often place a high importance on fitting in with their peer group, which can make them particularly susceptible to feelings of stigma and blame and may make it more difficult for them to come to terms with the violence they have experienced.

Adolescents can face serious social consequences once they are identified as survivors of sexual abuse, including rejection by their family and community, extreme social stigma, and the loss of educational and employment opportunities.

In some cases, adolescents are threatened with harm or even death in the event they tell anyone about the violence.

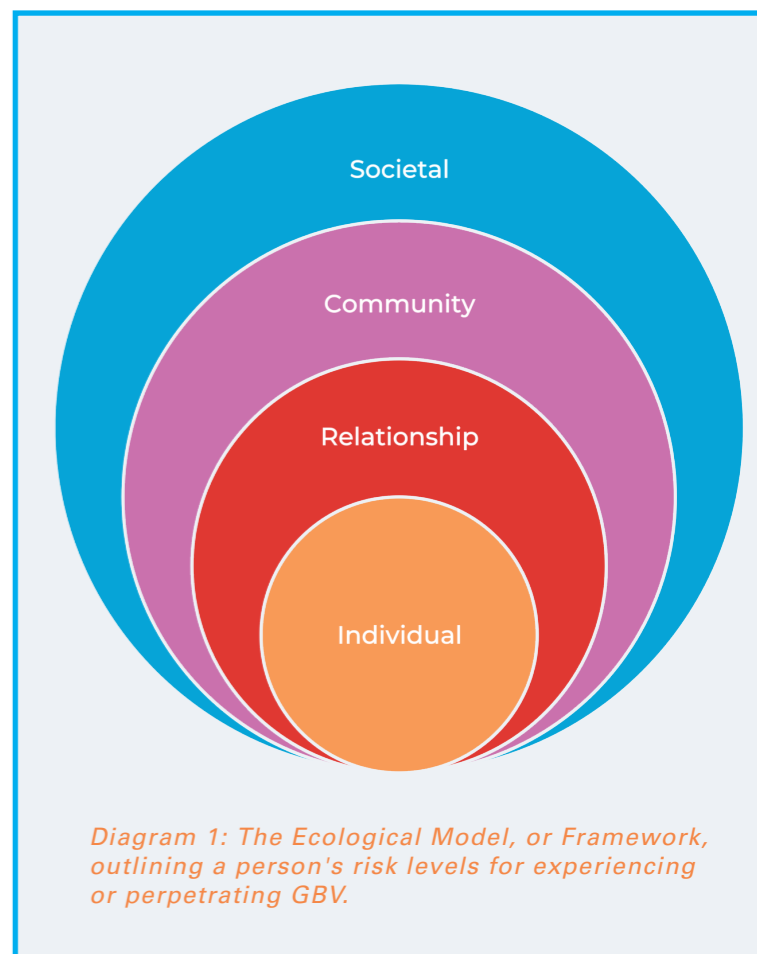
Pervasive GBV also reinforces existing power structures and gender inequality.

What is the Framework for Understanding GBV Risks and Interventions?¹⁰

The below ecological model, or framework (See Diagram 1), is a common way to understand the key factors that contribute to GBV risk and the levels at which prevention and response efforts should be targeted.

It outlines four levels of risk: individual, relationship, community, and societal. At each of these four levels, certain factors influence a person's likelihood of experiencing (or perpetrating) GBV.

The ecological model highlights the fact that strategies to address GBV must consider the complex inter-relationships of risk across these levels and should ideally identify risk factors and support protective factors at each level.



⁹ IASC, 2015, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p.9. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

¹⁰ Adapted from Heise et al., 1999, Krug et al., 2002, CDC, 2004, cited in UN Women, 2013, *The Ecological Framework*. <https://www.endvawnow.org/en/articles/1509-the-ecological-framework.html>

What do GBV Survivors Need?

GBV Case Management

Case management is the collaborative process that engages a range of individuals, organizations and services to support a survivor's immediate needs and long-term recovery.¹¹ It is a structured method that involves the responsible party working with the survivor to identify her needs and continued risks; for informing the survivor of all existing options to address her needs; and finally, organizing and following up on the coordination and delivery of all the existing services the survivor chooses to access. The primary responsibility rests with mandated government agencies, which can be supported by partners. In the case of children, case management should involve determining the best interests of the child through established formal processes and in coordination with the national authorities. One example is through the best interests determination (BID) process.¹²

Case management is effectively the foundation of GBV response; case managers hold the responsibility of helping survivors get the essential services they need according to their gender, age, ethnicity, and disability, as follows:

- Medical treatment and health care to address the immediate and long-term physical and mental health effects of GBV. This should include medical care for survivors of sexual assault and rape according to age (including initial examination, treatment of wounds, prevention of sexually-transmitted infections such as HIV and others, and prevention of unwanted pregnancy), treatment for injuries related to all other forms of GBV, mental health care, and health-related legal services, such as preparing documents and providing evidence for the police and the courts.
- Psychosocial care and support to assist with healing and recovery from emotional, psychological and social effects. This includes crisis care as well as longer-term emotional and practical support for the survivor and her/his family, information and advocacy, case management, and educating family members so that they can support the survivor to heal and recover. (These psychosocial support
- services are often provided through the case management process, or through other individual and group services provided by the same organization. A survivor can also be supported to identify family members and friends that can support them.)
- Options for safety and protection for survivors and their families who are at risk of further violence and who wish to be protected. This can include safe shelters, police, or community security (which could include restraining orders against perpetrators), relocation (including resettlement), or in the case of children, alternative care arrangements (in accordance with the best interests of the child.)¹³ When survivors or their guardians decline a referral to the safety or protection services of the state, they can access other case management services such as safety planning.
- Legal and law enforcement services that can promote or help survivors to claim their legal rights and protections. This includes access to justice through criminal investigation and prosecution, legal aid services, and court support, as well as information and assistance on documentation, regularization of migration status, and asylum-seeking. GBV survivors and victims of trafficking may be able to seek asylum on the basis of fear of persecution by the perpetrator of violence.¹⁴
- Education and livelihood opportunities to support survivors and their families to live independently and in safety and dignity. This can include referrals to existing livelihood and education programs or services, non-formal education, and adult learning options, and targeted economic interventions that can mitigate risks of GBV and foster healing and empowerment.
- Other protection services. In displacement situations, the lack of documentation and detention can expose survivors to considerable further risk. Planning for durable solutions, including resettlement, local integration and voluntary repatriation can contribute significantly to a survivor's safety, and should always be in line with a survivor-centred approach, and best interest considerations.¹⁵

Where Can I Learn More?

- Inter-Agency Standing Committee, 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
- 2017. *Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings*. <https://www.humanitarianresponse.info/en/operations/cameroon/document/interagency-gender-base-violence-case-management-guidelines>
- UNICEF, 2015. *Regional Guidance: Operationalizing the IASC GBV Guidelines in Latin America and the Caribbean*.
- UNICEF, 2019. *Gender-Based Violence in Emergencies: Operational Guide*. <https://www.unicef.org/sites/default/files/2020-05/Gender-Based-Violence-in-Emergencies-Operational-Guide-May-2019.pdf>
- UNFPA, 2019. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf
- World Health Organization, 2016. *INSPIRE: Seven Strategies for Ending Violence Against Children*. <https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children>

¹¹ The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, 2019, p.44. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf

¹² See more information at *Guidelines on Assessing and Determining the Best Interests of the Child*. <https://www.refworld.org/pdfid/5c18d7254.pdf>; *Inter Agency Guidelines for Case Management & Child Protection*. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

¹³ 'Alternative care' is any arrangement, formal, temporary, or permanent, for a child who is living away from his or her parents.

¹⁴ UNHCR, 2006, *Guidelines on International Protection No. 7*. <https://www.refworld.org/docid/443679fa4.html>

¹⁵ *Interagency Gender-Based Violence Case Management Guidelines*, p.24. <https://www.humanitarianresponse.info/en/operations/cameroon/document/interagency-gender-base-violence-case-management-guidelines>



Section 2: Adolescent Girls and Their Experiences on the Move

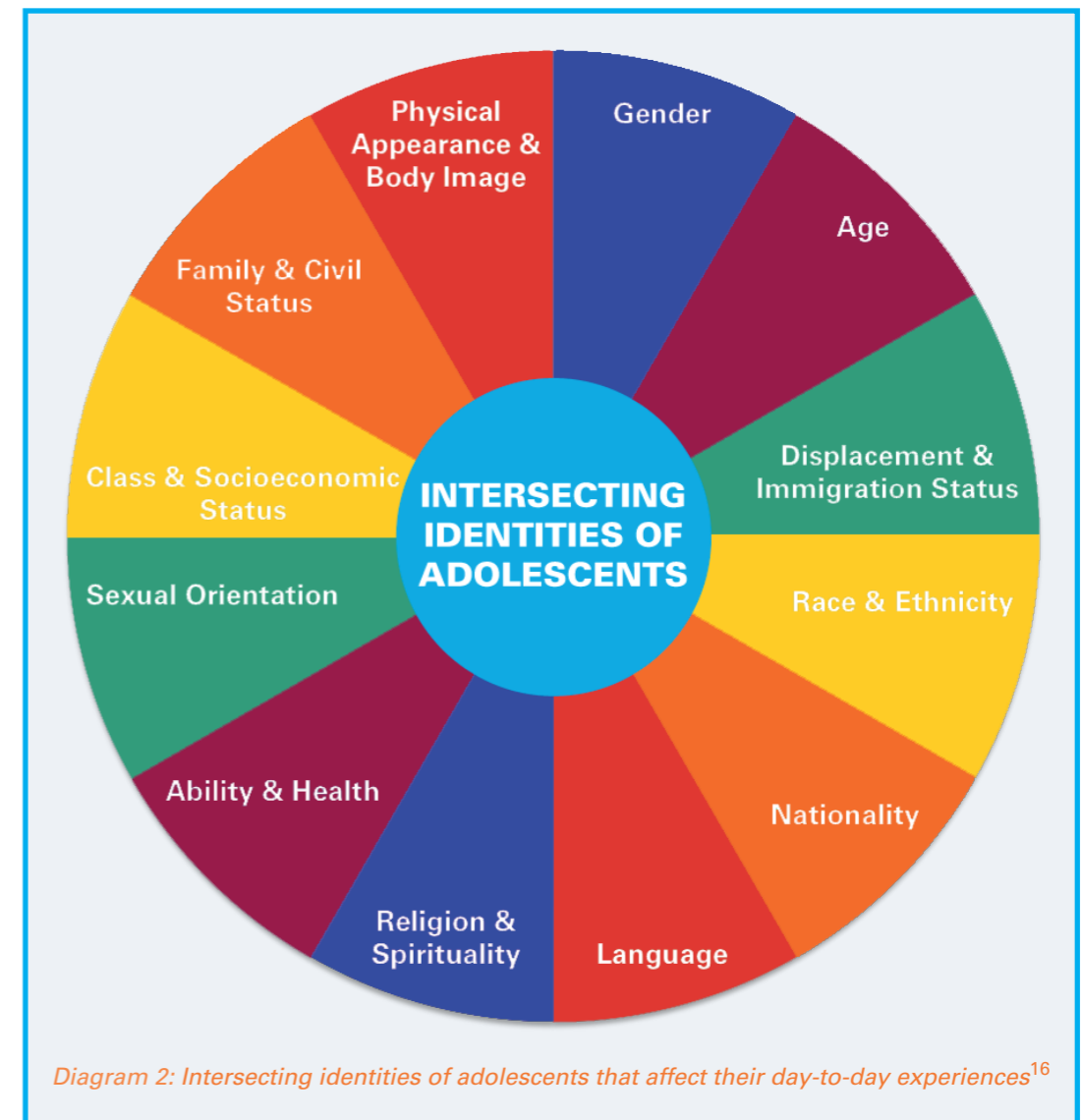
What's in this Section?

This section promotes a deeper understanding of the diversity and experiences of adolescent girls on the move in LAC:

- Who are adolescent girls on the move, and how does their identity and life experience influence their GBV risk?
- How do attitudes toward adolescent girls influence their experience on the move?
- Why should we challenge these attitudes and perceptions of adolescent girls on the move?
- What are my takeaway messages and actions from this section?
- Where can I learn more?

Who are Adolescent Girls on the Move, and How Does Their Identity and Life Experience Influence Their GBV Risk?

To work with adolescent girls in a way that supports and keeps them safe, we must first understand them. Adolescents are a diverse group, with different capacities, vulnerabilities, and priorities. Diagram 2, on the following page, shows the intersection of some of the aspects of an adolescent's identity and experience that influence the way they move through life. Each of these intersecting identities must be taken into account to keep girls safe and deliver the right services in the right way.



Gender

Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities, and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman, girl, man, or a boy in a given context. In most societies, there are differences and inequalities between women, men, girls, and boys in responsibilities assigned, activities undertaken, access to and control over resources, and decision-making opportunities.¹⁷

Gender can best be understood as a hierarchy rather than a binary concept – that is, roles and characteristics associated with a typical 'male' gender are the most highly valued and associated with control, resources, and decision-making opportunities. Characteristics associated with the 'female' gender are undervalued and associated with lack of control, resources, and decision-making opportunities. These limitations create particular risks for adolescent girls on the move, who are often forced to turn to others for transport and support, and face exploitation and abuse in the process. Transgender, non-binary, queer, and other individuals who are seen to not conform to traditional gender norms also face risks of violence and exploitation on the move and may be forced to hide their identity to avoid these consequences, avoiding authorities and formal channels.

¹⁶ Adapted from AAUW Diversity and Inclusion Toolkit, p.54. <https://aauw-pa.aauw.net/files/2012/02/DI-Toolkit-nsa.pdf>

¹⁷ IASC, 2015, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p.68. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

Age¹⁸

Adolescence is a time of critical development and transition. A 10-year-old is physically, emotionally, cognitively, behaviourally, and socially very different to a 19-year-old. These changes vary according to sex, with girls usually maturing earlier than boys.¹⁹

Table 2 below shows some examples of changes across different stages of adolescence. These vary with each individual and are provided as a reference.

These changes affect risks of violence as well as barriers to accessing services, opportunities, and the protective factors available to individuals. For example, younger adolescents may show an increase in risk-taking behaviour and may be less able to plan ahead than older adolescents, while older girls who are more physically mature may be more targeted for sexual violence and exploitation. Older girls may face additional responsibilities and risks related to early unions, pregnancy, or motherhood. Girls may not receive information in ways that they can understand according to their age.

**Table 2: Stages of Adolescence²⁰
Changes and Consequences**

Early Adolescence (10-14)	<ul style="list-style-type: none"> • Puberty onset – development of secondary sex characteristics • Girls look like mature women long before their brains fully mature • Learning strategies change • Social learning is more stimulating • Increased boredom and increased disengagement • Increased risk-taking • Rise in romantic interests • Less motivated by threats and punishments • Rewarding positive actions works best
Middle Adolescence (15-17)	<ul style="list-style-type: none"> • Puberty completed • More empathy • More resistance to peer pressure, though still sensitive to peer influence • Better working memory • Decision-making reaches adult capacity, but decisions tend to be short-term • Able to do things that need planning – e.g. using contraception, which needs an action now for benefit later • Increasingly able to regulate emotions and decrease distractions, allowing for better concentration and more rational decision-making • Better self-control • Social support becomes increasingly important
Late Adolescence (18-19)	<ul style="list-style-type: none"> • Resistance to peer pressure reaches adult levels • Susceptible to depression • Less influenced by fatigue and stress • Improved impulse control • Social networks and reduction of social isolation become increasingly important • Ability to make fully rational decisions if they are supported and encouraged

¹⁸ Adapted from UNICEF and IRC, *Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings*, p.32.

¹⁹ Ellsberg, M, Vyas, A, Madrid, B, Quintanilla, M, Zelaya, J, and Stöckl, H, 2017, "Violence Against Adolescent Girls: Falling Through the Cracks?" *Know Violence in Childhood, Ending Violence in Childhood Global Report 2017*. [https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Falling%20through%20the%20Cracks_Background%20Paper%20\(1\).pdf](https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Falling%20through%20the%20Cracks_Background%20Paper%20(1).pdf)

²⁰ Table adapted from International Rescue Committee, 2018, *Girl Shine: Advancing the Field: Designing Girl-Driven Gender-Based Violence Programming in Humanitarian Settings*. <https://gbvaor.net/sites/default/files/2019-07/Girl%20Shine%20Designing%20girl-driven%20GBV%20programs%20IRC%202018.pdf>

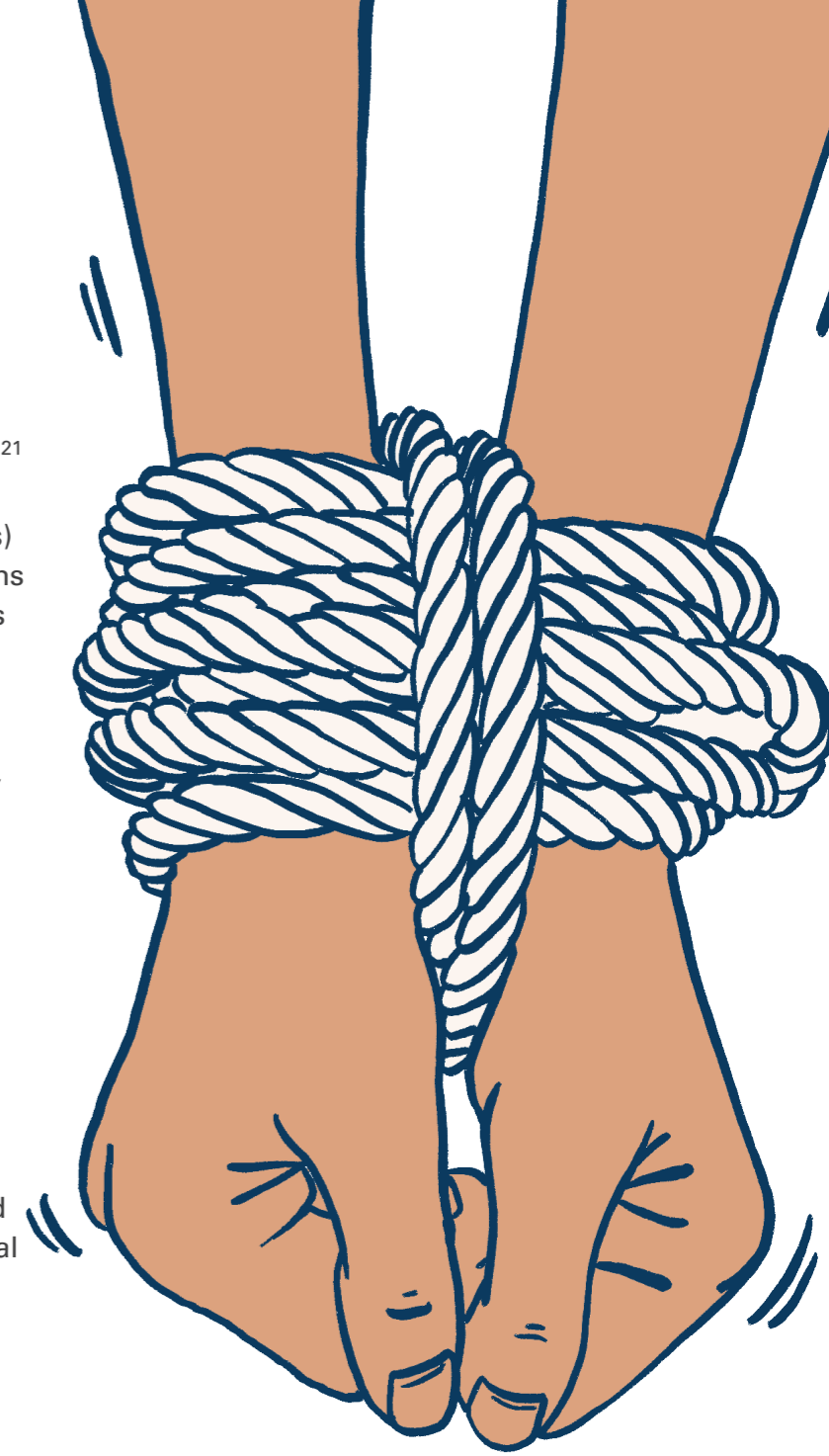
Displacement and Immigration Status

Adolescents on the move in LAC include those traveling with their families, unaccompanied or separated children, refugees, asylum-seekers, victims of trafficking, and people seeking better lives and opportunities. These 'mixed migration'²¹ flows include people with different legal status (depending on each country's migration regimes) traveling along similar routes using similar means of transport. They may be assisted by smugglers or trafficked. While refugees and asylum-seekers may have special status under refugee law, all adolescents on the move are entitled to protection under international human rights law, and yet they are exposed to many human rights violations.

Being on the move, in whatever form, can increase GBV risks by limiting social or family support networks and protection, exposing girls to a cultural context different from their own in which they are victims of discrimination and are hypersexualized, as well as forcing girls to find ways and resources to travel through unfamiliar and often unsafe locations.²² Girls may be forced to stay in unsafe shelters or interact with informal and illegal networks, including those connected to trafficking.

National asylum and migration policies can exacerbate risks. For example, the closing of borders in order to limit or stop migration often increases demand for smuggling and trafficking, both of which involve extreme risks of sexual violence and exploitation for adolescent girls.

Early (and sometimes temporary) unions may increase as a coping mechanism for parents to lessen economic burdens and for documentation purposes. However, this is a form of GBV in itself, increasing the risk of further violence, such as intimate-partner violence, and early/forced



pregnancy. Failure to honor asylum law strips the rights of those in need of international protection, and restrictive immigration policies limit access to many kinds of services and rights, including access to work, while driving people – especially women and girls – into the shadows and exploitative relationships, such as transactional sex. This dramatically increases the risks of GBV and the barriers to services.

²¹ Mixed Migration Centre, 2019, *Waning Welcome: The Growing Challenges Facing Mixed Migration Flows From Venezuela*, p.4. <http://www.mixedmigration.org/resource/waning-welcome-the-growing-challenges-facing-mixed-migration-flows-from-venezuela>

²² IOM and Ministry for Social Development of the Government of the Autonomous City of Buenos Aires, 2015, *Migrant Women and Gender Violence: Strategies and Perspectives for Interventions*, p.13. http://www.migration4development.org/sites/default/files/manual_oim-eng-web-23-11.pdf

Race and Ethnicity

Adolescents of indigenous or Afro-descendant background face particular risks of violence due to many factors including racism, social exclusion, stigma and discrimination, and lack of access to resources.²³

Gender roles and social norms, as they relate to race and ethnicity, also affect vulnerability to GBV, for example in some cultures family and community harmony is prioritized over the individual well-being of adolescent girls, who might be expected to endure violence rather than disrupt their family or community. Indigenous and Afro-descendant girls may be specifically targeted for sexual violence based upon their ethnicity. Forced displacement can have a particularly strong psychological and social impact on indigenous peoples who have a multi-faceted relationship with their ancestral lands.²⁴

Nationality

In connection with displacement and immigration status, an adolescent girl on the move may face particular risks based on her nationality. In many mass migrations, women and adolescent girls face particular stereotypes about being entitled, becoming sexually active early, and being sexually available. These hypersexualized stereotypes put girls at particular risk of sexual exploitation or abuse, as well as prevent others from coming to their aid – as with the case of Venezuelan adolescent girls.



Language

Where adolescent girls on the move in LAC cannot speak or understand the dominant language – in many cases, Spanish, English, or Portuguese – they are less able to understand the risks they face and how to access services. They may also be at higher risk of exploitation and misinformation by smugglers, for example. Language-related risks and barriers are often related to, or made worse by, risks and barriers associated with race and ethnicity. For example, service providers may not have access to interpreters in all languages spoken by indigenous groups within migrant and refugee flows; service providers in Brazil and the Caribbean might not have staff members who are fluent in Spanish.

Religion and Spirituality

Religion-related risks are strongly connected to race and ethnicity. Individuals who hold different beliefs to the dominant religion in some countries may face persecution based on their beliefs, or struggle to find acceptance within groups of migrants or refugees.



Ability and Health

Particular health concerns for adolescent girls may include physical changes associated with puberty – including the management of menstrual hygiene – and chronic illnesses such as HIV and AIDS, among other issues. Adolescent girls on the move often lack materials and support to manage their menstrual hygiene and may face barriers in accessing birth control and healthcare services for pregnancy.

Adolescent mothers face significant physical and social consequences such as health issues due to early pregnancy and childbirth, stigma, and discrimination – especially if unmarried – and may face increased risks of exploitation due to the need to take care of and protect children (who can themselves face risks of GBV). Adolescent mothers also face high risks of obstetric violence due to discrimination by healthcare providers and often controlling relationships with intimate partners.

Disability²⁵ occurs when a health condition, combined with factors in the environment or society, make it difficult to perform everyday tasks and/or participate in community life in the same way as others. Individuals with disabilities are a diverse group, and the impact of the disability depends on many other aspects of a person's identity, as well as their access to support networks.

Disabilities include:²⁶

- **Physical impairments:** Difficulties in moving. Some individuals with physical disabilities use assistive devices, such as a wheelchair or cane.
- **Sensory impairments:** Includes those who are deaf or have hearing difficulties and those who are blind or have low vision (when it is difficult to see even when wearing glasses).
- **Intellectual impairments:** Difficulties in intellectual functioning (e.g. learning, problem solving) and adaptive behavior (conceptual, social, practical skills). This includes neurodevelopmental/cognitive/developmental disabilities.
- **Psychosocial disabilities:** Mental health difficulties, which, together with discrimination and other factors in the environment and society, prevent participation in the community on an equal basis with others.

Adolescents with disabilities face challenges in accessing humanitarian assistance due to societal, environmental, and communication barriers, which increases their risks to GBV and overall vulnerability, as they have less access to aid and few opportunities to employ positive coping strategies. Social norms also often dictate that women and girls must care for family and community members with disabilities, which reinforces their isolation and further limits their access to social, economic, and material support, increasing vulnerability to violence and exploitation.²⁷



²³ UNFPA, UNFPA, UNICEF, UN Women, ILO, OSRSG/VAC, 2013, 'Breaking the Silence on Violence Against Indigenous Girls, Adolescents and Young Women', p.18. *Social Panorama of Latin America*. https://www.unfpa.org/sites/default/files/resource-pdf/VAIWG_FINAL.pdf; https://repositorio.cepal.org/bitstream/handle/11362/44387/1/S1800725_en.pdf

²⁴ UNFPA, UNFPA, UNICEF, UN Women, ILO, OSRSG/VAC, 2013, 'Breaking the Silence on Violence Against Indigenous Girls, Adolescents and Young Women', p.18. *Social Panorama of Latin America*. https://www.unfpa.org/sites/default/files/resource-pdf/VAIWG_FINAL.pdf

²⁵ Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Convention on the Rights of Persons with Disabilities and Optional Protocol. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

²⁶ Adapted from IASC, 2015, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, p.140.

²⁷ WRC and IRC. 2015, *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners*, p.1. <https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-disability-Toolkit-all-in-one-book.pdf>

Sexual Orientation

Adolescents of diverse sexual orientations (including lesbian, gay, and bisexual individuals) often experience discrimination and abuse because they are seen to step outside of existing social norms. These individuals may not have access to key services, increasing the likelihood of resorting to transactional sex to survive. They may be isolated and excluded, and experience violence, sexual harassment, and sexual violence – including rape – specifically to punish them for their sexual orientation or in an attempt to change this orientation.

Adolescents on the move may try to hide their sexual orientation to avoid such consequences, avoiding authorities and formal channels. This puts them at further risk of exploitation and abuse.

Class and Socioeconomic Status

Adolescent girls with access to less economic and social resources face higher risks on the move. They may be forced to travel in less expensive ways, using often slower and less formal means of transport, or staying in more dangerous

accommodation along the way. They may have fewer social connections to rely on for support during the journey and be less able to remain connected with information sources (for example, if they cannot pay for a stable internet or phone connection).

Family and Civil Status

An adolescent's family situation influences her or his experience as part of displacement. This includes whether or not s/he is accompanied by a parent or caregiver, whether or not s/he is married and whether or not s/he has (or is traveling with) children.

A girl who is married before the age of 18 is more likely to suffer intimate-partner violence, become pregnant, and become isolated from family and social networks, and less likely to continue her education and earn money.

Separated or unaccompanied adolescents and orphans, including children associated with armed forces or organized criminal groups, face increased risks of violence and exploitation – including social stigma and isolation, exploitative relationships, and premature parental responsibility for siblings.

Physical Appearance and Body Image

Adolescent girls are often negatively judged as being sexually available or willing, in many cases based on nothing more than the physical development of sexual characteristics as their bodies mature through adolescence.

Older adolescent girls in particular face risks of sexual violence and exploitation, forced prostitution, and trafficking for sexual purposes based on this sexualized stereotype.

This image is often strongly connected with nationality and displacement status (for example, Venezuelan adolescent girls on the move, in particular, are often seen as sexually available).

Adolescent Girl Survivors of GBV

Adolescent girl survivors of GBV within each of the categories mentioned, including those who are forced or coerced into sexual exploitation and trafficking, face even greater risks.

They may be isolated and excluded, experience secondary violence as punishment (for example being forced to marry the man who raped them, or being raped by the man they were forced to marry for documentation or protection), and are more vulnerable to future sexual violence, intimate-partner violence (IPV), and sexual exploitation and abuse.

You can find out more about the diversity of adolescent girls in your context by conducting an assessment that analyzes the profiles and vulnerabilities of adolescent girls ([see link to the profiling tool at the end of this section](#)).

There is a diversity of unaccompanied girls – including those traveling with young children (their own or siblings), pregnant girls, and younger adolescent girls – whose needs tend to be more invisible than their male counterparts.

While boys tend to travel in groups, girls tend to travel with other families or adults, and in some cases self-identify as over 18 – at times due to external pressure – to avoid entering protective mechanisms.

While being associated with extended family or an adult may be a coping mechanism, it may also greatly increase risks of exploitation, violence, and trafficking.



How do Attitudes Toward Adolescent Girls Influence Their Experience on the Move?

Many people hold negative attitudes and assumptions about adolescent girls.

Following are examples of attitudes that communities, caregivers, and service providers may have that do not respect the rights and agency of adolescent girls:

- Adolescent girls' problems are not as serious as women's problems.
- Adolescent girls are promiscuous or overly sexually active, 'pursuing' boys and men and corrupting them; conversely, they do not stay informed of risks and become involved in relationships where they are mistreated.
- Adolescent girls – especially younger adolescents – are difficult to manage; they do not understand what is best for them, or do not have enough experience to make good choices.
- Giving adolescent girls information about sex and sexual and reproductive health encourages irresponsible sexual behaviour. Only married girls should have access to this information.
- Adolescent girls are to blame for the violence they experience. If an adolescent girl is sexually harassed, it is because of how she dresses. If she is sexually assaulted, it is because of how she behaved; if she is raped it is because she made a bad decision.
- Adolescent girls make up stories to get attention or to get someone in trouble.
- It is more important for girls to look after their family (including by getting married) than to go to school or find their own opportunities.
- It is good for an adolescent girl to get married if she has dropped out of school.
- Violence toward adolescent girls can be justified if the girl has done something wrong.
- It is okay to make an adolescent girl feel ashamed if it helps change her behaviour.

Many people also believe negative stereotypes and judgments about refugees and migrants, including that:

- Migrants and refugees take jobs and services from residents, make salaries lower, and contribute nothing to the community.
- Migrants and refugees are often tied to drug and human trafficking networks; they increase crime and disrupt public order.
- Migrant and refugee women and girls 'steal our men.'
- Migrants must learn to speak our language if they come to our country.
- Migrants have the choice of whether to leave or not. If they don't want to learn our language and fit in with our culture, they should stay home.

Box 2: Attitudes Toward Venezuelan Adolescent Girls

Many countries in Latin America and the Caribbean have welcomed Venezuelans refugees and migrants, but discrimination, xenophobic and sexist attitudes, and violence are increasing.²⁸

- One report from Argentina showed that 38% of respondents had witnessed discriminatory behavior towards Venezuelans;²⁹
- In a June 2019 opinion poll, 55% disagreed with the statement 'the Colombian government should welcome Venezuelans;'
- In Peru, 67% of respondents in Lima held a negative view of Venezuelan immigration;
- In Colombia, Peru, and Ecuador, close to half of the people surveyed for a report think that migrant women will end up engaging in prostitution;³⁰ and
- In Brazil and Colombia, there have been incidents of mob violence and forced removal of Venezuelans.

There is a widespread (unfounded and dangerous) perception of Venezuelan adolescent girls as hypersexual; they are often perceived to be sexually available and attractive, and therefore to blame for violence committed against them.

These views increase the risks of sexual violence and exploitation and lead to negative attitudes that affect Venezuelan adolescent girls' access to quality services. For example, healthcare workers may refuse to provide contraceptive options or prenatal care, or education providers may refuse access to girls, due to mistaken beliefs about promiscuity. Finally, xenophobia and sexual violence are intertwined.



These stereotypes and prejudices about different aspects of their particular identity negatively impact adolescent girls on the move. These attitudes are not in line with the internationally recognized rights of adolescent girls or of refugees and migrants. They are also not supported by evidence. Such negative attitudes interact with the other factors outlined previously, increasing risks of violence creating barriers to receiving care and support. Box 3 below highlights how these factors interact in the cases of Sofia, Caribai, and Mariana.

Box 3: Risk Considerations for Sofia, Caribai, and Mariana

Sofia, Age 12



- Sofia's intellectual disability limits her ability to process complex information quickly.
- Sofia has experienced physical and verbal violence in the past from caregivers (not her sister).
- Frequent crossing through formal or informal border routes exposes both Sofia and her older sister to risks of exploitation and trafficking.
- Sofia is frequently left alone, as her sister is forced to work to support them both. While her sister is away, a man from a neighboring house sexually abuses Sofia.
- She is often treated as incapable of understanding anything (including by her sister), despite the fact that she can understand most information if the format is adapted to her needs and capacity.
- Information about services is not given in a way she understands.
- She is stigmatized and discriminated against because of her disability.
- Her caregiver, community, and service providers may not involve her in decision-making.

Caribai, Age 14



- Lack of documentation makes Caribai more likely to avoid formal services and support due to fear of arrest and deportation.
- Her husband forces her to have sex with him by threatening to expose her to the authorities.
- She earns a small amount of money by selling goods on the street. Her husband demands the money she earns every day when she returns home.
- Caribai is isolated due to her limited Spanish. This makes it hard for her to find support and make friends.

Mariana, Age 17



- Mariana is traveling without family or friends. To stay safe, she has joined small groups of people along the way and traveled with them. Though many are supportive, some men see her as sexually available and try to convince her to have sex with them.
- She may be sexually exploited by authorities in exchange for immigration services.
- One man forced her to have sex with him and with his friends in exchange for his protection along the route. Mariana is now pregnant.
- Mariana hides her sexuality for fear of violence. This makes her more likely to use informal travel channels and routes to avoid interaction with authorities.
- Sexual exploitation exposes Mariana to risks of STIs, including HIV and AIDS.
- She needs health services to support pregnancy, which brings particular health risks in transit.
- Healthcare providers may not give her the appropriate prenatal care due to pre-conceptions about migrant adolescent girls and promiscuity. She is also at high risk of emotional abuse by healthcare providers.

²⁸⁻²⁹ Americas Quarterly, 2019, 'Responses to the Venezuelan Migration: A Scorecard.' <https://www.americasquarterly.org/content/responses-venezuelan-migration-crisis-scorecard>

³⁰ Oxfam, 2019, *Yes, But Not Here*, p.3. https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620890/bp_yes_but_not_here_en_xenophobia-migration-venezuela-251019-en.pdf

Why Should We Challenge These Attitudes and Perceptions of Adolescent Girls on the Move?

In the list below, you can see examples of attitudes, values, and beliefs that are in line with the rights of adolescent girl refugees and migrants and can be used to challenge the negative attitudes and stereotypes previously mentioned.

- Adolescence is a time of change, which can be hard for adolescent girls and their caregivers. Adolescent girls often show new behaviours and explore their sexuality and identity. We must try to understand the changes and challenges girls are experiencing, while also identifying ways to help them make both safe and healthy choices (and be protected from having unhealthy and unsafe options forced upon them).
- Everyone has the right to live without violence.
- A person is never responsible for the violence they experience. Violence is always the choice of the perpetrator, no matter the behaviour, dress, identity, or situation of the survivor.
- Adolescent girls have the right to make informed choices about their sexual and reproductive lives. However, many do not have the information, support, or freedom of choice to do this. Many adolescent girls are pressured, coerced, or forced into sexual activity.
- Adolescents have the right to be heard and involved in decisions that affect them. Any adolescent, no matter how young, has strengths, abilities, and life experiences, as well as human rights. Any interaction with adolescents should start from this perspective.
- Adolescents have the right to care, love, and support, no matter what they have experienced. They should never be stigmatized, shamed, or ridiculed for their experience of violence.
- Adults, including caregivers and service providers, have the responsibility for supporting survivors by believing what they tell us and not blaming them for their experiences.
- Judgments about adolescent girls' sexuality having a negative impact on society are rarely applied to adolescent boys.
- Adolescent girls on the move are adaptable, resourceful, and resilient. They are doing the best they can to face huge challenges with limited resources.

Positive Perceptions

Service providers have shared some of the positive and supportive perceptions of adolescent girl migrants and refugees they encounter. Keep these positive perceptions in mind when working with adolescent girls, and encourage others to do the same!

- Resilient
- Studious
- Desire and capacity to advance and overcome obstacles
- Dynamic
- Tolerant
- Collaborative
- Proactive
- Adaptable
- Supportive
- Able to integrate
- Show perseverance
- Courageous

What Are My Takeaway Messages and Actions From This Section?

Understand	<ul style="list-style-type: none"> • The different aspects of an adolescent girl's identity and experience influence her risk of violence and her access to support and services. • Negative attitudes and stereotypes toward adolescent girls on the move are widespread. They increase risks and reduce access to services.
Identify	<ul style="list-style-type: none"> • Find out about the factors that can create or remove risks for adolescent girls on the move in your context. • Find out about the prevalent attitudes toward adolescent girls on the move in your context. • Assess your own attitudes and prejudices, and those of any staff you supervise. • Identify ways you can constructively engage the staff you supervise to allow them to challenge negative attitudes and prejudices that affect the quality of care they provide.
Support	<ul style="list-style-type: none"> • Practice positive and supportive attitudes toward adolescent girls on the move, in order to counteract the negative attitudes they have experienced. • Practice a strengths-based approach that focuses on adolescent girls' capabilities, resources, and resilience. • Promote positive and supportive attitudes toward adolescent girls on the move among your colleagues and other services providers.
Adapt	<ul style="list-style-type: none"> • Use your understanding of the different aspects of a person's identity to make your services and support accessible to all adolescent girls on the move.

Where Can I Learn More?

See Part II, Sections 3 and 4, for more information about how to use these rights-based, supportive values, attitudes, and beliefs in interactions with adolescent girls.

- Population Council, 2016. *Building Girls' Protective Assets: A Collection of Tools for Program Design*, p4-7. https://www.popcouncil.org/uploads/pdfs/2016PGY_GirlsProtectiveAssetsTools.pdf
- Women's Refugee Commission and ChildFund International, 2016. *Gender-Based Violence Against Children and Youth with Disabilities: A Toolkit for Child Protection Actors*. <https://s333660.pcdn.co/wp-content/uploads/2020/04/GBV-Against-Children-and-Youth-with-Disabilities-Toolkit.pdf>
- UNHCR, 2011. *Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*. <https://cms.emergency.unhcr.org/documents/11982/43697/UNHCR%2C+Need+to+Know+Guidance.+Working+with+Lesbian%2C+Gay%2C+Bisexual%2C+Transgender%2C+and+Intersex+Persons+in+Forced+Displacement%2C+2011/8f981112-62c6-4844-b2d5-06fb91188830>
- UNHCR, 2011. *Working with National or Ethnic, Religious and Linguistic Minorities and Indigenous Peoples in Forced Displacement*. <https://cms.emergency.unhcr.org/documents/11982/44027/Working+with+National+or+Ethnic%2C+Religious%2C+and+Linguistic+Minorities+and+Indigenous+Peoples+in+Forced+Displacement/6d287824-77e6-4423-ba94-e35a8a5f692f>
- Organization of American States, 2019. *Working Group to Address the Regional Crisis Caused by Venezuela's Migrant and Refugee Flows*. <http://www.oas.org/documents/eng/press/OAS-Report-to-Address-the-regional-crisis-caused-by-Venezuelas-migrant.pdf>
- UNICEF, 2019. *A Profile of Child Marriage and Early Unions in Latin America and the Caribbean*. <https://www.unicef.org/lac/media/8256/file/Profile%20of%20Child%20Marriage%20in%20LAC.pdf>
- UNHCR, 2012. *A Framework for the Protection of Children*. <https://www.refworld.org/docid/4fe875682.html>



Part II: Foundations of Quality Care and Support

Section 3: Communication with Adolescent Girls on the Move

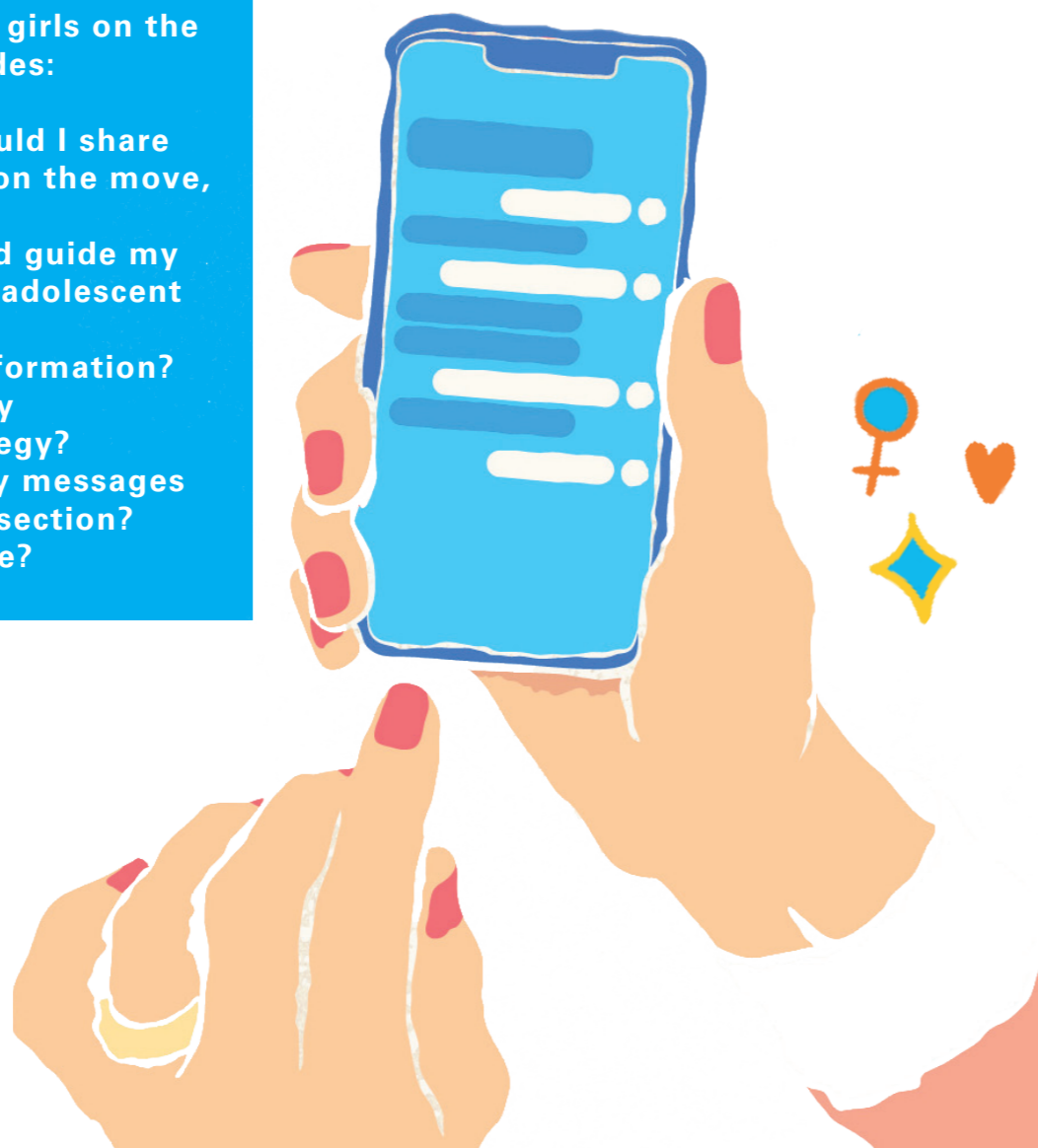
What's in this Section?

This section explores how to provide compassionate, supportive, and effective two-way communication systems with adolescent girls on the move. This section includes:

- What information should I share with adolescent girls on the move, and why?
- What principles should guide my communications with adolescent girls on the move?
- How should I share information?
- How should I adapt my communications strategy?
- What are my takeaway messages and actions from this section?
- Where can I learn more?

Part II explores principles and guidelines around communicating with adolescent girls and working with adolescent girl gender-based violence survivors. It explores survivor-centred care, and the centrality of attitudes and aptitudes required to provide care.

Principles and best practice in communicating with individual adolescent girl survivors are covered in Section 4 and Section 6, though the general principles outlined here also apply.



**VIOLENCE IS
NOT TOLERABLE**

What Information Should I Share with Adolescent Girls on the Move, and Why?

Communication as a two-way process is an important part of response, increasing access to information, reducing risks, and helping individuals to re-establish control over their own lives. Inadequate, incorrect, or inconsistent information can increase risk and cause harm.³¹ The lack of reliable and safe information, lack of knowledge about support spaces and protection networks, exposure to risks along the migration route, and the possible psychosocial effects, among many others, represent obstacles to access rights and protection. It is critical to communicate information related to risks, the detrimental effects and impacts of GBV, and how and where they can seek help. *(Learn more on sharing information to reduce risks in Section 5; learn more on sharing information related to services in Section 6.)* However, communication is particularly difficult when populations are on the move and may be unwilling to stop for help, or avoid contacting service providers – especially in cases where they fear reactions from authorities, including arrest or deportation, based on their immigration status.

The ways that adolescent girls give and receive information changes with age and is also affected by all the factors outlined in Section 2.

In situations where girls have been separated from their families or isolated, they may have less-developed communication skills. Their ability to communicate may be affected by trauma they have experienced, while cultural norms may also affect how comfortable they feel in communicating with members of the other sex or older individuals.

Overcoming all of these challenges to reach adolescent girls on the move who may not want or have the opportunity or time to interact directly with service providers requires a variety of strategies. Coordinated, transnational information sharing is essential to address the needs of the diverse groups of adolescent girls on the move in LAC from the beginning of their journey to their destination.

³¹ CDAC Network, *Communication and Community Engagement Briefing Module*, <http://www.cdacnetwork.org/learning-centre/foundation-training>

How Should I Share Information?

How adolescent girls – and those who support them – receive, understand, and use information depends on a wide variety of factors, including those outlined in Section 2.

When we want information to reach adolescent girls, we must pay attention not only to the girls themselves but also to those who are around the girls – often known as ‘gatekeepers’ – who can either support them in receiving and acting on information or prevent this from happening.

Taking these factors into consideration is important to understand not only how to get information to girls, but also to avoid doing harm. There is a range of different ways (‘channels’) by which people prefer to communicate and access information, from radio, newspaper, television, social and digital media, to word-of-mouth, participatory theater, leaflets, and town hall meetings with community leaders.

There is often a disconnect between the way we share information about violence and services, and the ways in which adolescent girls prefer to receive and use such information.

For example, service providers consulted in the development of this Guide considered the most useful communication channels for adolescent girls in the region to be hotlines, peer-to-peer communications, WhatsApp, Facebook, and outreach through group discussions, though the channels currently most used by those same service providers included a heavy focus on TV, radio, printed materials (such as leaflets), posters, and banners.

Did You Know?

A 2019 information and communication needs assessment highlighted that while WhatsApp, Facebook, and television are the main sources of information, only 79% of people interviewed in their destination point have internet access, and only 29% of people in transit have access to Wi-Fi.



This Guide gives some general information on how girls may best receive and use such information. However, it is best to avoid making assumptions and instead find out directly the best method for your context.

You can do this by:

- Gathering existing information about communication channels and preferences, for example through the Media and Telecommunications Landscape Guides (*see example at the end of the section*);
- Analyzing where adolescent girls spend most of their time in the village, town or city, then distilling that information into three different categories – adolescent girls who are in transit, in their temporary location, and in their final destination;
- Coordinating with other organizations or agencies conducting needs assessments to include questions about preferred communication and information channels and how adolescent girls and those around them access and use information;³² and

- If not available through other sources, holding focus group discussions and individual interviews with older adolescent girls and with those who support and/or work with girls. Never conduct any direct discussions with adolescent girls without first conducting a risk assessment, and without staff who are trained and adequately prepared to work with adolescent girls, including to receive disclosures of GBV (*see resources at the end of the section*).

Each communication channel method has its own advantages and challenges for adolescent girls on the move. A summary of these communication methods is provided in Table 3 on the following pages.

A link to a broader list of the characteristics of different communication channels can be found at the end of this section.

³² CDAC Network, 2019, *Collective Communication and Community Engagement in Humanitarian Action: How to Guide for Leaders and Responders*, p.63. <http://www.cdacnetwork.org/tools-and-resources/i/20190205105256-aoi9j>

Table 3: Communication Methods with Adolescent Girls on the Move³³

In-Person Communication: *Individual conversations with service providers, individual peer-to-peer communication, and group discussions*

Advantages	Challenges and Risks
<ul style="list-style-type: none"> • Effective in providing information directly in areas where refugees and migrants are known to travel (e.g. buses, border crossings) or through service hubs and mobile clinics at key points of the migration route • GBV information can be shared in the context of other services (e.g. livelihoods) • Individual conversations are private and confidential • Group discussions allow for mutual support between peers • Creates bonds of trust, support and solidarity for particular at-risk groups (for example, regular discussions held at a safe location for LGBTQI+ individuals) • Peer-to-peer communication (individually or in groups) allows adolescent girls to feel as though they are not alone in their experiences 	<ul style="list-style-type: none"> • May entail risks for survivors and service providers, particularly in insecure environments or with lack of confidentiality, and should be based on ongoing risk analysis • Likely to miss the most at-risk and marginalized girls who face barriers in accessing services or group discussions • The opportunities for girls in transit and in temporary locations, in particular, to have individual conversations with service providers are more fleeting • Positive interactions with service providers will largely depend on the service providers' capacity for empathy, communication skills, and respect of migrant rights • Group discussions require a certain level of trust; this is particularly hard to foment with girls in transit • Peer-to-peer communication requires longer-term engagement with older adolescent girls or young women to build relationships, as well as their knowledge, attitudes and skills to work with other adolescent girls; this is particularly true for girls in transit • Risk of revictimization in communication with service providers who do not have appropriate training in communicating with survivors

Broadcast Media: *TV, radio (also accessible via stations streamed online), videos, and loudspeakers*

Advantages	Challenges and Risks
<ul style="list-style-type: none"> • Can communicate both simple and complex messages • TV and radio can reach communities to which physical access is difficult • Messages can be tailored • Can be used in services or places where adolescent girls are known to go – for example, targeted videos can be shown • May be more accessible to at-risk groups, including those living with disabilities • Radio can target audiences in small communities with local information • Communication can be in local languages • Can be led by adolescents to increase relevance and uptake • Loudspeakers can either be static or mobile, and reach populations without access to radio or TV 	<ul style="list-style-type: none"> • Requires electricity and TV sets so access may be limited in transit and for most at-risk groups • Reach depends on distribution channel (terrestrial, satellite, or cable) • High production and airtime costs for TV, radio, and video • Loudspeaker coverage depends on physical access • Radio, TV, and broadcast media may not be the most suitable medium for generating trust in service providers

Table 3: Communication Methods with Adolescent Girls on the Move *(continued)*

Written and Visual Media: *Newspapers, leaflets/flyers, billboards, murals, posters, and banners*

Advantages	Challenges and Risks
<ul style="list-style-type: none"> • The best three locations for sharing print and visual information are taxi, bus, and gas stations; city and town plazas; and social media • Large visuals on posters, banners, or murals may be more effective at engaging the attention of adolescents, and easier to read for low-literacy populations or those with reading difficulties • Adolescents on the move can get information from murals, banners, and large posters in places where they are likely to travel, even if they do not come into contact with service providers or do not have mobile phones with access to data or WiFi • Leaflets and flyers may be simplified and streamlined by providing information only on available services in the next location • Written and visual materials can contain information such as hotline numbers or websites with more detailed information 	<ul style="list-style-type: none"> • Paper materials may be easily lost or stolen, or can be vectors of viruses • Flyers that are heavy with text may be less likely to be read – particularly by those with visual impairments, low literacy levels or other difficulties in reading • In some contexts in the region, the presence of organized criminal groups makes it difficult to trust information that is not provided face-to-face or with the logo of known and trusted organizations • May compromise security in some contexts if information about shelters is given on any public written, visual, or audio materials

Social Media, Telecommunications, and Digital Technologies: *Hotlines, blast SMS, targeted SMS, WhatsApp, Facebook, other social media, and interactive games*

Advantages	Challenges and Risks
<ul style="list-style-type: none"> • Refugees, migrants, and asylum-seekers (particularly adolescents) in LAC are known to use social media and other digital technologies (particularly Facebook and WhatsApp), to share and receive information about their situation, rights, and services • Web-based information sharing is accessible to many • Allows people to maintain their confidentiality by using pseudonyms or alternative social media profiles • May strengthen mutual support among at-risk groups, such as LGBTQI+ adolescents 	<ul style="list-style-type: none"> • Not all adolescents on the move have access to phones or the internet, especially girls, and those in at-risk groups • Many of those on the move have their phones stolen on the way, and data plans and SIM cards may not work in other countries • Social media may pose physical and psychological/emotional safety risks for adolescent girls; many experience harmful bullying and abuse online, and geo-location tags may allow perpetrators to track survivors to shelters; some can fall victim to trafficking and other forms of exploitation



Key Tool: Communicating with Communities

If you are working in LAC, to refine your communications and outreach strategy consider the recommendations in the *Regional Information and Communication Needs Assessment: Understanding the Information and Communication Needs of Refugees and Migrants in the Venezuela Situation*, November 2019, R4V.

³³ Adapted from CDAC Network, *Characteristics of Different Communication Channels*, <http://www.cdacnetwork.org/contentAsset/raw-data/3964aebb-a70d-41a5-a006-c6c91114365e/attachedFile>; and UNHCR, *The Regional Safe Spaces Network in the Americas: Lessons Learned and Toolkit*, p 52-57. <https://www.acnur.org/5c05b97d4.pdf>

What Principles Should Guide My Communications With Adolescent Girls on the Move?

No matter which channel we use, the manner in which we communicate with adolescent girls is fundamental to reducing risk and supporting healing and recovery. Consider the following eight principles in all the materials and communication with adolescent girls.

1. Be respectful, supportive, empathetic and compassionate

Start from a foundation of a positive, non-judgmental, supportive attitude (see Section 2). Assume that even if you do not know about it, girls on the move have probably experienced some violence. Be kind, understanding, and compassionate. Show respect. Do not judge. Do not reinforce – and actively challenge, wherever possible – harmful norms, behaviours, and stereotypes.

2. Support girls to make their own choices, take informed decisions, and control their lives

Adolescent girls have the right to share their beliefs, thoughts, and opinions on issues concerning them, and to have these respected wherever this does not conflict with their best interests (see Section 4 and Section 6 for more information on best interests and child agency in case management). Give girls full and accurate information, to help them make their own decisions.

3. Make your language easier to understand

Consider the objective of your communication and simplify language to communicate the message. Avoid jargon. This will help everyone to understand more easily, especially younger adolescents, adolescents living with disabilities, and adolescents with a different mother tongue. Simplified language also helps with translation and interpreting.

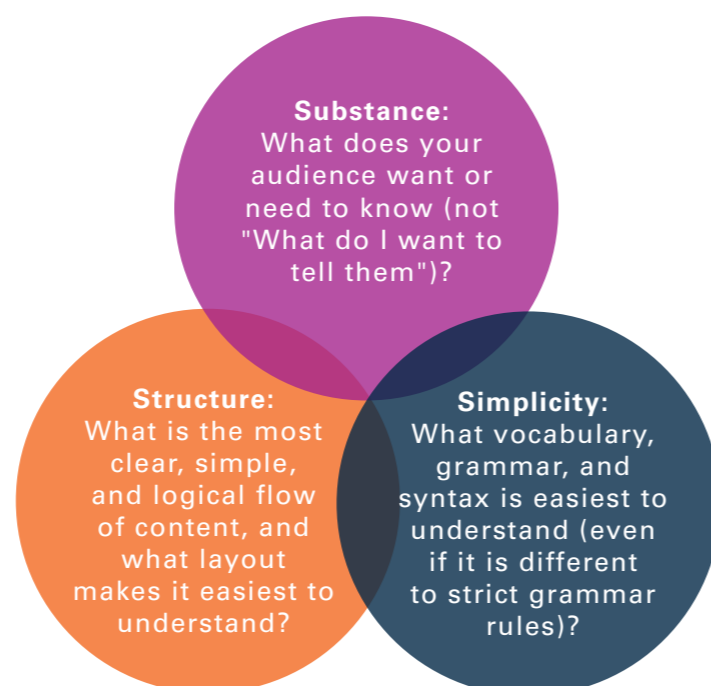
See the Plain Language Principles at the end of the section for more information.

1. Be respectful, supportive, empathetic, and compassionate
2. Support girls to make their own choices, take informed decisions, and control their lives
3. Make your language easier to understand
4. Adapt communication to the age and development stage of the girl
5. Adapt communication to the context, language, and culture
6. Adapt communication to risk profiles, preferences, and abilities
7. Prioritize safety
8. Actively listen

To simplify language, pay attention to Substance, Structure & Simplicity.

Use:

- Short sentences and simple structures;
- Common words;
- Active voice rather than passive voice;
- Bullet point lists rather than large blocks of text, and;
- Positive language.



4. Adapt communication to the age and development stage of the girl

Adolescent girls of different ages and development stages may hear, understand, and communicate differently. For example, adolescents – especially younger adolescents – may have more difficulty with abstract concepts than adults. Make information concrete and relatable, with examples that support understanding and help to make stronger connections. Communicate a limited number of ideas at a time (that is, in one image or message). Consider storytelling, visuals, video, and imagination exercises to help adolescents process and recall information accurately.

5. Adapt communication to the context, language, and culture

Make every effort to communicate with girls in their own language, as this improves all areas of support and care and helps to better identify and work with at-risk groups. You can do this by:

- Finding out which languages girls speak in your target group. Refer to language maps where they exist (see example at the end of the section), or include questions in assessments on which languages are spoken, understood, and read; and
- Developing materials in those languages and making sure those languages are represented among staff.

This can be difficult in cross-border responses, but even where it is not possible to communicate directly in the mother tongue of all adolescent girls, there are some simple ways to improve understanding:

- Develop visual materials with a minimum of writing;
- Develop audio recordings, radio spots, and or simple written documents with summaries of key information and have them translated to into relevant languages;

- Use simple and concrete language;
- Use gestures, body language, and tone to communicate empathy and support;
- Work with local speakers to find the right translations and test them. Remember that words may be used or understood differently by different age groups, and language changes quickly, particularly among adolescents;
- Develop a glossary of multilingual, consistent terminology for translators, interpreters, and field staff;³⁴
- Hire expert translators and interpreters wherever possible. Avoid relying on local staff, volunteers, or community members for translation and interpreting. If you have no other option, make sure they are trained (see resources at the end of the section); and
- Give training and support to interpreters and responders, including psychosocial support, to help them cope with difficult experiences.

6. Adapt communication to risk profiles, preferences, and abilities

- Make information available in different formats (orally, in braille, in large text, etc.) and through different channels to make it accessible to all;
- Use a combination of different channels with the same messages;
- Consider working with peer mentors (older adolescents or young women) to share messages with adolescent girls;
- Wherever possible, and particularly for in-person communication with adolescent girls, ensure that those sharing the messages are female. This is particularly important for individual communication with survivors of GBV. Adolescent boy GBV survivors may also feel more comfortable talking with female service providers and should always be given the choice; and
- Consider how at-risk groups can receive information; for example, whether information provided in public spaces will be accessible for individuals who cannot physically reach the space.

³⁴ CDAC Network, 2019, *Collective Communication and Community Engagement in Humanitarian Action: How to Guide for Leaders and Responders*, p.47. <http://www.cdacnetwork.org/tools-and-resources/i/20190205105256-aoi9j>

Healing Statements

- I believe you. – BUILDS TRUST
- I am glad that you told me. – BUILDS A RELATIONSHIP WITH THE CHILD
- I am sorry this happened to you. – EXPRESSES EMPATHY
- This is not your fault. – NON-BLAMING
- You are very brave to talk to me and I will try to help you. – REASSURING AND EMPOWERING

Source: CCS guidelines p.63



7. Prioritize safety

Always work to make sure your communication with girls does not make them unsafe, and if possible, actively works to reduce risks.

- Assess risks before choosing communication methods and messages;
- Do not ask girls about any personal experience of GBV outside of direct case management or counseling services. Be prepared to respond appropriately to disclosures of violence if they occur;
- Give girls the option to speak on their own, in peer groups, or in groups with caregivers. Don't assume that girls will share the same information in each of these settings. For example, younger adolescents may not feel as comfortable speaking in front of older adolescents – if holding group discussions, break them down by age group (10 to 14 and 15 to 19, or as appropriate in the context);
- Consider if girls from particular groups will face risks if they are seen to be looking at different kinds of information in public; and
- Consider your own risks in sharing and gathering information.

8. Actively listen

Identify the best ways to gather information from girls, as well as the best ways to share information with them. This helps to:

- Make sure that what we share has been understood;
- Find out about girls' needs, priorities, and experiences, and;
- Get feedback on programs and services.

As part of gathering feedback, a system should be in place to receive and handle complaints or concerns raised by community members or staff, including complaints of sexual exploitation

or abuse. Find out what this looks like in your context. If it does not exist, your organization should establish one or work with other service providers to do so (*see tools and resources at the end of this section*).

How Should I Adapt My Communications Strategy?

In order to ensure that you communicate successfully with adolescent girls on the move, consider developing a communications strategy, or adapting your existing strategy to be in line with the principles above and based on your best available information about communication channels used by this population. Many service providers in the region do not currently have or use materials that specifically target adolescent girls, but these can be very helpful in making sure that adolescent girls process and use the information they get through any of the channels listed above. Consider developing specific adolescent-friendly communication materials, in line with these principles.

Key messages to incorporate in your communications strategy can be found in Sections 5 and 6.

Further, different groups of adolescent girls will hear, understand, and respond to information differently depending on how and from whom they receive it. Those working with adolescent boy survivors of violence should adapt their outreach and communication to the needs and experiences of boys. This may include sharing information in places where boys are more likely to see it, recognizing that boys also experience violence, and encouraging them to seek support through services that are adapted to work with adolescent boys.

Box 4: Communication Considerations for Sofia, Caribai, and Mariana



Sofia, Age 12

- Use simple, short, and straightforward messages in both risk mitigation and service provision.
- Remember to communicate directly with Sofia, as well as with her caregiver. It is our responsibility to adapt our communication to her, not the other way around.
- Younger adolescents may struggle with abstract concepts. Be clear and concrete.
- Adolescents of this age may struggle to communicate their own ideas and priorities, especially if they have experienced trauma and been isolated from support networks.
- Consider storytelling, visuals, video, and imagination exercises to help her process and recall information accurately.



Caribai, Age 14

- Find out what language(s) Caribai speaks.
- Find interpreters (if working with community interpreters, ensure they are female, screen them for supportive attitudes and behaviours, and train them).
- Do not assume that her husband can interpret for her (she is at high risk of intimate-partner violence).
- Use images.
- Use and pay attention to body language, gestures, and tone to communicate empathy and support.
- Use simple, short, and straightforward messages.
- Consider storytelling, visuals, video, and imagination exercises.
- Assess risks in choosing communication channels and content.



Mariana, Age 17

- Mariana only spends a short period of time in each location.
- She is most likely to access information via social media, WhatsApp, or other message services, from other refugees and migrants, and via written materials (posters, banners, murals, pamphlets) in locations along her travel route (e.g. taxi and bus stations or plazas).
- Consider that short-term consequences may be most motivating for girls at this age.
- Consider storytelling, visuals, video and imagination exercises to help her process and recall information accurately.
- Assess risks in choosing communication methods and channels.
- If using in-person communications, such as focus group discussions or one-on-one discussions, make sure that these respect Mariana's wishes in terms of whether her sexuality is known.

What Are My Takeaway Messages and Actions From This Section?

Understand	<ul style="list-style-type: none"> Lack of up-to-date information exposes girls to greater risks and prevents them from accessing services. Two-way communication is essential.
Identify	<ul style="list-style-type: none"> Gather existing information about communication channels and preferences. Analyze where girls spend their time during their transit through, or temporary stay in, your location. Find out directly from adolescent girls – if safe and feasible – how they would prefer to receive and give information. Find out which languages are spoken among girls on the move in your context. Assess safety risks before deciding on communication channels and content.
Support	<ul style="list-style-type: none"> Develop a communication strategy targeting adolescent girls on the move. Provide information on risks, kinds, causes, and consequences of GBV, relevant services, and how to access them. Reiterate that the survivor is never at fault for having experienced any act of GBV. Provide opportunities for feedback. Communicate directly with girls and with their caregivers. Be respectful, supportive, empathetic, and compassionate. Give girls full and accurate information to help them make their own decisions to the full extent of their age and cognitive development.
Adapt	<ul style="list-style-type: none"> Adapt communication to age and development stage. Adapt communication to language, context, and culture. Use many different communication channels and formats to reach different adolescent girls with different profiles, abilities, and risk factors. Use language that is easy to understand, concrete, and straightforward. Use visuals and storytelling.



Where Can I Learn More?

- CDAC Network, 2019. *Collective Communication and Community Engagement in Humanitarian Action: How to Guide for Leaders and Responders*. <http://www.cdacnetwork.org/tools-and-resources/i/20190205105256-aoi9j>
- CDAC Network, 2014. *Media and Telecommunications Landscape Guides*. <http://www.cdacnetwork.org/search/?q=&x=0&y=0&type=CdacResource&rtype=media-landscape-guide>
- CDAC Network. *Service Directory*. <http://www.cdacnetwork.org/training-and-tools/service-directory/>
- CDAC Network and ACAPS, 2014. *Assessing Information and Communication Needs: A Quick and Easy Guide for Those Working in Humanitarian Response*. <http://www.cdacnetwork.org/tools-and-resources/i/20140721173332-ihw5g>
- IRC, 2018. *Girl Shine: Advancing the Field: Designing Girl-Driven Gender-Based Violence Programming in Humanitarian Settings*. <https://gbvaor.net/sites/default/files/2019-07/Girl%20Shine%20Designing%20girl-driven%20GBV%20programs%20IRC%202018.pdf>
- International Rescue Committee and Women's Refugee Commission, 2015. *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners, Tool 6 and Tool 7*. <https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-disability-Toolkit-all-in-one-book.pdf>
- Women's Refugee Commission, 2016. *I'm Here: Steps & Tools to Reach Adolescent Girls in Crisis*. https://s33660.pcdn.co/wp-content/uploads/2020/05/Im-Here_2016-Update.pdf
- Translators Without Borders, 2019. *Plain Language Principles*. <https://protection.interaction.org/wp-content/uploads/2019/09/Translators-without-Borders-Plain-language-principles-May-2019.pdf>
- R4V, 2019. *Regional Information and Communication Needs Assessment: Understanding the Information and Communication Needs of Refugees and Migrants in the Venezuela Situation*. <https://r4v.info/en/documents/details/73683>





Section 4: How Should We Work With Adolescent Girl GBV Survivors?

What's in this Section?

This section presents the essential principles and approaches to be followed in working with adolescent girl GBV survivors.

This section includes:


- What is a survivor-centred approach?
- What principles should guide my work with adolescent girl GBV survivors?
- How do I put the survivor-centred approach into practice?
- What are my takeaway messages and actions from this section?
- Where can I learn more?

What is a Survivor-Centred Approach?³⁵

A survivor-centred approach is one that aims to create a supportive environment in which a survivor's rights are upheld and in which they are treated with dignity and respect.

A survivor-centred approach recognizes that every survivor:

- Has equal rights to care and support;
- Is unique;
- Will react differently to their experience of GBV;
- Has different strengths, capacities, resources, and needs;
- Has the right, appropriate to her/his age and circumstances, to decide who should know about what has happened to her/him and what should happen next; and
- Should be believed and be treated with respect, kindness, and empathy.



Using a Survivor-Centred Approach Means That You:

- Validate the person's experience, emphasizing the importance of communicating to the survivor that you believe her/him and that you do not judge their experience or their decisions about what to do. You trust that they are the experts of their situation.
- Seek to empower the person, placing the individual at the centre of the helping process. You recognize that an experience of GBV may take away a person's control over their body and mind. Your interactions with a survivor should aim to restore their sense of control by making sure they are the decision-makers throughout the helping process. This includes interacting in ways that are appropriate to the age, capacity, and understanding.
- Emphasize the person's strengths, recognizing that survivors have existing ways of coping and problem solving, as well as unique capacities, strengths, and the ability to heal and recover. Understanding and building upon the ways a survivor already manages and copes, or has done in the past – for example, prior successes in managing the aftermath of or overcoming a stressful or traumatic event – is a great way to begin to shift the focus from their weaknesses and problems to their strengths. This strengths-based approach helps to build and recognize people's inherent resilience.
- Value the helping relationship, emphasizing that a helper's relationship with a survivor is a starting point for healing. This means that you must view all your encounters with a survivor as an opportunity to build a connection and trust – and that you must prioritize the attitudes that underpin the interactions.
- Recognize the person's multiple and intersecting identities, understanding how those factors influence the risk and protection opportunities at each level, as described in the ecological framework – the individual, relationship, community, and society levels. This means that you work with the survivor to understand their experiences within their families, communities, and societies, and adapt strategies to address GBV that consider those complex relationships and associated risks.

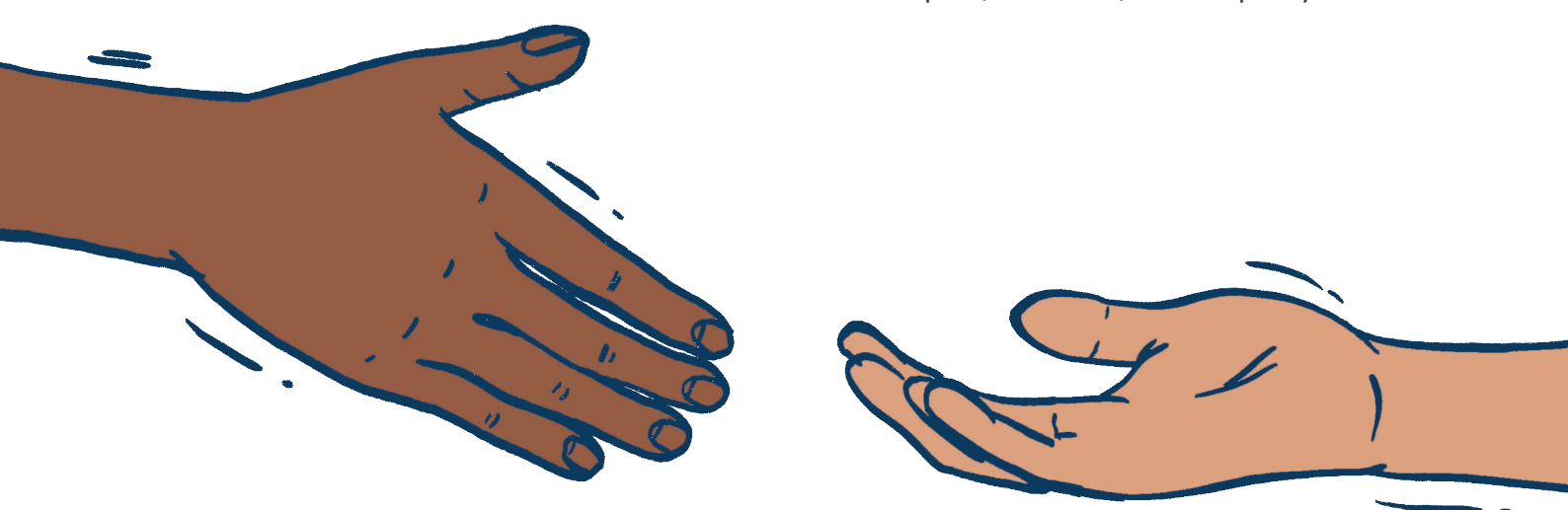
What Principles Should Guide My Work with Adolescent Girl GBV Survivors?³⁶

The survivor-centred approach is put in place through a set of principles that guide the work of all service providers in all their interactions with people who have experienced GBV.

Safety

Safety means both physical safety and psychological and emotional safety for adolescents who are highly distressed. It is important to consider the safety and security needs of each survivor, her family members and those providing care and support.

All service providers working with GBV survivors, and children in general, should know and apply professional ethical standards, including codes of conduct and policies on child protection and protection from sexual exploitation and abuse.



³⁵ This section is adapted from the *Interagency Gender-Based Violence Case Management Guidelines*, p.17. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/interagency-gbv-case-management-guidelines_final_2017_low-res_0.pdf

³⁶ This section is adapted from the *Interagency Gender-Based Violence Case Management Guidelines*, *Interagency Guidelines for Case Management & Child Protection*, and *Caring For Child Survivors of Sexual Abuse*, and combines ethical principles and best practices from the GBV and child protection fields.

Confidentiality

Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. Information about a survivor's experience of abuse should be collected, used, shared, and stored in a confidential manner. This means ensuring 1) the confidential collection of information during interviews; 2) that sharing information happens in line with local laws and policies and on a need-to-know basis, and only after obtaining permission from the survivor and/or caregiver; 3) and that case information is stored securely. Breaching confidentiality can put the survivor and others at risk of further harm.

However, in situations where the survivor's safety is in imminent danger, or they pose an immediate threat to another person, limits to confidentiality exist as the best interest of the child prevails. In some places, service providers are required under local law to report child abuse to the police or other local authorities. Mandatory reporting requirements can go against GBV guiding principles and raise ethical and safety concerns, especially where the agencies mandated to receive reports are not appropriately trained, or when safe referral systems are not in place. Mandatory reporting requirements should be communicated to the adolescents and their caregivers at the beginning of service delivery.

Dignity and Self-Determination

GBV is an assault on the dignity and rights of a person, and all those who come into contact with survivors have a role to play in restoring dignity and self-determination. For example, survivors have the right to decline support services. Failing to respect the dignity, wishes, and rights of survivors can increase their feelings of helplessness, shame, and self-blame and cause further harm.

Box 5: Mandatory Reporting

For adolescent girls in transit across borders, reporting to law enforcement may have particular impacts – for example, in terms of deportation risks.

You should:

- Find out what the mandatory reporting laws are in your context. Do they apply to you, and what are you required to report, to whom? (e.g. type of violence, age of survivor).
- Follow, or develop, organizational policies concerning these requirements, including how you will explain these policies to survivors at the moment of intake and when the case worker should inform a supervisor.
- Follow the best interests of the child in all decisions around whether or not to report, and remember that your first responsibility is to do no harm. Consider:³⁷
 - Will reporting increase physical risk to the child?
 - What are the positive and negative impacts of reporting?
 - What are the legal impacts of not reporting?
 - Will reporting increase risk of arrest or deportation of the child or their family?
- If you are required to report:
 - Always tell the survivor and/or their caregiver, depending on age and capacity, what you are required to report at the moment of intake
 - Maintain the highest levels of confidentiality
 - Report only the minimum information needed.
 - Explain to the child and caregiver what is happening and why.
 - Document the report in the case file and follow-up with the family and relevant authorities.

* Note: Do not promise full confidentiality. Instead, from the very beginning, be clear what confidentiality means and what the limits are in your context.³⁸

Adolescents have the right to participate in all decisions that affect their lives and well-being, in line with their age and level of maturity and development. While service providers may not always be able to follow the survivor's wishes (based on best interest considerations), they should always empower and support adolescents and deal with them in a transparent manner with respect. In cases where a survivor's wishes cannot be prioritized, the reasons should be explained to them.³⁹

Non-Discrimination

All people have the right to the best possible assistance regardless of gender, age, disability, race, color, language, religious or political beliefs, sexual orientation, social class, nationality, and migratory status. In the case of adolescent GBV survivors on the move, this means that survivors should receive care and support based on their needs – due to their circumstances and experiences – not based on who they are.

Best Interests of the Child

For adolescents under 18 years of age, survivor-centred care must be interpreted through the lens of the best interests of the child. This means that all decisions and actions affecting the survivor should reflect what is best for their safety, well-being, and development, in line with Article 3 of the United Nations Convention on the Rights of the Child. In contrast to adult survivors, this means that some decisions are taken with and for the survivor, rather than by them, especially when their safety is at stake; however, the process should still be as survivor-centred as possible, according to the age and developmental stage of the survivor, and should promote their autonomy. *This is further explored below and in Section 6.*

Do No Harm⁴⁰

This means making sure that the actions we take do not create further risk of harm for adolescent girls or their caregivers. The **Do No Harm** principle includes:

- Taking care not to create conflict for the survivor with her family or caregivers;
- Making sure that collecting, storing, or sharing information about the survivor does not create risk and no unnecessary information is collected;
- Avoiding any actions that might expose a survivor or their caregivers and family to acts of revenge or further violence;

- Making all communication and interactions safe and supportive to avoid re-traumatizing;
- Basing all our work on risk assessments tailored to the circumstances and experiences of girls, especially at-risk girls;
- Honestly communicating the limitations, risks, and challenges of different kinds of services and support, as well as the advantages; and
- Not creating expectations of services that cannot be fulfilled, particularly for those on the move to whom it may be difficult to provide a full range of support.

Strengthening Resilience⁴¹

Resilience is the ability of an individual to endure and recover from adversity, change, and shocks. The resilience of an adolescent may come from both their innate and acquired characteristics, knowledge, skills, and coping mechanisms, as well as a variety of factors in their environment.

External factors that promote higher resiliency, known as protective factors, may include caregivers' supportive attitudes and involvement in a girl's life, family, and community connections, adequate housing, access to education and health care, supportive peers and mentors.

All work with adolescent girls, and especially GBV survivors, should promote and support resilience by identifying and building on such protective factors at the four levels of the ecological model, and by acting in line with the principles outlined above in all interactions.



³⁷ IRC and UNICEF, *Caring for Child Survivors of Sexual Abuse*, p.94. <https://www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf.pdf>

³⁸ 2019, *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, p.49. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimum_Standards_Report_ENGLISH-Nov.FINAL_.pdf

³⁹ IRC and UNICEF, *Caring for Child Survivors of Sexual Abuse*, p.89. <https://www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf.pdf>

⁴⁰ *Inter Agency Guidelines for Case Management & Child Protection*, 2014. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf

⁴¹ Description adapted from *Caring for Child Survivors of Sexual Abuse*, 2012, and *Inter Agency Guidelines for Case Management & Child Protection*, 2014.

How Do I Put the Survivor-Centred Approach into Practice?

The survivor-centred approach demands a supportive attitude that embodies the respect, kindness, and empathy that survivors need. This is particularly true in cases of adolescent girl GBV survivors, where prejudicial attitudes can drive harmful behaviours, increase risks, and present important barriers to quality and supportive care, with these conditions ultimately limiting recovery and healing. For example, if a girl discloses sexual abuse and perceives that the service provider blames her for the abuse, the girl may experience more shame and anxiety, may refuse to engage further with services, and may later deny that the abuse took place. If, on the other hand, the service provider communicates belief, empathy, and non-judgmental attitudes, the girl will likely feel more supported and more willing to receive the assistance needed and share further information.⁴²

In short, the attitudes of those interacting with adolescents can have a direct and long-lasting impact on their mental and physical well-being.⁴³ In order to counteract the harmful attitudes and stereotypes identified in Section 2, individuals providing care and support to adolescent girl GBV survivors must have the ability and commitment to put adolescent-friendly – and refugee- and migrant-friendly – values and beliefs into practice.

To do this, you should:

- Assess your own attitudes and biases and continually work to challenge any negative attitudes you, or others around you, may hold. *Tools to do this can be found at the end of this section.*
- Apply the principles and approaches outlined in Section 3 in all interactions with adolescent girls to ensure that any remaining biases do not get in the way of supportive, compassionate care.
- Work with adolescents in ways that support their psychosocial well-being. The term ‘psychosocial’ is used to highlight the important interaction between the

psychological and social aspects of a person’s life, as shown in Box 6 on the following page. Psychological aspects include thoughts, emotions, and behaviour, while social aspects include a person’s relationships, family, community, cultural traditions, and everyday tasks such as school or work.

Psychosocial Support

Beyond employing a supportive attitude, service providers can provide direct psychosocial support when interacting with adolescent GBV girl survivors. While it is true that psychosocial support is part of a package of essential services for GBV survivors, all service providers – even those who are not specialist GBV responders – can and should interact with adolescents GBV survivors in ways that support their psychosocial well-being.

Psychological First Aid

Psychological first aid, also called psychosocial first aid,⁴⁴ is one form of basic psychosocial support that can be given to very distressed adolescents or their caregivers soon after something traumatic happens. After proper training, it can be administered by non-specialist staff who do not need to be psychologists and is supportive and practical assistance that promotes the survivor’s safety, dignity, and rights. It involves:

- Offering practical care and support that is not intrusive.
- Assessing needs and concerns.
- Helping to address basic needs.
- Sympathetic listening without the pressure to talk.
- Comforting people and helping them to feel calm.
- Helping people connect to loved ones, information, and services.
- Protecting people from further harm.



Beyond this, you can also support survivors on the move through individual and group activities that help survivors to process and understand their experiences and manage their body’s response to trauma. Even though it may not seem like much, these kinds of activities can help adolescent girls to feel more in control of their bodies and in control of their lives, even when their situations remain difficult and dangerous.

Box 6: Approach Considerations for Sofia, Caribai, and Mariana



Sofia, Age 12

- Emphasise strength and resilience. Work with Sofia and her sister to identify protective factors in her life (for example, her sister’s presence and support) and build on them.
- Communicate directly with Sofia in ways she can understand.
- Practice survivor-centred care in line with Sofia’s best interests and her rights to understand, participate, and make her own decisions. Explain clearly any limitations to confidentiality and decision-making.
- Ensure the involvement of child protection specialists in decisions about best interests, consent, and assent.



Caribai, Age 14

- Ensure confidentiality, especially from Caribai’s husband. Work with her to find ways and times to speak while maintaining safety and confidentiality.
- At age 14, Caribai is able to understand and give informed assent to services. Though underage, Caribai is already married and therefore may already consider herself an adult (and may not, in practice, have a guardian or caregiver). Work with Caribai to ensure she can fully understand any proposed actions and their risks or advantages before deciding.
- Ensure the involvement of child protection specialists in decisions about best interests, consent, and assent.



Mariana, Age 17

- Maintain confidentiality, including about Mariana’s sexuality.
- Mariana is likely able to understand and make her own decisions, and though under 18, can likely give informed consent under the right circumstances.
- Maintain non-judgmental, supportive attitudes and challenge any negative attitudes you hear among colleagues, including about Mariana’s sexual activity, pregnancy, and nationality.

⁴² *Caring for Child Survivors of Sexual Abuse*, p.60; ⁴³ *Caring for Child Survivors of Sexual Abuse*, p.52.

⁴⁴ World Health Organization, War Trauma Foundation, and World Vision International, 2011, *Psychological First Aid: Guide for Field Workers*.

Healing Education

Providing information about GBV to adolescent survivors and those who support them helps them to understand the impact of the violence and cope with their emotional and physical reactions. Knowledge is empowering and healing, and helps to correct misinformation about the violence they have experienced. The Caring for Child Survivors manual provides a guide for using healing education, also known as psychoeducation, with child survivors of sexual abuse. This focuses specifically on improving children's and families' abilities to cope with the experience of sexual abuse.

Healing education provides additional information (beyond health, safety, legal, and psychosocial referral options) intended for children and families affected by sexual abuse, such as: 1) the facts about sexual abuse, to increase the survivor's sense of understanding of what they experienced; 2) how to stay safe in the future; and 3) how coping and relaxation skills can help to reduce psychosomatic symptoms related to abuse. In addition, there are special healing education sessions for caregivers only, intended to help caregivers provide the best support to children affected by abuse.

Relaxation Training

Children and adolescents may express stress and anxiety in physical ways, such as headaches, stomach aches, and nausea. We can help adolescents to cope with stressful and traumatic situations and reduce physiological symptoms such as a racing or pounding heart, difficulty sleeping or concentrating, anger, and anxiety, by sharing techniques to relax the body. These techniques include controlled "belly breathing" and body relaxation, while many others may be appropriate in context.

Coping Plan

Adolescents who have experienced trauma may feel ashamed and sad, isolate themselves, and have difficulty finding the right people and resources to help them cope and recover.

⁴⁵ Caring for Child Survivors of Sexual Abuse, p.204-224.

⁴⁶ GBV Minimum Standards, p.55.

Working with adolescents to develop a 'coping plan,' which includes social support and activities that they enjoy and are good at, can help them to remember that they are strong, and that it's possible for them to heal, recover, and live happy and healthy lives.

Problem Solving

Not all the problems in an adolescent's life will be related to the violence that they experienced, especially for those in transit or in potentially traumatic situations. They may have problems being out of school, being separated from family or friends, living on the street, or engaging in harmful work. This process supports survivors to identify, prioritise, and address problems that they face, developing problem-solving skills in the process.⁴⁵

More information on psychosocial first aid and group psychosocial support can be found in the resources at the end of this section.

Respecting Survivors' Agency

Key to a survivor-centred approach is ensuring that survivors have the information they need to make their own choices. This includes information about using GBV response services and the possible consequences of doing so (e.g. whether or not the case will be automatically reported to the police, expectations of the interview or examination process, etc.).⁴⁶

The consent process for children – and therefore, for adolescents under age 18 – must balance their capacity and best interests with their right to be informed and participate, and decisions should be made together with their caregiver(s), as long as these are not the perpetrators of violence against them. This process involves both **informed consent** and **informed assent**.



Informed consent means making an informed choice freely and voluntarily by people in a relationship where they have equal power. The full range of choices should be presented to the survivor, regardless of the service provider's individual beliefs. The survivor should not be pressured to consent to any interview, exam, or assessment. A survivor is allowed to withdraw consent at any time.⁴⁷

Informed assent is the expressed willingness to participate in services. For younger children, who are by definition too young to give informed consent but are old enough to understand and agree to participate in services, the child's "informed assent" is sought.⁴⁸

Table 4 below is a guide for how consent should be managed for survivors of different ages.

Table 4: Managing Consent with Adolescent Girls of Different Ages⁴⁹

Age Groups	Child	Caregiver	If No Caregiver Or Not In Child's Best Interest	Means
0-5		Informed consent	Other trusted adult or case-worker informed consent	Written consent
6-11	Informed assent	Informed consent	Other trusted adult or case-worker informed consent	Oral assent or written consent
12-14	Informed assent	Informed consent	Other trusted adult or child's informed assent and sufficient level of maturity can take due weight	Written assent or written consent
15-18	Informed consent	With child's permission, obtain informed consent	Child's informed consent and sufficient level of maturity takes due weight	Written consent

⁴⁷ Caring for Child Survivors of Sexual Abuse, p.16.

⁴⁸ Caring for Child Survivors of Sexual Abuse, p.16.

⁴⁹ Inter Agency Guidelines for Case Management and Child Protection, 2014, *The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers*, p.118. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf



What Are My Takeaway Messages and Actions From This Section?	
Understand	<ul style="list-style-type: none"> • A survivor-centred approach is essential to re-establishing the well-being of an adolescent girl GBV survivor. • The guiding principles of safety, confidentiality, dignity, and discrimination. • Survivors have agency and they have key roles in making informed decisions about what happens to them.
Identify	<ul style="list-style-type: none"> • Find out about any mandatory reporting requirements in your context. • Assess your own attitudes and biases and work to challenge any negative attitudes you (or you colleagues) hold.
Support	<ul style="list-style-type: none"> • Recognize and promote the survivor's strengths and resilience. • Validate the survivor's experience and help to restore their sense of control. • Work with the survivor in a way that promotes psychosocial well-being. • Ensure informed consent and/or assent at all stages of work with adolescent girl GBV survivors.
Adapt	<ul style="list-style-type: none"> • Recognize and support the various aspects of the survivor's identity in all interactions. • Ensure adolescent girl-friendly communication, adapted to the age, development, and ability of the survivor. • Adapt processes for informed consent to the age, development, and ability of the survivor. • Involve caregivers as needed if safe.

Where Can I Learn More?

- UNHCR, 2019. *The Regional Safe Spaces Network in the Americas: Lessons Learned and Toolkit*, p.166. https://rssn-americas.org/fileadmin/rssn-americas/documentos/RSSN_Toolkit_Updated_October_2019/RSSN_toolkit-online_version.pdf
- 2017. *Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings, Survivor-Centred Attitude Scale*, p.193. <https://www.humanitarianresponse.info/en/operations/cameroon/document/interagency-gender-base-violence-case-management-guidelines>
- IRC and UNICEF, 2012. *Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings*, Chapter 6 Tools – Psychosocial Interventions for Child Survivors. <https://www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf>
- IRC, 2018. *Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery*, Annex 6: Instructions for Developing a Coping Plan in Group Sessions. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_-final.pdf
- Save the Children, 2013. *Psychological First Aid Training Manual for Child Practitioners*. <https://resourcecentre.savethechildren.net/library/save-children-psychological-first-aid-training-manual-child-practitioners>
- UNICEF, 2018. *Operational Guidelines on Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-Tiered Support for Children and Families*. <https://www.unicef.org/sites/default/files/2019-04/Mental-health-and-psychosocial-support-guidelines-2019.pdf>
- WHO, 2011. *Psychological First Aid: Guide For Field Workers*. https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf?sequence=1
- UNICEF, 2018. *My Safety and Resilience: Girls Pocket Guide*, Annex 4: Guidelines for Obtaining Informed Consent. <https://www.unicef.org/bulgaria/media/2771/file/BGR-safety-resilience-guide-girls-en.pdf.pdf>
- UNICEF, 2018. *Guidelines on Assessing and Determining the Best Interests of the Child*. <https://www.refworld.org/docid/5c18d7254.html>
- 2014. *Interagency Guidelines for Case Management & Child Protection*, Sample of Informed Consent, p.113. http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf
- UNFPA, 2019. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf



Part III: Adapting Services to Context and Needs

Section 5: How Can We Help To Keep Adolescent Girls on the Move Safe?

What's in this Section?

This section supports users to understand how to work with girls to reduce risks while on the move, while accessing services. This section includes:

- What kinds of GBV risks do adolescent girls face on the move?
- How can I work with girls to understand and reduce risk?
- How can I use information to reduce risk?
- How can I reduce risk by responding to immediate needs?
- How can I reduce risk related to physical spaces?
- How can I reduce risks of adolescent girls in particular circumstances?
- What are my takeaway messages and actions from this section?
- Where can I learn more?

Part III provides an overview of the essential services and considerations for providing quality services to adolescent girl GBV survivors on the move.



Box 7: Note on Terminology⁵⁰

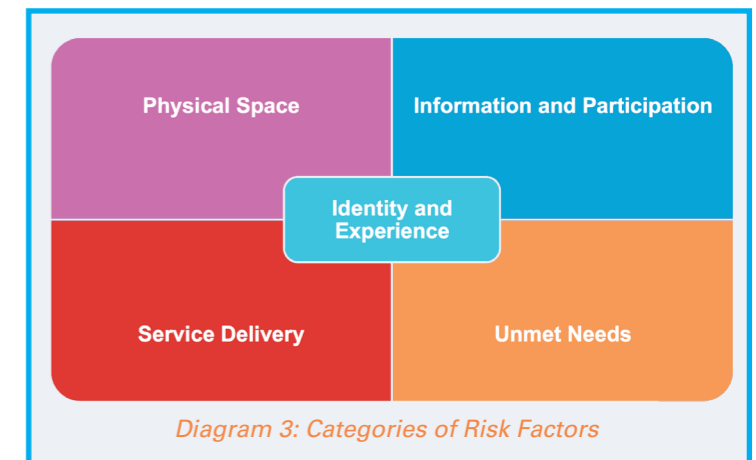
Prevention generally refers to action to stop GBV from first occurring, for example activities that promote gender equality or working with communities to address practices that contribute to GBV.

Mitigation refers to reducing the risk of exposure to GBV, for example by ensuring that areas where many cases of violence are reported are immediately addressed or that adequate security is in place. Mitigation efforts do not generally address root causes of the violence, but they try to reduce the extent of the harm caused by the problem. The focus of this section is on the role of GBV service providers in risk mitigation.

GBV risk mitigation is not only the responsibility of those working directly with survivors; rather, it is the joint responsibility of all actors to ensure that services provided to those in need – at a minimum – do not create additional harm for the survivors, and seek to reduce risks for women and girls in migration, wherever possible. The responsibilities of those not directly involved in GBV service provision to reduce risks in their work are outlined in detail in the IASC GBV Guidelines.

What Kinds of GBV Risks Do Adolescent Girls Face on the Move?

Adolescent girls are exposed to many dangers on the move (see Section 2). We can think about risk for adolescent girls in crisis and on the move in different categories. Each of these categories interacts with the different aspects of a girl's identity and experience to decrease or increase risk, as seen here in Diagram 3.



- **Risks related to information and participation:** In the context of high human mobility, many adolescent girls who experience GBV do not have clear information on the consequences of the violence and how to get support and care, or how to mitigate risks along the journey. This may be even more difficult for certain at-risk groups – for example, indigenous, Afro-descendant or ethnic minority girls who may not be able to speak or understand Spanish-language communications; girls under the control of others (including intimate partners, smugglers, or traffickers) who may not be allowed to receive information; and girls with a disability that may not permit them to process certain risks or communicate their needs.⁵¹
- **Risks related to unmet needs:** Lack of access to, or resources to pay for, key goods and services means that girls may be forced into temporary relationships or unsafe working conditions, and are vulnerable to sexual exploitation. This may include lack of:
 - Water or food;
 - Transport;
 - Shelter;
 - Clothing; and
 - Menstrual hygiene materials.



⁵⁰ IASC, 2015, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, p. 1.

⁵¹ UNHCR, *The Regional Safe Spaces Network in the Americas: Lessons Learned and Toolkit*, p.26. <https://www.acnur.org/5c05b97d4.pdf>

- **Risks related to service delivery:**⁵² Accessing services can expose girls to GBV risks, including when:
 - Girls must travel long distances or through unsafe locations to reach them;
 - Staff are inadequately or inappropriately trained and do not follow survivor-centred approaches and principles, and;
 - When service providers are themselves violent or exploitative.

- **Risks related to physical space:** These risks are created when the spaces that girls use or pass through are not appropriate or adapted to their needs. This can include modes of transport, transit shelters, other forms of accommodation, service providers, and public spaces within cities or towns. For example, these spaces may:
 - Be located in places that are unsafe, or where girls are forced to pass by groups of men or boys;
 - Lack adequate lighting or security measures such as locks; and
 - Be overcrowded and lack private space (such as bathing in shared accommodation).



Key Tool: Safety-Audit and Safety-Mapping Tools

Refer to resources at the end of this section for safety-audit and safety-mapping tools to identify and mitigate risks where possible. *NB: Risk mapping and safety planning in the context of ongoing movement needs buy-in and coordination across and between agencies and across borders.*



Box 8: ALERT! Negative Coping Mechanisms

Beware of coping mechanisms that adolescent girls employ to reduce their risks along the migration route, but in actuality, increase their risks of and to GBV in other ways. In LAC, some girls try to protect themselves by pairing up with temporary intimate partners for the course of the journey, entering into a relationship with someone older who can seemingly provide stability and security, and even survival sex. For example, an adolescent girl might enter a temporary union with an older man from a host community, which might grant tangible benefits such as permission to transit across a border point or entry into an accommodation facility. The adolescent girl and her family might not be cognizant of other threats to their safety that this temporary union might entail, such as exposure to intimate partner violence, forced and unremunerated labor, marital rape, or forced sexual acts.

It is important to conduct outreach to these adolescent girls and inform them of the risks and where they can seek assistance (if safe to do so), and promote other strategies and positive coping mechanisms that also exist in the region, such as traveling with family, coordinating with families or friends in different places along the route where they can stay, avoiding sleeping in the outdoors where possible, and using social media to communicate and find peers to travel with.

How Can I Work With Girls to Understand and Reduce Risk?

Helping girls to understand potential dangers in their current environment or along their journey – and ways to manage those dangers – can mean responding to risk factors from each of the categories above. There are many ways to approach this, building on girls’ own resources and promoting positive coping skills. For example:

- You can identify some risks for adolescent girls in a particular location by doing a safety audit. The safety-audit tool assesses GBV risks related to the physical structure and layout of a location, resource availability, and provision of humanitarian services and assistance, and can be used in any location that has specified boundaries.⁵³ *See the end of this section for links to a safety-audit tool.*
- A safety-mapping tool can be used/referenced to discuss safety risks in the community with girls. Remember that any conversations with adolescent girls must be led by staff with the right knowledge, training, and attitudes, and be based on a risk assessment.
 - Many versions of community safety mapping tools exist that can be used with girls who are staying in one place for a given period of time. *You can find examples at the end of this section.*
 - *An adapted tool for populations in transit is given in Annex 1.* This tool is designed to look both backward and forward, helping girls to first gather and understand information about the risks they found on their journey to date and to look forward to what those risks might look like in the next part of their journey.
 - If possible, share the information you gather from girls at your location with the service providers at relevant points before you on the common migration routes. Do not share any individual or confidential information.
 - If possible, gather similar information from service providers ahead of you on common migration routes to help inform girls and give them concrete information.

- Gather as much information as you can about risks, services, and barriers in your location, en route, and in the likely next destinations along the journey, to inform discussions with girls. This can be gathered from safety-audit observation lists so that service providers can share with girls what kinds of services they can expect to access in the area or en route.
- Case study examples of safety strategies (e.g. traveling with other girls or trusted boys or adults, checking information on safe and unsafe areas through websites or hotlines, etc.) can be introduced. Solicit ideas from participants about how to reduce risk in their contexts, what they can do to organise and address those risks, who in the community can address the circumstances that create risks, and who can advocate on their behalf.
- General crisis safety planning in individual or group sessions can help to identify people, places, and resources that would support them or put them in harm’s way.
- Using fictional case studies of women and adolescent girls experiencing intimate-partner violence, introduce the concept of safety planning in group sessions. Usually caseworkers carry out safety planning with survivors to help them anticipate and prepare for potential threats or incidents of violence by identifying patterns in the perpetrator’s behavior and circumstances that may escalate the violence, and supporting the survivor to think about people, places, and resources that can support them. Using fictional case studies can help adolescent girls to recognize dangerous relationship dynamics, and learn strategies to address them and find support, without being required to reveal their own situation if they are not yet ready to do so.
- Work with girls to identify positive coping skills and promote resilience. Consider the various resources in life (people, things, activities) that help them with happiness, relaxation, comfort, and problem solving.

⁵³ International Rescue Committee, 2018, *Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery*, p.11. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_-final.pdf

⁵² *Reducing risks associated with service delivery is addressed in Section 6.*

How Can I Use Information to Reduce Risk?

Community outreach can help to reduce risks by sharing information on what girls can expect in the next steps of their journey, risks of violence and the potential consequences for their health and well-being, and potential connection points to services and support along the way. To do this, you need to:

- Gather information on risks⁵⁴ for adolescent girls in all their diversity, either from secondary sources such as caregivers, other service providers who work with girls, or – if it is safe, and if staff are available who have the right skills, training, knowledge, and attitudes – by talking directly to adolescent girls (*see Section 2 for more information on risks*).
- Have up-to-date, accurate information on the kinds and quality of services that are available to adolescent girl survivors and where, when, and how to access them. This should include:
 - The location of orientation, case management, health, legal, security, and psychosocial services, among others, that are further along the typical migration routes, including, if possible, their quality, and key focal points;
 - If known, to what extent these services are supportive of adolescent girls, including at-risk groups, or if there are particular organizations or services to support those groups;

- Rights and responsibilities within and across international borders; for example, relevant laws and policies to access health services, obtain protection or humanitarian visas, or apply for asylum for GBV-related claims in destination countries.⁵⁵
- Refer to existing coordination networks, including transnational networks, wherever possible. *Where this information is not available in your context, see the guidance on conducting your own service mapping in Section 6.* It is important to ensure that the perspectives of adolescent girls are included in this information, wherever possible – barriers for girls may be invisible to others.
- Find out how best to share this information with adolescent girls, their caregivers, and others who support them, in coordination with other service providers. *Guidance on assessing communication needs and preferences and deciding which communication channels to use is covered in Section 3.*
- Identify and address misinformation wherever you can. Refugees, migrants, and asylum-seekers have many ways of sharing information. In the LAC region, this often includes information shared via phone, WhatsApp, and social media. However, this information may not always be accurate; it is therefore important to identify and address when those on the move are being given incorrect information.



⁵⁴ See Section 2 for more information on potential risks.

⁵⁵ UNHCR, *The Regional Safe Spaces Network in the Americas: Lessons Learned and Toolkit*, p.53. <https://www.acnur.org/5c05b97d4.pdf>

How Can I Reduce Risk by Responding to Immediate Needs?

Responding to the urgent unmet needs of adolescent girls on the move can help to reduce the risk of girls being forced into unsafe strategies such as transactional sex, as well as other forms of sexual exploitation, including trafficking.

- **Dignity kits and material assistance** – These can help adolescent girls to address immediate hygiene and other needs and use their limited resources to meet other needs such as food or shelter and – as the name suggests – help girls to maintain their dignity, confidence, and some level of control over their own situation. Dignity kits may contain culturally appropriate menstrual hygiene materials, soap, underwear, items that may help reduce risks of violence such as radios, whistles, and lights for attracting attention, and information on where, how, and why to access GBV services. Talk with girls about what they need (*See Focus Group Discussion Guide at the end of this section*).
- **Cash or voucher assistance** – Where permissible to do so, cash transfers or vouchers for good or services could help adolescent girls buy essential items and manage their own risks, as well as reducing their need to turn to transactional sex to survive and/or become vulnerable to exploitation and trafficking (in contexts with functioning markets). Cash can also support access to services in contexts where health care is not free, and help with individual risk mitigation – for example, to help a girl leave an abusive relationship and pay for immediate needs. However, cash and voucher assistance may also increase violence and backlash, and must therefore be designed from the outset to ensure risk mitigation. Talk with girls and their caregivers about risks and safety measures.
- **Economic empowerment** – Access to opportunities including education, training and skills development, as well as support to employment or income-generating opportunities, can promote resilience and reduce risks for girls on the move. However, they are highly dependent on local policy (for example, whether migrants, asylum-seekers

and refugees have the right to work, appropriate documentation, or freedom of movement), socioeconomic integration initiatives that are already in place, and the mobility stage of the individual girl.

For girls who are in immediate transit to another location, focus on resolving immediate needs as much as possible, and share information about potential economic opportunities at the final destination (or people they can contact to find out about these). For other girls who may stay for weeks or months in a certain location, or who have reached a temporary or final destination, economic empowerment activities may be appropriate. Suitable activities vary according to age; for example, activities for younger adolescent girls should focus on developing skills and social support networks, while activities with older girls can also focus on livelihoods and income-generation (in line with national and international laws and standards on child labor).

All activities involving girls learning new skills or livelihoods must be based on a strong understanding of gender dynamics and an in-depth risk analysis to make sure that they do not create more backlash and harm. For example, GBV survivors should always be included in economic activities alongside other girls to avoid stigmatizing them (*see resources at the end of this section for more information*). Economic empowerment activities can also be used as entry points to share information with adolescent girls.

How Can I Reduce Risk Related to Physical Spaces?

Consider the safety of physical spaces in all activities and services with adolescent girls:

- Make sure your services and activities are in safe locations, and that they do not require girls to travel at night. Wherever possible, reduce the need for girls to travel long distances between different services and activities;
- Ensure, or advocate with others for, safety in transit shelters, public spaces, and accommodation options, including adequate space, lighting, and security measures; and
- Provide transport options wherever possible.



Box 9: Reducing Risk Considerations for Sofia, Caribai, and Mariana



Sofia, Age 12

- Involve Sofia and Sofia's sister (as long as she is not also perpetrating abuse) in the process of identifying and mitigating risks.
- Make sure that information-gathering processes – for example, safety mapping – are adapted to Sofia's ability to take in, and share, information.
- Target risk-related information gathering and planning to Sofia's most common locations on both sides of the border, as well as the transit in-between.



Caribai, Age 14

- Work with Caribai to identify and mitigate risks associated with her early marriage and ongoing sexual violence and controlling behaviours. Consider detailed, individual IPV safety planning with her. Ensure this is safe and is kept confidential.
- Consider strategies to share information with Caribai about risks and services without her husband knowing – for example, through health services, or on the packaging of women's sanitary materials.



Mariana, Age 17

- Consider the influence of peer approval on Mariana's decision-making processes.
- Identify and address potential risks related to all aspects of Mariana's identity (e.g. pregnancy, exploitation, trafficking).
- Respond to immediate needs by providing dignity kits or material assistance related to pregnancy, for example.

How Can I Reduce Risks of Adolescent Girls in Particular Circumstances?

Transactional Sex and Trafficking for Sexual Purposes

Many girls on the move are forced to resort to transactional or survival sex, are sexually exploited, and/or are trafficked for sexual purposes. Sex trafficking, when committed by force, fraud, or coercion, or against a child, is considered a severe form of trafficking in persons.⁵⁶

We can consider risk reduction around these issues in two broad ways: 1) reducing the risk of girls engaging in transactional sex, or being exploited or trafficked, and 2) reducing the harm and risk of further violence if they are. Information on these two aspects should be shared in combination, since you will often not know which girls are in exploitative situations, and once such a situation occurs girls will not always be able, or willing, to seek help.

To reduce risks of transactional sex, or trafficking:

- Address adolescent girls' immediate needs or refer girls to those who specialize in livelihoods, food, and non-food item distributions, and other relevant actors. Advocate for those actors to address the needs of adolescent girls where this is not already taken into account;
- Proactively share information on risks regarding sexual exploitation and trafficking, based on risk assessments conducted with girls and those who support them. Make sure this information is shared in ways and places that help it to reach the most at-risk girls;
- Remember that most adolescent girls involved in transactional sex do so because they have no other choice to survive and continue along their journey. Make sure that all information and services recognize the exploitative nature of transactional sex and acknowledge the emotional and physical consequences endured by the survivor. Make sure that all information

and services are non-judgmental, empathetic, and supportive; and

- Make information and services available that can reduce harm from exploitation. This includes information about how to access different forms of contraception to prevent unwanted pregnancies and sexually transmitted infections, as well as information on how to negotiate condom use, for example.

Sexual Exploitation and Abuse

To reduce the risk of sexual exploitation and abuse perpetrated by service providers and others that are meant to support adolescent girls, every organization must have a strong safeguarding policy and a code of conduct in place that includes the prevention of sexual exploitation and abuse and sexual harassment. Staff must sign and understand that the code of conduct means:

- Never having any sexual contact with any person under 18 years of age;
- Never having any sexual contact with any person seeking services or support;
- Never requesting or demanding anything, especially sexual acts in exchange for services that should be freely given under all circumstances;
- Never using a position of power or influence to force an adolescent to do anything, especially sexual acts, or for personal gain of any kind; and
- Never making sexual or derogatory remarks, or otherwise making someone feel uncomfortable.

Every staff member must know and follow the code of conduct, and know how to report suspected violations. Service providers must have information readily available and visible regarding what actions constitute sexual exploitation and abuse, and they must impose consequences for those that violate the code of conduct. Community members must also know about the policy. Feedback systems should be in place that allow girls to easily and confidentially report concerns, including sexual exploitation and abuse, or give feedback on the quality of services they access.

⁵⁶ Congressional Research Service, 2016, *Trafficking in Persons in Latin America and the Caribbean*, p.2. <https://fas.org/sgp/crs/row/RL33200.pdf>

Early Unions and Forced Marriage

While it may be tempting, it is not our role to put a stop to an early union – this is unlikely to work, and can put the girl and ourselves at further risk. In cases where early unions are yet to take place (“imminent risk” cases) we can work through a structured process with girls and their caregivers to help them understand the consequences, and if the marriage goes ahead, manage risks of early unions. In cases where early unions have already taken place, we can work with girls to manage risks. Both of these approaches are part of a case management response, and require the right training, skills and attitudes. *See resources at the end of this section for guidance.* Other service providers who are not trained case managers can provide information on risks and potential consequences and referral to specialized GBV case managers.

Intimate-Partner Violence

Adolescent girls in marriages or unions are more likely to experience intimate-partner violence.

Any girl in such a situation is at continuous risk of harm. In most situations of displacement there are few safe and sustainable options for a girl to leave an abusive partner; in temporary or final destinations, such support services or options may not be available to a refugee, migrant, or asylum-seeker girl. Social norms may prevent survivors from leaving abusive relationships, and it is often extremely dangerous for a survivor to leave.⁵⁷ You should never advise a survivor to leave, or tell her that it will be better to do so. You can, however, provide important support by listening to the survivor, ensuring survivor-centered care, sharing information about relevant services, and providing psychosocial support (*see Section 4 and Section 6*).

Risks can be further reduced for survivors in situations of intimate-partner violence by developing a safety plan. This is complex and should only be done by GBV case management specialists. See below for more information on safety planning with girls in situations of intimate-partner violence (IPV).

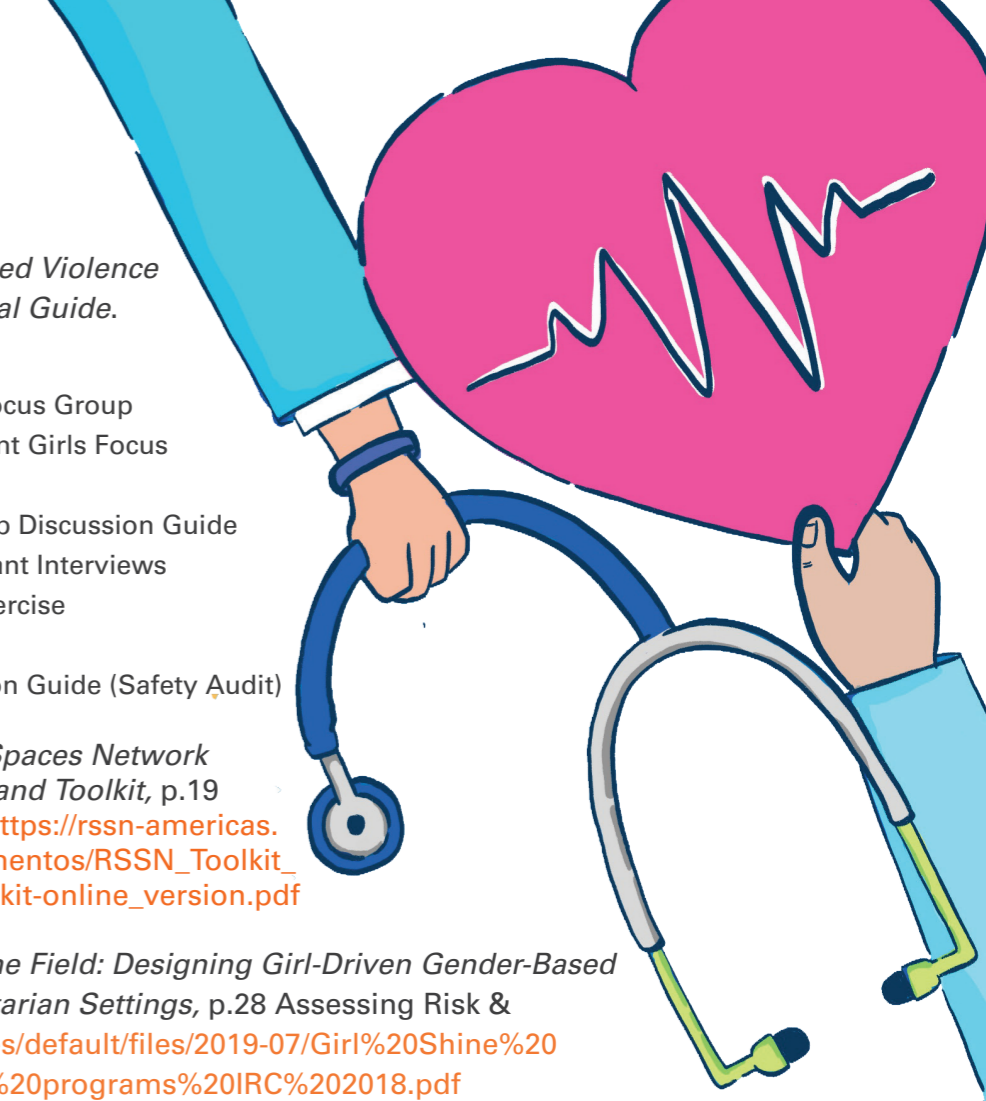
What Are My Takeaway Messages and Actions From This Section?

Understand	<ul style="list-style-type: none"> Adolescent girls can face GBV risks related to a physical space, unmet needs, poor service delivery, and lack of information and participation. GBV risks are influenced by aspects of influence and identity – the exact risks faced by each adolescent girl on the move will be different.
Identify	<ul style="list-style-type: none"> Find out about risks for particular girls, or groups of girls, using safety audits, safety mapping, and safety-planning tools. Gather information about risks, services, and barriers further along the migration route. Find out how best to share this information with girls and their caregivers. Identify misinformation shared among migrants and refugees. Find out what material assistance would help to reduce risks (e.g. dignity kit contents). Assess risks associated with any distribution of materials, cash-based assistance, and economic empowerment activities.
Support	<ul style="list-style-type: none"> Share up-to-date information about potential risks along the migration route, as well as services and how to access them. Ensure accurate local information regarding age eligibility or documentation requirements for accessing services. Reduce risks related to physical space by ensuring that any services or activities with adolescent girls take place in safe locations, and by advocating for safe accommodation and transit locations. Reduce risks related to unmet needs through material assistance, cash transfers or vouchers and/or economic empowerment activities such as vocational education. Proactively share information about risks and consequences of GBV. Share and develop strategies with individuals or groups of adolescent girls to help them manage their own risks.
Adapt	<ul style="list-style-type: none"> Adapt methods of gathering and sharing information related to risks and services to different profiles and abilities. Consider different profiles and abilities when designing distributions, cash- or voucher-based assistance and economic empowerment activities. Make sure they are adapted to as wide a range of girls as possible.

⁵⁷ *Interagency Gender-Based Violence Case Management Guidelines*, p.97. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf

Where Can I Learn More?

- UNICEF, 2019. *UNICEF Gender-Based Violence in Emergencies (GBViE) Operational Guide*.
- Rapid Assessment Tools:**
 - 5: WASH and Dignity Kit Sample Focus Group Discussion Guide; Part B: Adolescent Girls Focus Group Discussion Guide
 - 6: GBV Risk and Safety Focus Group Discussion Guide
 - 7: GBV Risk and Safety Key Informant Interviews
 - 8: Participatory Safety-Mapping Exercise
 - 9: Participatory Safety Walk Guide
 - 10: GBV Risk and Safety Observation Guide (Safety Audit)
- UNHCR, 2019. *The Regional Safe Spaces Network in the Americas: Lessons Learned and Toolkit*, p.19 Service Mapping Collection Tool. https://rssn-americas.org/fileadmin/rssn-americas/documentos/RSSN_Toolkit_Updated_October_2019/RSSN_toolkit-online_version.pdf
- IRC, 2018. *Girl Shine: Advancing the Field: Designing Girl-Driven Gender-Based Violence Programming in Humanitarian Settings*, p.28 Assessing Risk & Opportunity. <https://gbvaor.net/sites/default/files/2019-07/Girl%20Shine%20Designing%20girl-driven%20GBV%20programs%20IRC%202018.pdf>
- IRC, 2019. *My Safety, My Wellbeing: Equipping Adolescent Girls With Key Knowledge and Skills to Help Them to Mitigate, Prevent and Respond to Gender-Based Violence*. <https://www.rescue.org/sites/default/files/document/4169/ircmysafetymywellbeingcurriculumforadolescentgirls.pdf>
 - Safety Planning (ages 11-13: p.138, ages 14-18, p.143); GBV Scenarios and Response (ages 11-13, p.148, ages 14-18, p.151); Early Marriage (ages 11-13, p.154, ages 14-18, p.158)
- 2017. *Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings*. p.117, Safety-Planning Guidelines in Cases of Intimate-Partner Violence; Reducing Risks in Cases of Early Unions/Marriage. <https://www.humanitarianresponse.info/en/operations/cameroon/document/interagency-gender-base-violence-case-management-guidelines>
- WRC, 2016. *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence*. <https://s33660.pcdn.co/wp-content/uploads/2020/04/Mean-Streets-Urban-Refugees-GBV.pdf>
- Regional Safe Spaces Network. *Regional Toolkit for Protection From Sexual Exploitation and Abuse, Sexual Harassment (PSEA/SH) Toolkit and Inter-Agency Community-Based Complaint Referral Mechanism in the Americas*. https://rssn-americas.org/fileadmin/rssn-americas/documentos/PSEASH_Tools_and_Toolkit/Updated_Ocotber_23/Toolkit__Complaint_Referral_mechanism.pdf
- Columbia University and International Rescue Committee, 2017. *A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response*. <https://www.rescue.org/sites/default/files/document/2113/themhminemergenciestoolkitfullguide.pdf>
- UNICEF, 2019. *A Profile of Child Marriage and Early Unions in Latin America and the Caribbean*. <https://www.unicef.org/lac/media/8256/file/Profile%20of%20Child%20Marriage%20in%20LAC.pdf>
- UNICEF, 2018. *A Commitment to End Child Marriage and early unions in Latin America and the Caribbean*. <https://www.unicef.org/lac/en/reports/commitment-end-child-marriage-and-early-unions>



Section 6: Adapting Quality Services for Adolescent Girl GBV Survivors on the Move

What's in this Section?

This section supports service providers to reduce the barriers adolescent girl survivors on the move face in accessing services, and within the existing limitations, to provide support where survivors may only be seen once and/or services are limited, in a way that avoids further re-traumatization and harm. *Mobile and remote approaches are discussed in Section 8.*

This section includes:

- What services exist for GBV survivors?
- Why adapt services for adolescent girls on the move?
- How can I reduce barriers to quality services for adolescent girls on the move?
- What is crisis case management?
- How do referral systems support survivors on the move?
- How can I manage the information of GBV survivors in transit?
- What is an intersectional approach to case management?
- What staff profiles and skills are needed?
- What if few services exist?
- What are my takeaway messages and actions from this section?
- Where can I learn more?

Key Tool: Mapping Services

You can use the **Service Mapping Tool** to create a service directory of all services to support GBV survivors. *GBV CM Guidelines*, p.170

You can also contact the GBV AoR Helpdesk for support with cross-border GBV service mapping at enquiries@gbvhelpdesk.org.uk



What Services Exist for GBV Survivors?

The first step to meeting the needs of adolescent girls in transit is understanding what essential services are in place and who is delivering them – both locally and at the next transit points and destinations along the common migration routes.⁵⁸ This means learning what age-appropriate services exist in the following areas: medical treatment and health care, psychosocial care and support, safety and protection, legal and law enforcement services, education and livelihood opportunities, and other protection activities. This also means learning who might provide any one of these services to adolescent girls (including to refugees and migrants), which can include formal providers such as national and local governments, UN agencies, and non-government international, national and community-based organizations. Informal resources, such as family members, friends, community and religious leaders, women's groups, and other associations play an important role in providing care, support, and protection for survivors, especially for select at-risk groups, such as sexual and ethnic minorities.⁵⁹ Often, this information can be provided by the local or national GBV and/or Child Protection Coordination mechanism.⁶⁰ But if one does not exist, you will have to do a local and cross-border service mapping.

Why Adapt Services to Adolescent Girls on the Move?

Many services are tailored either to adult women survivors, or to children in general, with the result that the specific needs, priorities, and challenges of adolescent girl survivors are often ignored. This can cause girls not to access services – which increases the risk of long-term consequences of violence – and increase risks of experiencing other forms of violence (for example, a girl who experiences sexual violence but does not feel that she can turn to formal GBV service providers may approach others in her community who do not respond positively, or she may become more vulnerable to sexual exploitation).

Most models and quality standards for GBV service delivery in humanitarian settings are developed for large populations that stay in one place, including refugee and internally displaced person (IDP) camps. In these places, centralized GBV case management services are often attached to women's centers and/or health facilities.⁶¹ Human mobility across LAC – including onward migration, pendular migration (back and forth), and many refugees and migrants based in, or passing through, urban areas – presents a challenge for these traditional GBV facility-based service providers. Furthermore, all support – in particular for minors – must be carried out in coordination with national authorities, who bear primary responsibility for service provision.

In addition to guilt, shame, and fear of retaliation at the hand of perpetrators, refugee and migrant survivors face additional barriers related to their status. Specifically, they:

- May want to remain undetected by authorities (and therefore fear mandatory reporting requirements);
- May find themselves in a situation of coercion and/or discrimination where seeking assistance can put them at risk;
- May be pressed to continue their journey onward to their next or final destination;
- May believe/be fearful of costs they might incur;
- May be a member of a social or ethnic group that experiences increased risk or stigma, such as LGBTQI+ or people living with HIV or AIDS;
- May not know if, as undocumented migrants, they can access advertised GBV services;
- May believe it not worthwhile to access services, believing that not much can be done if the violence occurred before departure, in the previous country or location on their journey, or several days, weeks, or months in the past; and
- May simply not have the relevant information about why, how, or where to access services.

⁵⁸ See Section 1 for an overview of essential GBV services.

⁵⁹ *Interagency Gender-Based Violence Case Management Guidelines*, p.25.

⁶⁰ Contact the GBV AoR to find out about contact information for GBV sub-clusters: <https://gbvaor.net/about-us>, or the Child Protection AoR to find out about contact information for country-level child protection coordination groups: <http://cpaor.net/>

⁶¹ IRC, 2018, *Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery*, p.13. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_final.pdf

Service providers:

- May encounter humanitarian access constraints;
- May have limited time and resources to provide holistic care;
- May not exist in areas of transit;
- May not have the knowledge and skills to understand and adapt services to certain profiles such as adolescent girls, or sexual or ethnic minorities;
- May not speak the language of the person on the move;
- May have restrictions on providing services to those who do not have documentation; and
- May have discriminatory and xenophobic attitudes toward refugees and migrants.

Quality services must respond to the various barriers and challenges that adolescent girls on the move face in accessing services.

How Can I Reduce Barriers to Quality Services For Adolescent Girls on the Move?

Ensuring access to quality services for adolescent girls on the move means identifying and addressing the barriers and limitations they face. Some of these limitations – or the possibility to address them and provide continued assistance – will change, depending on whether the girls is in transit, in a temporary destination, or if she has reached her final destination.

Firstly, work with girls to understand how they can best access services and what specific barriers they face in your context and given the amount of time they expect to remain at your location. This can be done using focus group discussions with older adolescent girls or caregivers (*see tool at the end of this section*).

These must be based on a risk analysis and done only by staff with the right training, qualities, skills, and attitudes.

Some of the common barriers and challenges for adolescent girl GBV survivors on the move in accessing services are outlined in Table 5 on the following pages, along with relevant strategies to address them.

Note that many of the following barriers are common to the entirety of the migration cycle; that is, they equally apply to those girls who are in transit, are in a temporary place, have arrived at their permanent destination, or who engage in pendular migration. The challenge lies in where, precisely, they are in the migration cycle and what that means in terms of how much time a service provide has to be able to intervene with protection information and services.

Often, service providers will not know how much time is available for service provision and follow-up. This may be because the girls themselves are unsure of how long they might stay, or because they are afraid to share such information.

It is therefore important to assume that you will have the least amount of time possible, and operate first with strategies to ensure crisis case management (*see page 65*), remote follow-up, and/or onward referrals.



Key Tool: Understanding Barriers to Access

Despite the Principle of Non-Discrimination, not all services are created equal. Many barriers may challenge survivors from accessing services, including the migration and regulatory framework, discriminatory and xenophobic attitudes, or economic barriers such as fees for accessing care that prove to be prohibitive. A barrier analysis helps plan to close the gap between survivors – and specific at-risk profiles – and providers. *See the Barriers to Care Analysis and Planning Tool in the GBV CM Guidelines, p.176.*

Table 5: Common Barriers and Challenges for Adolescent Girl GBV Survivors in Accessing Services

Barrier	Strategies
Timeframe and Displacement	
<p>Girls on the move, may not be able to benefit from the full range of services. In-person follow-up may be limited, and the longer timeframe of certain services means they are not possible in such circumstances. For example, assistance to press charges against a perpetrator may not be possible. Similarly, it may be difficult for a survivor in transit to follow a full regimen of post-exposure prophylaxis (PEP) to prevent HIV infection, or treat other sexual and reproductive health-related conditions. Even where available, these medications present possible side effects that require close monitoring with health personnel, which is difficult to provide with a highly mobile population in transit. These medications also require certain conditions that do not always hold true on the migration route; for example, continuous access to a well-balanced diet.</p> <p>Many refugees and migrants often change their home address and mobile number, making it difficult to monitor cases and provide follow-up support to survivors.</p>	<p>Do not assume that a survivor will not be able to benefit from services. Those who are in a temporary or permanent destination may be able to access the full range of services, depending on her needs and travel timeframe, or she may be limited by barriers others than time. Remember that each girl's situation may be different.</p> <p>Which services are most relevant should be assessed with the survivor (and her caregivers, if relevant and safe) based on how long she expects to spend in that location and her travel plans from that point onward (including whether she is traveling with caregivers or has access to other support networks).</p> <p>Research and monitor changes in migration routes, and invest in supporting service providers and/or establishing new services (including mobile) along those routes.</p> <p>Work with peers in government, UN, INGOs, and civil society to establish (where inexistent) or become part of (where existent) an intersectoral and inter-territorial referral mechanism and standard operating procedures that include information sharing protocols. Involve all relevant authorities in the design and execution of such referral mechanisms, including state authorities on migration, women's, and children's protection. Include all permanent, temporary, and mobile services at and around border zones to facilitate referrals to services in temporary and permanent destinations. Ensure representation of community-based groups (such as associations) to facilitate referrals and follow-up at the community level.</p> <p>Ensure essential actions and give as much information as possible in the first visit (<i>see information on Crisis Case Management on page 65</i>). Assess referral and service needs based on safety and Do No Harm principles. Give transparent information on the advantages and disadvantages of accessing all services. Ensure that this information is available at key information points along the route (for example, shelters and Support Spaces.)</p> <p>Explain the importance of follow-up (including at a different service provider further along the route), and share information on, and numbers of, healthcare providers along the migration route that girls may access.</p> <p>Subsidize key medications where not available gratis. Advocate for access to nutritional support from humanitarian agencies for those who are prescribed medication that should be taken with food (e.g. PEP).</p> <p>Share information with survivors on health structures along their likely migration routes where they could seek follow-up and support. If possible, share names and phone numbers of personnel in those locations who are known to be supportive of adolescent girls.</p> <p>Leverage social media, messaging platforms, and other digital communication forms (e.g. Facebook and WhatsApp) to contact and follow-up with adolescent girls, after having secured their informed consent to do so. Also inform and remind survivors of onward service points.</p> <p>Reinforce the message that adolescent girls are welcome to inform their case managers of address and telephone number changes.</p>

Table 5: Common Barriers and Challenges for Adolescent Girl GBV Survivors in Accessing Services *(continued)*

Barrier	Strategies
Accessibility of Services	
<p>There are multiple barriers that arise related to the location, physical accessibility, and hours of operation of service providers, among others.</p> <p>Adolescent girls often face restrictions on their movement. Parents, caregivers, family members, or intimate partners may prevent them from traveling to seek healthcare or other services – in some cases as a strategy to protect girls; in others, because they do not believe that these services are necessary or appropriate (especially for services related to sexual and reproductive health). Girls with physical disabilities may be even more restricted or may find that services themselves are not physically accessible.</p> <p>Adolescent girls who are married or parenting have many domestic and care responsibilities, and those traveling alone must fulfill all their own needs.</p> <p>The location of services may be unsafe or require girls to travel through unsafe areas.</p>	<p>Do not assume that a survivor will not be able to benefit from services. Ensure services are available at a variety of times and places that are accessible for girls on the move, including those with disabilities. This can be formalized through an accessibility strategy that assesses and addresses the different accessibility barriers faced by the full range of potential survivors.</p> <p>Include caregivers and spouses in outreach efforts so they will allow or support girls to access services.</p> <p>Provide multiple entry points and options for accessing services, to allow survivors to choose what is safe for them <i>(see, for example, Section 7 on Safe Spaces)</i>.</p> <p>Provide mobile and remote services where safe and feasible, including dedicated GBV hotlines and access to counseling and referrals via social media and messaging platforms such as WhatsApp <i>(see Section 8 for more information)</i>. Emphasize mobile service investments in border areas.</p>
Access to Information	
<p>Girls on the move, particularly those in transit, often have limited access to information about services, including where and how to access them.</p> <p>If information and services are not available in the languages or formats that a girl can understand, it will be more difficult to seek help.</p> <p>Indigenous peoples may face particular challenges due to lower levels of literacy and familiarity with dominant languages and lack of interpreters and translators who know their language.</p>	<p>Develop adolescent-friendly and inclusive communication materials.</p> <p>Establish a directory of services, in all relevant languages, located along common migration routes <i>(see Annex 3 Bus Viajero pamphlet services as an example)</i>.</p> <p>Identify and place the directory and information in key places where adolescent girls on the move visit or congregate, such as plazas, migrant shelters, safe houses, markets, pharmacies, health centres, bus terminals, gas stations, and taxi stands. Also share with, and through, national and regional humanitarian platforms.</p> <p>Distribute the directory and other relevant information through social media (Facebook, namely) and messaging platforms, and other digital communication forms such as mobile phone applications. Consider partnerships with communications and public relations agencies in the private sector to devise ways to increase the reach of information to adolescent girls, including through subsidized or blanket text message sharing.</p> <p>Invest in awareness-raising activities geared toward authorities with protection responsibilities, to ensure they are aware of local law and policy related to service provision, and understand how to share the directory and other relevant information with adolescent girls.</p> <p>Identify and share information and awareness-raising materials through other formal and informal channels of communication, such as community leaders, caregivers, and adolescent girls' spouses.</p>

Table 5: Common Barriers and Challenges for Adolescent Girl GBV Survivors in Accessing Services *(continued)*

Barrier	Strategies
Access to Information	
	<p>Translate/provide information in all relevant languages. Develop pictorial messages to accompany written information.</p> <p><i>See Section 3 for more information.</i></p>
Attitudes	
<p>The attitudes, values, and beliefs of service providers toward adolescent girls and their experiences can make girls think that services are not for them, that they can only use them under certain circumstances (e.g. sexual violence by a stranger, rather than sexual violence by a partner), or that they will be judged or blamed if they do seek services <i>(see Section 2)</i>.</p> <p>Adolescent girls on the move are at risk of xenophobic attitudes toward migrants as well as negative beliefs and perceptions of adolescent girls and their behaviour.</p>	<p>Explore, understand, and challenge attitudes toward adolescent girl refugees and migrants in all programming. Share and promote positive images and attitudes toward adolescent girls on the move, including that they are strong, resilient, and adaptable. Seek out and promote opportunities for host community/migrant interactions and cooperation to foster positive experiences and integration.</p> <p>Develop and deliver attitudes and cultural sensitivity programs that promote being empathetic, positive, and supportive at all stages of interacting with adolescent girls. Programs should focus on service providers along the migration route. Include modules on anti-xenophobia, avoiding hyper-sexualization of adolescent girls, and other negative attitudes affecting adolescent girl refugees and migrants in capacity building programs with service providers.</p> <p>Train all health personnel on adolescent girls' sexual and reproductive health and rights, and their right to healthy sexual behaviours (including initiating, consenting to and declining sex, and negotiating birth control use).</p> <p>Undertake widespread sensitization and anti-xenophobia campaigns, calling for solidarity; involve schools and universities; community groups, the private sector, and government institutions, among others.</p> <p>Include attitudinal roles and responsibilities posters at all service points to remind service providers of appropriate care, while informing adolescent girls what level of quality care they should expect. Include quality care and positive attitudes in service providers' evaluation criteria.</p> <p>Provide psychosocial support to service providers – particularly those working in border zones – to avoid burnout, which in turn can lead to inappropriate care and attitudes.</p> <p><i>See Section 2, Section 3, and Section 4 for more information.</i></p>
Cost	
<p>The cost of services, and transport to reach those services, can be even more prohibitive to girls who are likely to have less access to resources than adult women (especially unaccompanied girls), and have those resources more tightly controlled by others in their lives (especially married girls, girls with</p>	<p>Provide GBV services for free; subsidize health care costs for survivors where services are not provided gratis.</p> <p>Provide transport options or cover transport and lodging costs for at-risk groups to come to service locations, where possible.</p>

Table 5: Common Barriers and Challenges for Adolescent Girl GBV Survivors in Accessing Services *(continued)*

Barrier	Strategies
Cost	
<p>disabilities, and girls under control of smugglers or traffickers).</p> <p>If girls must pay to access services, they may also be forced to turn to negative coping mechanisms (including but not limited to transactional sex) to cover those costs.</p>	<p>Where possible, establish/modify GBV service centers to serve as one-stop shops, to combine as many services as possible, and reduce the need for survivors to access several different providers and incur any of the associated costs.</p> <p>Target survivors and those at risk with cash-based interventions.</p>
Documentation	
<p>Girls on the move are often missing key identity or migration documents, which directly and indirectly heightens their risks of GBV. Without the right documentation, girls may resort to taking or being smuggled through irregular migration routes and informal border crossings.</p> <p>Without key documents, girls cannot access or rent safe housing, apply for asylum, or regularize their immigration status.</p> <p>A lack of documentation also minimizes girls' access to essential services. It can limit possibilities of accessing healthcare, inhibit girls from seeking help with the police, and make it impossible to pursue justice. It may also make it difficult to access communication methods, such as phone SIM cards.</p>	<p>Reinforce public campaign messages geared toward adolescent girls, emphasizing their rights to seek and access services even without documentation.</p> <p>Include accompaniment to GBV services as a core part of case management for survivors.</p> <p>Identify and refer cases to organizations that can provide legal assessment and assistance.</p> <p>Facilitate immediate access to best interest determinations, and preferential access in asylum hearings and other administrative and protection processes.</p>
Infectious Diseases	
<p>During epidemics and pandemics, the containment of infectious diseases becomes an emergency, and population isolation and movement restrictions are put in place, sometimes for extended periods of time.</p> <p>These restrictions, while greatly increasing the risks of GBV – in particular IPV – by forcing women and girls to stay isolated with potential abusers, also greatly increase barriers to leaving one's home to seek safety, protection, and services.</p> <p>Lockdowns and/or curfews also make it difficult if not impossible for girls to reach service providers. Many service points also close down or are converted to health centres to assist with the emergency response.</p> <p>Further, GBV prevention and response is often not considered a lifesaving priority that must be a fundamental part of the emergency response, nor essential services that merit exemption from population movement and access restrictions.</p>	<p>Prioritize GBV prevention and response programs as core elements of the emergency response.</p> <p>Work with authorities to provide women and girls with exemptions to movement and curfew restrictions to access services.</p> <p>Provide mobile and remote services where safe and feasible; these include virtual services <i>(see Section 8)</i>.</p>

NATIONAL CAMPAIGNS

DO YOU WANT TO BE PART OF THIS CAMPAIGN ?

Follow us, share, join us and discover how you can help get one step closer to refugees and migrants in your country.



Box 10: Campaigns to Combat Xenophobia and Discriminatory Attitudes against Migrants and Refugees



#TuCausaEsMiCausa / Your Cause is My Cause

Your Cause Is My Cause is a campaign that seeks to promote a culture of integration between refugees and migrants from Venezuela and their host communities in Peru, promoting values such as solidarity and empathy. This effort highlights the value of diversity and achieves the dissolution of the barriers that lead to prejudice and discrimination.

Learn more: <https://tucausaesmicausa.pe>



#Somos Panas Colombia / We are Buddies Colombia

We are Buddies Colombia is a United Nations Refugee Agency campaign that seeks to reduce xenophobia toward Venezuelan migrants and refugees, and those who had to leave their country in search of new life opportunities and the protection of their rights in Colombia.

Learn more: www.somospanascolombia.com



Acortemos Distancia / One Step Closer

One Step Closer is a campaign that promotes messages of empathy, solidarity, and tolerance to refugees and migrants in 25 countries in Latin America and the Caribbean, with the objective of emphasizing how we are united as human beings. The campaign highlights values, traditions, and historically shared customs in the region.

Learn more: www.unicef.org/lac/en/press-releases/r4v-launches-one-step-closer

Innovation: Mobile Services in the Time of COVID-19



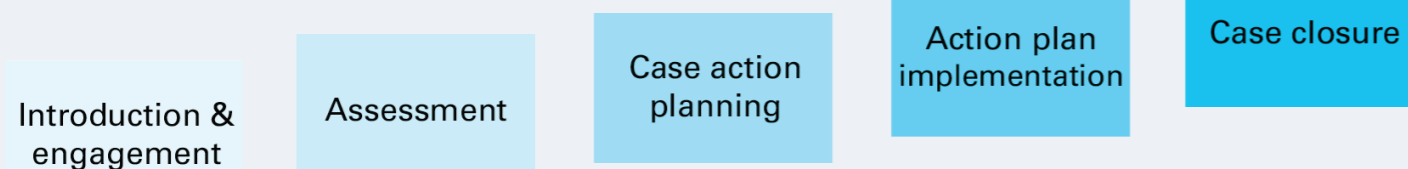
With the onset of Coronavirus, many safe spaces shut their doors temporarily. Fundación de las Americas (FUDELA), which manages safe spaces for vulnerable children and youth (local, refugees, and migrants) in northern Ecuador began deploying personnel with PPE to children's homes to drop off life skills exercises for youth to do on their own and with their families. These include worksheets on matters of importance to adolescent girls such as preventing teenage pregnancy and domestic violence. FUDELA personnel visit the home again to pick up the exercises and respond to any questions. All the while, they monitor for protection concerns.

What Is Crisis Case Management?⁶²

Crisis case management is an adaptation of the traditional case management process that prioritizes the most essential steps in a short timeframe. Crisis case management should be prioritized for adolescent girls who are in transit, or in a temporary destination.

In crisis case management, each step is shortened and adapted to cover immediate concerns, *as shown in Diagram 4 below and explained in Table 6 below and on the following page.*

The Standard GBV Case Management Process



Crisis Case Management

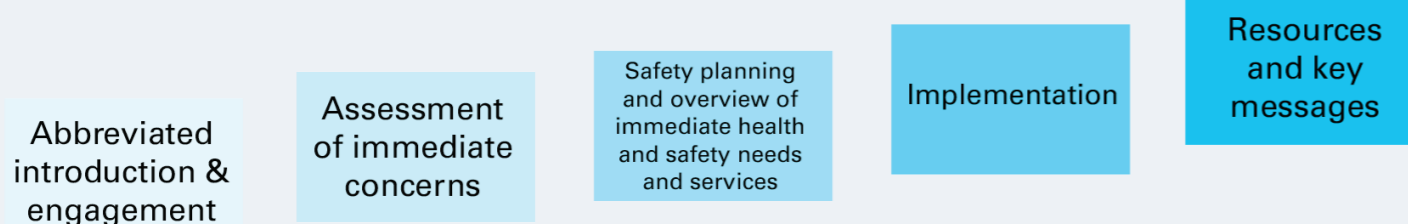


Diagram 4: Crisis Case Management steps as compared to the Standard GBV Case Management Process

Table 6: Crisis Case Management

Permanent Destination <i>Standard GBV Case Management</i>	Transit or Temporary Destination <i>Crisis Case Management</i>
Step 1: Introduction and engagement <ul style="list-style-type: none"> Greet and comfort Introduce yourself and your role Discuss all aspects of informed consent (confidentiality, mandatory reporting) Answer questions Get permission to continue 	Step 1: Abbreviated introduction and engagement (5 mins) <ul style="list-style-type: none"> Greet and comfort Introduce yourself in one sentence We believe strongly in helping you keep your story private. You and I will decide together whether and who to tell about the violence you experienced, for your safety Can you tell me your most important concern today?

Table 6: Crisis Case Management (continued)

Step 2: Assessment <ul style="list-style-type: none"> Determine whether other responders are involved Understand who the survivor is Invite the survivor to tell you what happened Listen well Respond with validation, compassion, and information Identify the survivor's concerns and key needs Document relevant information on a form or in case notes with a safe documentation and storage system 	Step 2: Assessment (15-20 mins) <ul style="list-style-type: none"> Listen Assess safety concerns, accessible social networks, state of mind, and needs Respond with validation, compassion, and information Where there are safety concerns, or no possibility of follow-up, do not document information on a form or in case notes In cases of imminent danger, support the survivor to take immediate action to address this
Step 3: Case action planning <ul style="list-style-type: none"> Summarize your understanding of the survivor's needs Give information about what services and supports are available and what they can expect from them Plan with the survivor how to meet needs, set personal goals and make decisions about what will happen next Develop and document a case action plan Discuss concerns with your supervisor Discuss options for follow-up 	Step 3: Safety planning and overview of the immediate health and security needs and the services available (15-20 mins) <ul style="list-style-type: none"> Safety plan Give information about what services and support are available in transit points and destination Make sure that action planning is based on what is safe and feasible for girls on the move and the time they plan to spend in one location
Step 4: Implement case action plan <ul style="list-style-type: none"> Make referrals Advocate for and support survivors to access services Lead case coordination Provide direct services if relevant 	Step 4: Implementation (15-20 mins) <ul style="list-style-type: none"> Inform the survivor about referral options for immediate concerns Make referrals with consent Provide resources (material support, hotline numbers, contacts of providers in destination location as applicable) and encourage her to stay in touch if at all possible Inform the survivor about potential risks along the migration route Share key messages: the survivor is not alone or at fault; affirm/validate survivor's feelings. For the last few minutes, stabilize the survivor so she is not leaving your session in a more traumatized state (plan for the rest of the day, encourage the survivor to be in the present)
Step 5: Follow-up <ul style="list-style-type: none"> Meet with and contact the survivor as agreed Reassess safety Review and revise the case action plan Implement the revised plan 	(No Step 5 Follow-up in Crisis Case Management)
Step 6: Case closure <ul style="list-style-type: none"> Determine if/when the case should be closed Document the case closure If possible, administer a client feedback survey Safely store the closed case file 	(No Step 6 Case closure in Crisis Case Management)

⁶² International Rescue Committee, 2018. *Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery*, p. 47-49. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_final.pdf.

How Do Referral Systems Support Survivors on the Move?

The success of providing services to those on the move will largely depend on the information, resources and referrals you can provide for people to access in their next or final destination. This requires continuous coordination at a local, national, and transnational level – including national authorities and civil society organizations – to continuously update service mapping and protocols dictating how survivors can be referred across service providers. This can be done by developing a referral system.

A referral system is a flexible mechanism that safely links survivors to supportive and competent systems of care, such as medical care, mental health and psychosocial services, police assistance, and legal and justice support. When supporting an adolescent girl to navigate through a referral system, pay attention to how long she is likely to spend in the location, and the common timeframe of support for each different service. For girls in transit, an intersectoral and inter-territorial referral system with accompanying protocols will best support them through their journey and help them access services no matter where they are along the migration route.



If one does not exist already, you can easily develop a simple referral protocol to describe the mechanism in the relevant location(s) – local, regional, or international – with the service providers you have identified in your service mapping. A functional GBV referral system that is accessible and safe for survivors includes the following elements:⁶³

- At least one service provider for health, psychosocial support, case management, safety and security, and, as appropriate and feasible, legal aid and other support, in a given geographical area.
- Referral pathways that identify all available services, which are regularly updated and in a format that can be easily understood (e.g., through pictures/diagrams).
- Safe and ethical GBV data collection and sharing agreement, including standardized intake and referral forms.
- GBV guiding principles that outline how services should be delivered, including provisions for respecting the best interests of the child for all survivors under age 18.
- Clear guidelines for transferring case management responsibilities between agencies in different countries.
- Guidance for how service providers can refer survivors for additional services, and how to do so safely, confidentially, and ethically.
- A mechanism for following up on referrals. For example, a return slip or checklist should be used by referring service providers to indicate the status of services received by the GBV survivor.
- Agreed-upon operating procedures for a coordinated approach to case management, including confidential information sharing and participation in regular case management meetings to ensure survivors have access to multisectoral services.⁶⁴ This includes agreeing on an information-sharing protocol that details elements of how information will be safeguarded while being shared – for example, databases with coding systems.

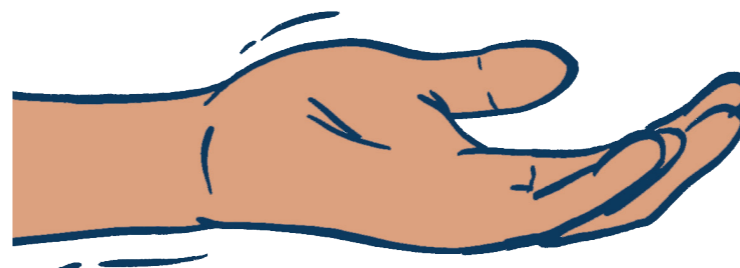
⁶³ *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, p.56. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf and Interagency Gender-Based Violence Case Management Guidelines, p.190.

⁶⁴ See *The Inter-Agency Minimum Standards or Gender-Based Violence in Emergencies Programming*, Standard 6: GBV Case Management for more information. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf

“Warm” and “Cold” Referrals⁶⁵

When you have worked with an adolescent girl in transit who requires and has given her informed consent for a referral to services further along the migration route, the availability of services and referral protocols will dictate your course of action. Ideally, you will refer the survivor to the authority or agency responsible for case management, specialized in working with adolescent girl migrants and refugees in the transit or destination site, and with whom you have a signed agreement via a referral protocol. In the event that this is not possible, there are two additional options:

1. A **‘Warm referral’**: With the survivor’s informed consent, contact a service provider in the destination who can provide appropriate care and protection to adolescent girl survivors on the move. You can initiate the contact via telephone or another safe communication method. Discuss with them how the survivor can reach them.
2. A **‘Cold referral’**: Where a warm referral is not possible and/or the survivor does not desire it, provide her with the directory of different services with contact information; she can contact any one of those service providers upon arrival should she choose to. These should be service providers that can provide age-appropriate care and protection to adolescent girls on the move; you may decide to provide a note with written information/background on the survivor, with her consent.

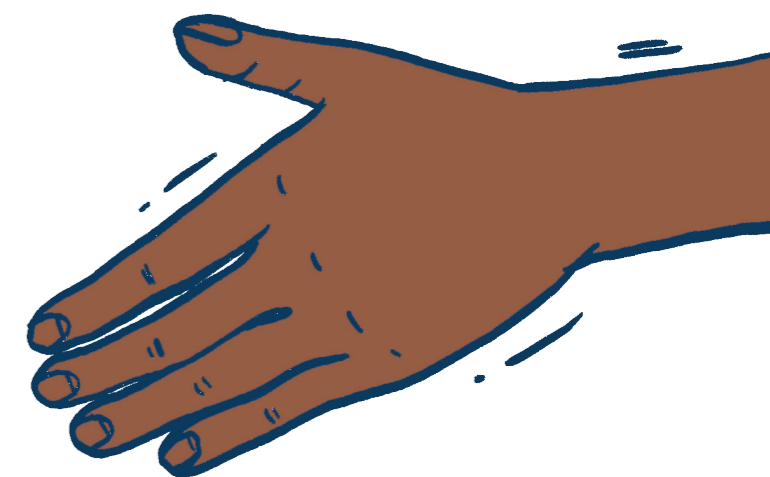


How Can I Manage the Information of GBV Survivors in Transit?

For survivors in transit, information about their case may need to be shared between national authorities and agencies along travel routes and across borders. National authorities, as the primary mandated case management and coordination agencies, have primary responsibility for safe and confidential management of survivor data. Information sharing must be based on the full, informed consent of the survivor (and/or her caregiver, depending on age and capacity), must happen only in the context of a referral for a specific service, and must be guided by a detailed information-sharing protocol, with security measures in place to protect survivor data. This protocol should cover referral forms with sensitive client data, with agreements on what information can be included, how the information will be shared – verbally, electronically or through a paper system – and procedures to ensure the confidentiality of the survivor is protected at all times.⁶⁶

Key Tool: Referral Protocols

You can use the Sample Referral Protocol as a guide for developing your local referral protocol (*GBV Case Management Guidelines*, p.190)



⁶⁵ Adapted from *Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers*. <http://www.sddirect.org.uk/media/1956/practical-guidance-for-cross-border-continuity-of-care-and-safety-for-child-survivors.pdf>

⁶⁶ For more information on the Information Sharing Protocol template and best practices, visit <http://www.gbvims.com/wp/wp-content/uploads/ISP-Package-August-2014.pdf>. Furthermore, see the *GBV Case Management Guidelines* p.32-34, for detailed information on case documentation and storage of both paper and electronic files.



EVERY HOUR, HUNDREDS OF PEOPLE
ARE LEAVING THEIR HOMES

IN SEARCH OF SECURITY AND NEW OPPORTUNITIES

WHAT MOVES THEM? DREAMS

LOVE FOR THEIR FAMILY



HOPE FOR A
NEW BEGINNING

WITH NO OTHER CHOICE BUT TO
LEAVE THEIR HOME COUNTRY



IT IS TIME TO WELCOME THEM



What Is An Intersectional Approach to Case Management?

An intersectional approach to case management is an approach that recognizes each aspect of the survivor's identity, the conditions in her life that lead to her different capacities, and the vulnerabilities that shape the way she experiences risks. This means taking into account, for example, the survivor's age, race, sexual orientation, language, and immigration status; how those aspects of the survivor's identity intersect with each other; and from there, developing a case management plan. Following are some considerations for different identities.

For all survivors:

- Recall that the survivor-centered approach has primacy above all else – survivors must exercise their agency and make informed choices about what steps to take in the case management process (not withstanding mandatory reporting requirements).
- Assess your own attitudes and biases. Do not let them get in the way of respecting GBV guiding principles.
- Remember that those in at-risk groups may be more isolated and have more limited support networks and coping plans.
- Consider how you can partner with community associations and organizations that work on other matters with specific groups of people, such as indigenous associations, LGBTQI+ organizations, or disability support groups
- Develop and distribute IEC materials tailored to each group.

In working with LGBTQI+ survivors:

- Never assume a survivor's gender or sexual orientation.
- Use language carefully (especially pronouns) to build trust and respect. Ask the survivor what they prefer, and follow their lead.
- Limit questions to what is necessary, not what you are interested in knowing.
- Do not 'out' a survivor's sexual orientation to others.
- Remember that homophobia and transphobia may increase barriers to accessing services.
- Consider that there may be a high risk of suicide.

In working with male survivors, remember that:

- Social norms may discourage men and boys from showing emotion and seeking help. As for women and girls, the fear of shame and stigma creates barriers to seeking and accessing services.
- Some male survivors struggle with the myth that sex with a male will influence his sexual orientation and he will 'turn gay'.
- As with female survivors, some male survivors may fear that their story will not be believed.
- As with female survivors, there is a high risk of substance abuse.
- Do not assume the sexual orientation of the survivor or perpetrator.
- Reassure them their reactions are normal, and do not judge them for substance abuse or any other reaction or way of coping.
- Ensure that services are provided in separate locations for male and female survivors, to ensure safety.
- Engage community leaders and elders to promote positive models of masculinity (prevention) and provide information on male survivors of sexual violence.

In working with survivors with disabilities, remember:

- They may have a long history of not having control over their lives.
- They may be isolated or have lost family and community support systems.
- They may have been (or are being) abused by their caretaker(s).
- They face high levels of stigma and discrimination.
- Information may not be shared in a way that is suitable for them.
- Confidentiality can be difficult to balance with dependence on caretakers (as for all younger adolescents).
- Each case management entry point must be accessible; physical barriers to access can include lack of suitable transportation and accommodation options. This may mean providing additional services such as transport for those with disabilities.
- To put the survivor at the centre of each conversation and speak directly to the survivor.
- Consider and respect the different ways the survivor wants to communicate.
- Do not assume that the survivor has or does not have the capacity to provide informed consent; evaluate the best interests of the survivor as needed.

Adapted primarily from the GBV CM Guidelines.

Box 11: Adapting Services Considerations for Sofia, Caribai, and Mariana

Sofia, Age 12



- Sofia has previously experienced verbal and physical violence by caregivers, and so is mistrustful of those in authority, including service providers.
- Make sure that services are accessible and welcoming, with trained and supportive staff,
- Sofia's sister is her de facto caregiver and must be involved in decision-making about care and support. Explain to Sofia that this limits her own confidentiality and decision-making. Ensure informed assent with Sofia, even if consent must be sought from her sister.
- Explain any mandatory reporting requirements.
- Connect with in-country and regional GBV and/or Child Protection Coordination mechanisms and try to link to service providers on the other side of the border to ensure follow-up and ongoing care. Establish or follow standard operating procedures, including information-sharing protocols, to support this.

Caribai, Age 14



- Provide all information about services in as many relevant languages as possible, and in as many locations as possible, taking into account where indigenous and other at-risk girls gather or travel.
- Engage and train interpreters in as many languages as possible, and/or have explanatory material available (in audio, video, or written formats) in those languages to explain key elements of the services you provide.
- Consistently train and support staff on supportive and non-judgmental attitudes and behaviors, including rejecting xenophobia.
- Consider referring Caribai to services that can support regularization of immigration status.

Mariana, Age 17



- Find out how long Mariana expects to stay, and where she expects to travel next.
- Follow a crisis case management model to ensure essential services in a short timeframe.
- Consider Mariana's mistrust of service providers and make it a known safe environment for her to seek services by ensuring staff are trained and supportive.
- Use prenatal services as an entry point for GBV-related services.
- Find out information about relevant services further along Mariana's migration route and give her detailed information about these.
- Encourage Mariana to seek support and care along the route, explaining the reasons behind this. Encourage her to stay in contact with you, and discuss the best ways to do this.
- Do not judge Mariana's sexuality or relationship choices.

What Kind of Staff Profiles and Skills are Needed?

Case management with adolescent survivors is a sensitive process that demands a specialized approach. Caseworkers must be in a position to educate and support children – and their families – throughout the process and adapt case management steps for child survivors. This requires:

- Upholding the guiding principles for working with child survivors (see Section 4).
- Understanding migration challenges and barriers for accessing services and developing innovative strategies to overcome them.
- Following informed consent/assent procedures according to local laws and the age and developmental stage of the child.
- Understanding and applying confidentiality protocols, as in circumstances where a child is in danger.
- Assessing a child survivor's immediate health, safety, psychosocial, and legal/justice needs and mobilizing early intervention services that ensure the child's health and safety.
- Conducting ongoing child safety assessments in the family and social contexts after disclosure of abuse. Taking decisive and appropriate action when a child needs protection.
- Identifying strengths and needs to engage the child and family in a strength-based care and treatment process.
- Engaging any non-offending caregivers throughout case management.
- Knowing child-friendly service providers in the area and initiating referrals.
- Functioning independently and collaborating with other service providers.

Caseworkers must be carefully selected and supported to embody the qualities, knowledge, and skills to carry through and accomplish the case management process. This requires diverse staff who can understand and implement an intersectional approach to case management, that have or can learn case management competencies, have proven non-discriminatory and adolescent-friendly attitudes to working with refugees, migrants, and other vulnerable populations, and who can practice the principles for communicating with adolescent girl survivors.

What If Few Services Exist?

If service mapping reveals that in transit and remote areas there are no, or few, services for GBV survivors, or that they are not able to adequately support adolescent girl GBV survivors, consider the following:

- As part of your service mapping, remember that services may take different forms in different places. Identify any non-traditional organizations or support systems that work with adolescent girls. Find out if, at minimum, basic healthcare is available.
- Do not actively conduct outreach on services to avoid creating expectations you cannot fulfill.
- If a survivor discloses violence, follow the approaches outlined in Section 4 on supportive, survivor-centred interactions. Listen, be honest with the survivor, recognize their courage to share their experience with you, express that you are sorry you cannot be more helpful, and provide the survivor with as much dignity in the course of your conversation as possible.
- Remember that case management services are still useful and important even without other referral agencies. With the right training and support, case workers can address many concerns that a survivor may have. The component of case management that supports the psychosocial well-being of a survivor is also an important element in itself.⁶⁷

Key Tool: Staff Profile and Development

You can find guidance on the qualities, knowledge, and skills, as well as tools to assess, monitor, and build staff capacity in these areas, in the **GBV Case Management Guidelines, pages 29 and 155.**

⁶⁷ *Interagency Guidelines for Child Protection and Case Management, p.14.*



Key Tool: GBV Pocket Guide

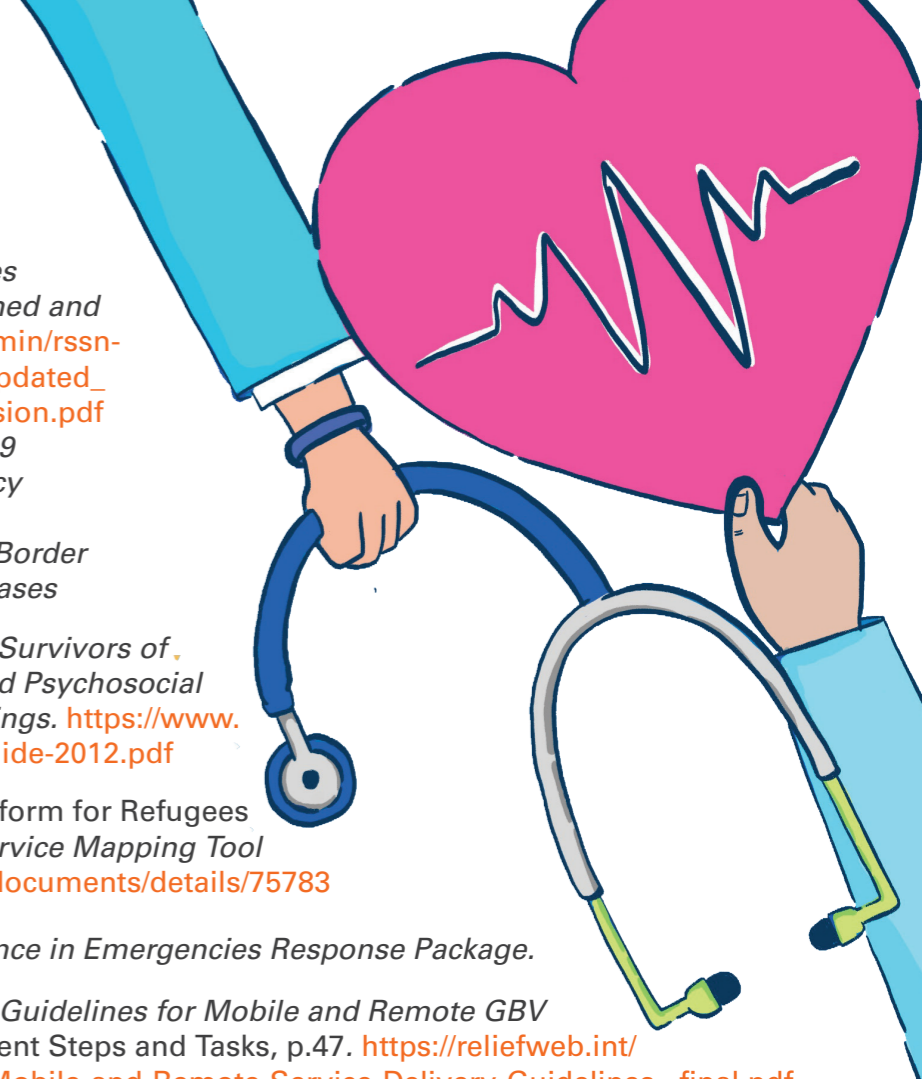
If you are not a trained GBV service provider, refer to the **GBV Pocket Guide: How to support survivors of gender-based violence when a GBV actor is not available in your area** for step-by-step guidance. This pocket guide is an accompanying resource to the **IASC GBV Guidelines**. It is based on a psychological first aid (PFA) framework of Prepare, Look, Listen and Link.

What Are My Takeaway Messages and Actions From This Section?

Understand	<ul style="list-style-type: none"> Adolescent girls on the move face many different barriers to accessing GBV services. Many services are not tailored to the needs of adolescent girls, leaving them without quality support. Many barriers to accessing services are common to the whole migration cycle (girls in transit, in pendular migration, or in temporary or permanent destinations). The defining characteristics for how to adapt services are the length of time they spend in your location and their onward travel.
Identify	<ul style="list-style-type: none"> Find out what services are available in your area, and how supportive they are of different profiles of migrant and refugee adolescent girls. Work with girls to understand the specific barriers they face in your context, and how they can best access services. When working with individual survivors, find out, to the best of your ability, how long they expect to stay in your location and what they expect their next location(s) to be. Assess risks involved in direct focus group discussions with adolescent girls. Find out what services are available further along the migration route, including across borders.
Support	<ul style="list-style-type: none"> Work to reduce barriers related to displacement, attitudes, lack of documentation, cost of services, accessibility of services, access to information, and infectious disease outbreaks, as relevant. Establish, promote, or follow referral mechanisms and standard operating procedures that support adolescent girl survivors to access services across different locations and across borders. Ensure safety and confidentiality of services by following information-sharing protocols, using survivor codes. Ensure that all staff have the right training, attitudes, and skills to support adolescent girl survivors.
Adapt	<ul style="list-style-type: none"> Adapt services to ensure that girls who spend limited time in your location can access services. Use a crisis case management approach where needed, making sure that minimum actions (addressing immediate health and safety needs, for example) happen within your first meeting in case the survivor does not return. Consider and address the needs of survivors of different profiles and abilities.

Where Can I Learn More?

- UNICEF, 2019. *The Regional Safe Spaces Network in the Americas Lessons Learned and Toolkit*. https://rssn-americas.org/fileadmin/rssn-americas/documentos/RSSN_Toolkit_Updated_October_2019/RSSN_toolkit-online_version.pdf
 - Service Mapping Collection Tool*, p.19
 - Appendix B: Cross-Border Interagency Referral and Transfer Agreement*
 - Appendix D: Template for the Cross-Border Referral and Transfer of Protection Cases*
- IRC and UNICEF, 2012. *Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings*. <https://www.unicef.org/media/73591/file/IRC-CSS-Guide-2012.pdf>
- Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela, 2020. *Service Mapping Tool User Guide*. <https://data2.unhcr.org/es/documents/details/75783>
- UNICEF. *Minimum Gender-Based Violence in Emergencies Response Package*.
- International Rescue Committee, 2018. *Guidelines for Mobile and Remote GBV Service Delivery: Crisis Case Management Steps and Tasks*, p.47. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_-final.pdf
- Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela, 2020. *Service Mapping Tool*. <https://data2.unhcr.org/es/documents/details/75785>
- UNFPA, 2019. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimum_Standards_Report_ENGLISH-Nov.FINAL_.pdf
- 2017. *Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings: Caseworker Skills*, p.31. <https://www.humanitarianresponse.info/en/operations/cameroon/document/interagency-gender-base-violence-case-management-guidelines>
- WHO, 2017. *Responding To Children And Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines*. <https://www.who.int/reproductivehealth/publications/violence/clinical-response-csa/en/>
- UNHCR, 2018. *Guidelines on Assessing and Determining the Best Interests of the Child*. <https://www.refworld.org/docid/5c18d7254.html>
- GBV AoR, 2018. *How to Support Survivors of Gender-Based Violence When a GBV Actor is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners*. https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf
- GBV AoR, 2020. *Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers*. <https://gbvaor.net/sites/default/files/2020-05/Practical%20Guidance%20for%20Cross%20Border%20Continuity%20of%20Care%20and%20Safety%20for%20Child%20Survivors.pdf>
- UNICEF, 2019. *Gender-Based Violence in Emergencies: Operational Guide*. <https://www.unicef.org/sites/default/files/2020-05/Gender-Based-Violence-in-Emergencies-Operational-Guide-May-2019.pdf>
- Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela, 2019. *Support Spaces: Venezuela Situation Toolkit*. <https://data2.unhcr.org/es/documents/details/72707>



Section 7: Safe Spaces

What's in this Section?

This section focuses on how safe spaces can meet the needs of adolescent girls on the move. We explore the different types of safe spaces, and the key tools and checklists to ensure an intersectional approach to providing protection and assistance in such spaces.

This section includes:

- What is a safe space?
- What principles should guide safe spaces for adolescent girls?
- What should I consider in setting up a safe space?
- What are my takeaway messages and actions from this section?
- Where can I learn more?



What is a Safe Space?

A safe space is a place where groups or individuals can access protection and support in a safe and nurturing environment, that takes into account their age, gender, and diversity. Safe spaces follow a survivor-centred approach and, for adolescents under 18, must respect the best interests of the child.

A safe space can help adolescent girls to:

- Socialize and rebuild their social networks;
- Receive social support;
- Build relevant skills;
- Get information about GBV response services (psychosocial, legal, medical) without making it obvious to others, and be referred to specialized services as needed; and
- Receive information on issues relating to their rights, health, and services through outreach and awareness-raising.

A safe space can take many forms. They can be located in one fixed place or mobile. They may be buildings or structures, such as a community centre, church, house, or tent. It might be a structure set up by a humanitarian organization, or a building or room borrowed or rented from the community or an individual. It might operate as a safe space every day, or only during certain times when safe space staff visit to provide services. It might be integrated into another structure where other services are provided.

Safe spaces may also include information and orientation points along a migration route that operate as or contain safe spaces. An important example of this in LAC is the Support Spaces, which function as a one-stop shop for refugees and migrants; a package of standardized services is provided in these Support Spaces in key locations, in communities and along the route. The Support Spaces work as hubs, to provide information and orientation on vital services and programs, as well as individual counseling, psychological first aid, safe play areas, access to free basic services, and safe referrals to specialized organizations when needed.

Safe spaces can be called different names, including women's and/or girls' centres, women's and/or girls' community centres, or listening and counseling centres, to name a few. In LAC, some names in current use are: *espacios seguros*, *entornos seguros*, *espacio de atención* and *integral de adolescentes*.

Key Tool: Women and Girls' Safe Spaces, A Toolkit For Women's and Girls' Empowerment in Humanitarian Settings (WGSS Toolkit)

This toolkit is a roadmap for context-tailored, community-informed women's and girls' safe spaces that empower them. It covers core concepts, assessment, start up, staffing, capacity building, implementation, and handover/closure. It also offers women and girls' safe spaces staff, of all levels of responsibilities and involvement, a choice of 38 tools and databases with step-by-step instructions and guidance across all phases of a program cycle. It is also applicable to both static and mobile models of safe spaces (see Section 8 for further information on mobile safe spaces).



What Principles Should Guide Safe Spaces for Adolescent Girls?⁶⁸

- 1. Empowerment:** A safe space encourages the empowerment of all adolescent girls in all their diversity. The intersecting identities of each adolescent girl should inform all programs and operations in the safe space. Adolescent girls should be included in all activity planning, implementation, monitoring, and evaluation, in order to involve them as active agents of change.
- 2. Solidarity:** A safe space should be a place where adolescent girls, in all their diversity, come together to support and inspire each other. This is especially important in contexts where social trust and connections have been broken down by displacement, oppression, discrimination, and conflict, leaving girls isolated. Supportive relationships build trust, strengthen social assets,⁶⁹ and encourage positive coping mechanisms.
- 3. Accountability:** Ensuring accountability to adolescent girls includes making sure:
 - The structure, services, and activities ensure the safety and confidentiality of adolescent girls.
 - Adolescent girls can share experiences and concerns confidentially with staff, volunteers, and service providers, and know that they will be supported with compassion.
 - Adolescent girls can inform key decisions about the safe space, including location, operating hours, services, and activities.
 - Adolescent girls' feedback on the safe space is taken into account in decision-making. When feedback cannot be taken into account, this should be explained to girls.

- Safeguarding (including PSEA) policies and practices are in place. If girls flag concerns, these should be taken seriously. Policies and practices should be regularly reexamined and redesigned if necessary.
- 4. Inclusion:** Safe spaces celebrate diversity and make sure that everyone can participate. Safe spaces should have diverse staff and volunteers, with inclusive and supportive attitudes and behaviors. Staff and volunteers avoid creating a divide between 'us and them' ("othering"), making sure that diverse adolescent girls:
 - Inform decisions about safe spaces on an equal footing, through their preferred feedback and communication channels.
 - Are supported to actively participate and benefit from the range of services and activities in the safe space, through strategies that address their particular needs and priorities.
 - Are equally valued as individuals for their contributions and mutual support to each other.
 - 5. Collaboration:** Safe spaces work to expand adolescent girls' ability to influence individuals and institutions that affect their lives. Safe spaces should work with others to recognize and promote adolescent girls as powerful agents of change.



Box 12: Safe Spaces Considerations for Sofia, Caribai, and Mariana



Sofia, Age 12

- Consider varying the age groups of different safe spaces activities, so that Sofia does not feel uncomfortable around older adolescent girls.
- Make sure staff are trained in supportive communication and behaviors with girls living with disabilities.
- Communicate information on the services available, and how to access them, in simple and direct language.
- Connect Sofia with any service providers or advocates of people living with disabilities in the area (on both sides of the border, if possible).



Caribai, Age 14

- Consider safe spaces activities or times especially for adolescent girls who are married to encourage them to build supportive peer networks.
- Consider safe spaces activities or times especially for girls from particular indigenous groups (or from several together), if feasible.
- Make staff available who can speak Caribai's language, if possible. If not possible, have written or audio-visual materials available in that language to explain the services provided in the safe space and how to access them. Make materials available with visuals and simple messaging.
- Consider making basic language lessons available.



Mariana, Age 17

- Consider safe spaces activities or times especially for adolescent mothers or those who are pregnant, to reduce discrimination by others and encourage peer support.
- Share information about safe spaces activities in high-transit locations where Mariana is likely to see it. Explicitly state that girls can come to the safe space on a one-off basis.

⁶⁸ Adapted from IRC and IMC, 2020. *Women and Girls Safe Spaces: A Toolkit for Advancing Women and Girls' Empowerment in Humanitarian Settings*, p.32-34. <https://reliefweb.int/sites/reliefweb.int/files/resources/IRC-WGSS-Toolkit-Eng.pdf>

⁶⁹ Defense Center of Excellence for Psychological Health and Traumatic Brain Injuries, 2011. *Best Practices Identified for Peer Support Programs*. https://www.mhanational.org/sites/default/files/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf

What Should I Consider in Setting up a Safe Space?

Establishing safe spaces requires a deliberate planning process and strategy development and implementation. There are many things to consider, including an assessment to determine if and what kind of context-appropriate safe space should and could be established in the community in which you work; establishing the safe space, which involves the location, the physical arrangement of the space, community outreach and buy-in, standard operating procedures, and the design of activities, services, and feedback mechanisms; how to staff the safe space; how to monitor and evaluate the programming within the space, and the relationship with the adolescent girls and the community, among many other things. **Here are the key steps to consider and relevant tools that can support you:**

- **An initial assessment** – Map out safe and risky places together with the girls. Identify potential safe spaces, routes of access, the presence of security or armed actors and the effect on their perceptions of safety, as well as any other barriers to access a safe space. Select possible safe spaces with them on that basis, and negotiate/mobilize resources to build or access.^{70, 71}
- **Staffing** – Ensure that staff and volunteers are carefully selected and trained, and have the right attitudes and communication skills to work with adolescent girls. Establish a solid training program for staff, with continuous support and mentoring. Review and have staff sign codes of conduct related to child safeguarding and the prevention of sexual exploitation and abuse.⁷²

- **Outreach** – Conduct outreach with the community to get their support for the spaces and ensure community members inform about and permit adolescent girls to go to the safe spaces. This includes meeting with community leaders to explain the purposes of the safe spaces, and enlisting their support to conduct outreach with girls' parents or caregivers, and the girls themselves if appropriate.

When doing direct outreach with girls, the activities should be differentiated per age bracket (10-14 and 15-19). Group discussions to introduce the safe spaces concept can be done, as well as door-to-door outreach.⁷³

- **For girls in transit** – Your outreach capacity will be limited for girls on the move, but it is not impossible to provide some support to girls in transit. One key place where adolescent girls can be reached is the Support Spaces, which are already identified as safe places where information and free services are offered along the migration route. In addition, consider doing outreach at known transit points such as bus stations, migrant shelters, community kitchens, and migrant information points. Use as much information as you can gather from girls in your location to learn how to make the space inclusive and supportive of all at-risk groups. *Follow outreach principles and approaches outlined in Section 3.*



⁷⁰ International Rescue Committee, 2018. *Guidelines for Mobile and Remote GBV Service Delivery*, p.33. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_-final.pdf

⁷¹ See UNFPA, *Women and Girls Safe Spaces: A Guidance Note Based on Lessons Learned From the Syrian Crisis*, Annex II, p.24 for a list of questions to ask to understand the risks, the support systems that exist, and what is required to establish a safe space. In the Women and Girls Safe Spaces Toolkit, you can also find a key informant interview guide, p.50; a service mapping questionnaire, p.65; a tool stakeholder analysis template, p.76; a focus group discussion guide, p.77; and a communities focus group discussion guide, p.97, among other tools. <https://www.unfpa.org/sites/default/files/resource-pdf/woman%20space%20E.pdf>

⁷² See UNFPA, *Women and Girls Safe Spaces: A Guidance Note Based on Lessons Learned From the Syrian Crisis*, Annex V, p.28-29 for sample staff configuration and duties. In the Women and Girls Safe Spaces Toolkit, you can also find staffing tools, p.208-227. They cover key positions, recruitment, roles and responsibilities, and staff care.

⁷³ See UNFPA and UNICEF, *Adolescent Girls Toolkit Iraq*, Tool D, Explaining Your Services to Girls, p.25. Relevant WGSS Toolkit tools include securing buy-in for the WGSS, p.148, among others.

- **Activities** – STEP 3 VISUAL PATHWAY for Services and Activities to Provide in Safe Spaces for Women and Girls (SSWG) Bangladesh – *Please see Annex 2.*

Relevant WGSS toolkit tools include those in the WGSS Implementation section, starting on page 387.



Box 13: Support Spaces⁷⁴

In response to the Venezuela refugee and migration crisis, structures have been established to give information and connections to services and programs. These Support Spaces are integrated into existing structures and are linked to initiatives in border communities, urban, and peri-urban areas in the different countries that receive Venezuelans. These structures can offer adolescent girls a combination of the following information and services, depending on the location:

- Information on important issues, including GBV and sexual and reproductive health (SRH), livelihood skills, empowerment, and capacity building. Mobile activities help share information and conduct outreach to people at high risk;
- Safe referrals for GBV survivors to immediate lifesaving interventions and specialized services (including sexual and reproductive health), as well as support to immediate needs (e.g. shelter, dignity kits);
- Psychosocial support, including PFA and referrals;
- Child-friendly spaces;
- Transport offered according to need;
- Connection to local initiatives led by women's, indigenous, and LGBTQI+ groups, among others.

Support Spaces are a critical entry point for adolescent girls on the move in the region to access information and support based on local knowledge and services. Safe spaces can be integrated into Support Spaces if the safe spaces principles can be respected, an area within the Support Space can be dedicated to work with adolescent girls, and/or a time and/or space can be found that is only for adolescent girls. Note that since Support Spaces provide support to the whole community, and information and connection to everyone, they may not always meet the requirements of a safe space for adolescent girls. For this reason, integrating safe spaces for adolescent girls within holistic Support Spaces should be based on a risk analysis.

See page 17-26 of the Support Spaces Toolkit for further information.

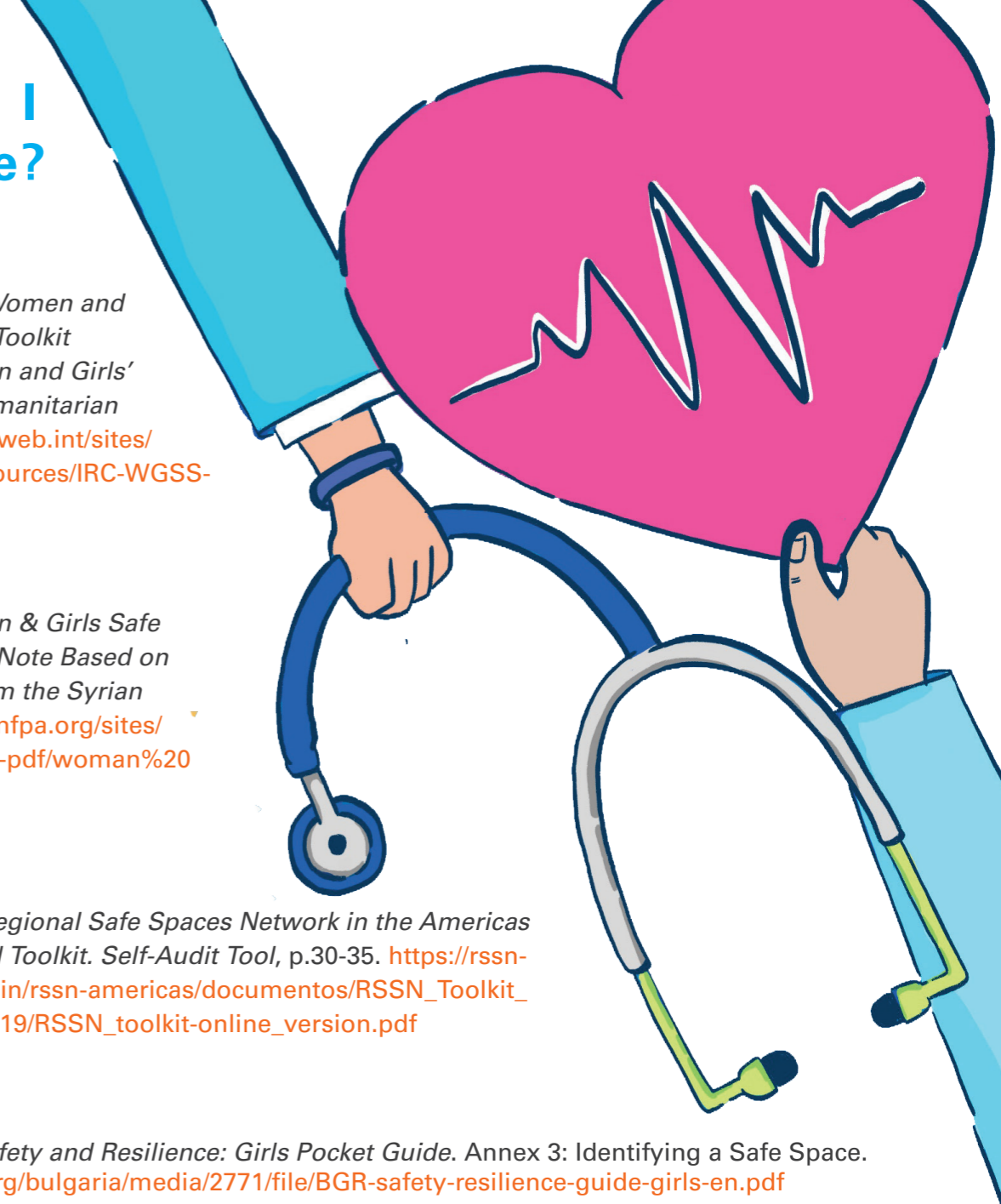
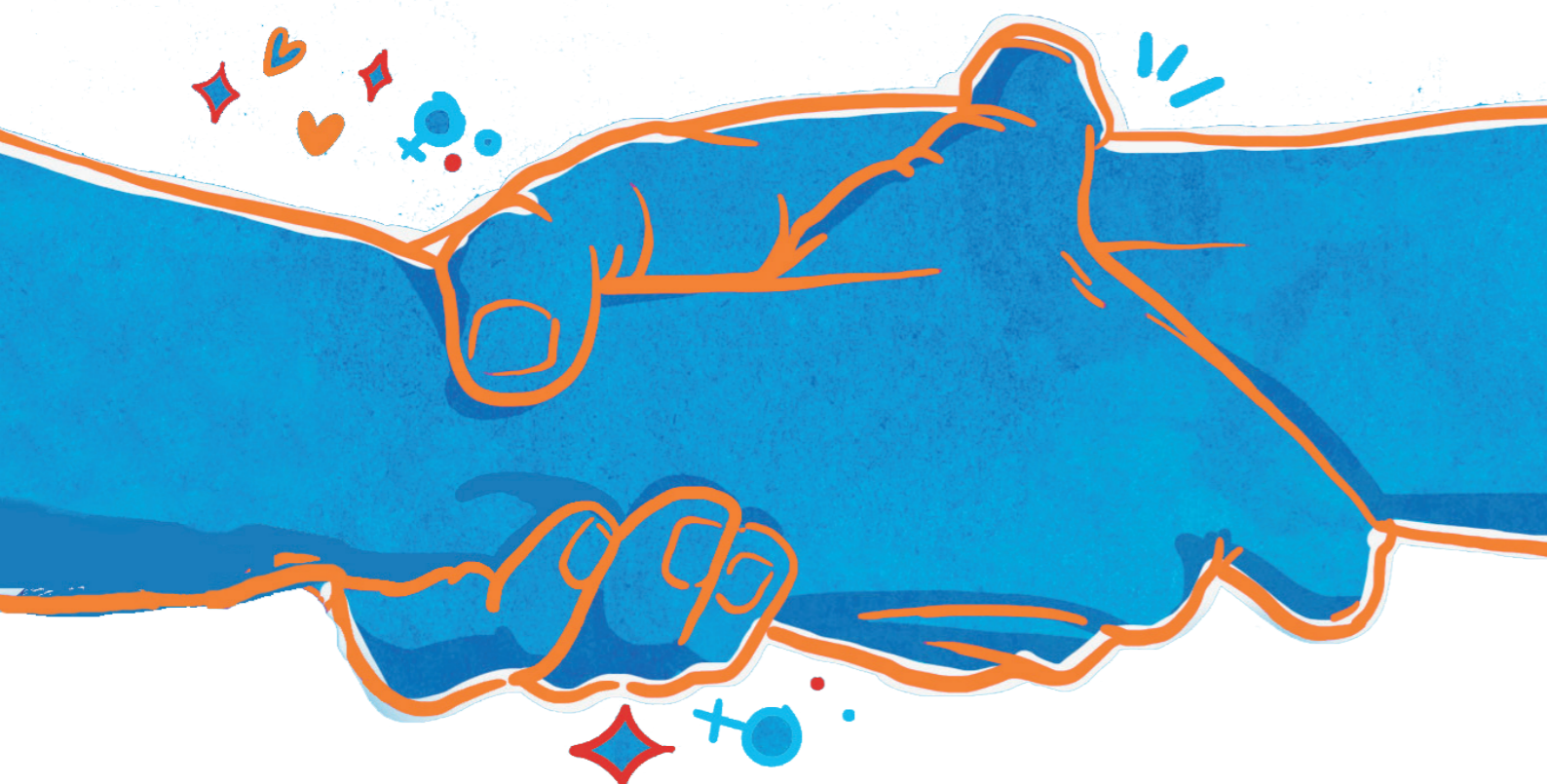
⁷⁴ This information is adapted from *Espacios de Apoyo*, p.7-13. For more information, see the *Support Spaces Toolkit*. <https://r4v.info/en/documents/details/72707>

What Are My Takeaway Messages and Actions From This Section?

Understand	<ul style="list-style-type: none"> A safe space can help adolescent girls to access protection and support. Safe spaces can be integrated into other support structures, fixed or mobile.
Identify	<ul style="list-style-type: none"> Find out if and where there are safe spaces in your context. Base your safe space on assessments with girls of risks and locations. Talk with girls of all profiles and abilities to find out how to adapt your safe space to their needs.
Support	<ul style="list-style-type: none"> Make sure safe spaces follow survivor-centred approaches and the best interests of child survivors. Make sure that staff are chosen and trained for the right attitudes and skills. Share information about the safe space widely. Make sure all staff sign and follow a code of conduct (with training).
Adapt	<ul style="list-style-type: none"> Set up (or advocate for) spaces and/or times of day that are exclusively open to adolescent girls. Share information in locations migrants and refugees are known to pass through, such as bus stations or migrant shelters. Involve girls of all profiles and abilities in all stages of designing and running a safe space.

Where Can I Learn More?

- IRC and IMC, 2020. *Women and Girls Safe Spaces: A Toolkit for Advancing Women and Girls' Empowerment in Humanitarian Settings*. <https://reliefweb.int/sites/reliefweb.int/files/resources/IRC-WGSS-Toolkit-Eng.pdf>
- UNFPA, 2014. *Women & Girls Safe Spaces: A Guidance Note Based on Lessons Learned from the Syrian Crisis*. <https://www.unfpa.org/sites/default/files/resource-pdf/woman%20space%20E.pdf>
- UNHCR, 2019. *The Regional Safe Spaces Network in the Americas Lessons Learned and Toolkit. Self-Audit Tool*, p.30-35. https://rssn-americas.org/fileadmin/rssn-americas/documentos/RSSN_Toolkit_Updated_October_2019/RSSN_toolkit-online_version.pdf
- UNICEF, 2018. *My Safety and Resilience: Girls Pocket Guide*. Annex 3: Identifying a Safe Space. <https://www.unicef.org/bulgaria/media/2771/file/BGR-safety-resilience-guide-girls-en.pdf>
- UNFPA and UNICEF. *Adolescent Girls Toolkit Iraq*. <https://gbvguidelines.org/wp/wp-content/uploads/2018/05/Adolescent-Girls-Toolkit-Iraq.pdf>
- International Rescue Committee, 2018. *Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery*. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_-final.pdf
- Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela, 2019. *Support Spaces: Venezuela Situation Toolkit*. <https://data2.unhcr.org/es/documents/details/72707>
- UNFPA and IRC, 2017. *Safe Spaces for Women and Girls (SSWG) Standardization and Technical Guidance – How to Set Up a SSWG in Practice*. https://reliefweb.int/sites/reliefweb.int/files/resources/sswg_technical_toolkit_oct_2017_final_2.pdf





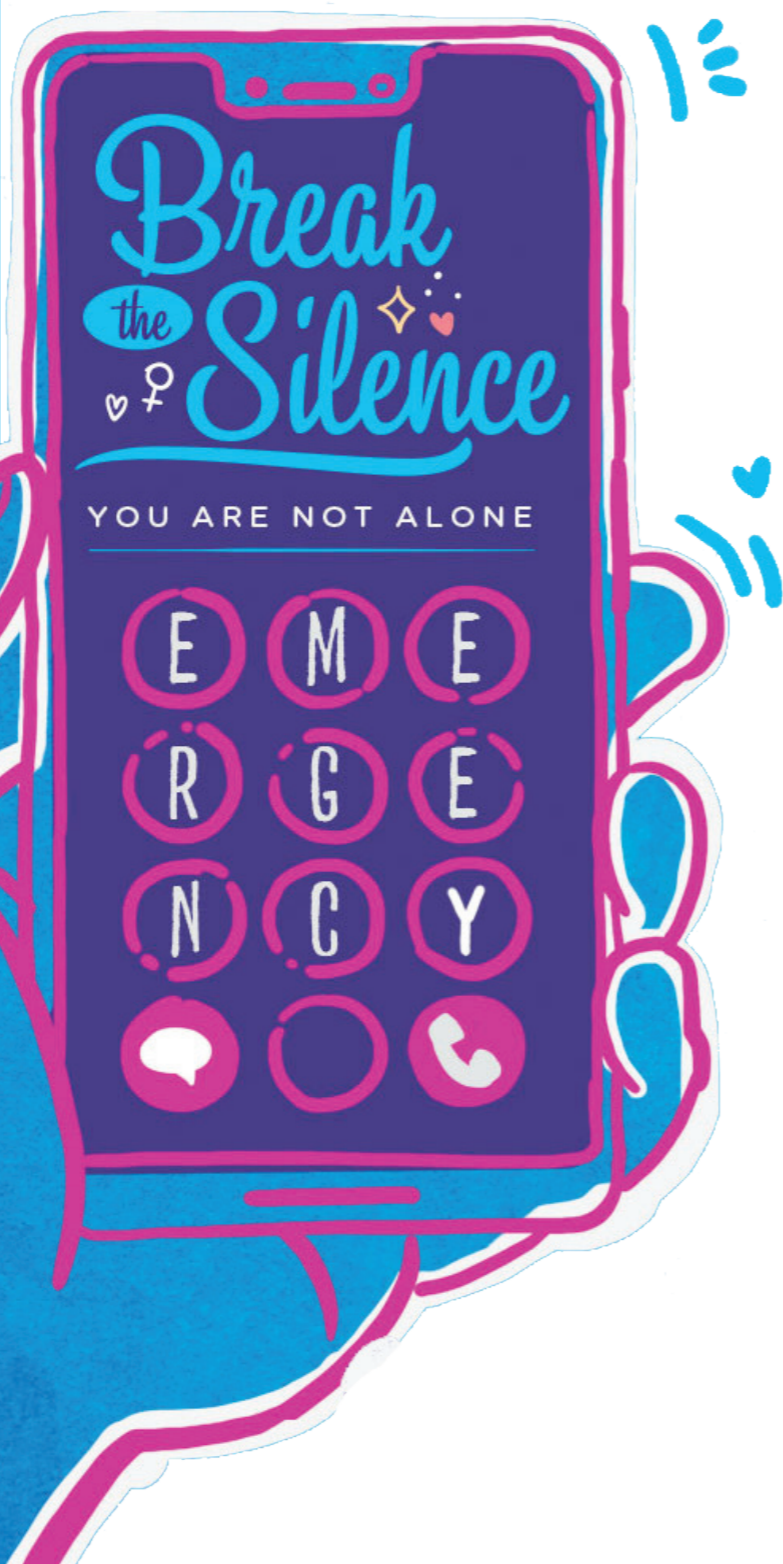
Section 8: GBV Mobile and Remote Service Delivery

What's in this Section?

This section covers guidance on mobile and remote GBV services that can give immediate support to adolescent girl survivors on the move and those that can't easily be accessed.

This includes:

- How can mobile service delivery, remote service delivery, hotlines and virtual spaces help reach survivors?
- What are the minimum standards for mobile and remote services?
- What are my take-away messages and actions from this section?
- Where can I learn more?



How can Mobile Service Delivery, Remote Service Delivery, Hotlines and Virtual Spaces Help Reach Survivors?

Mobile GBV Service Delivery

Mobile GBV service delivery allows you to take services to temporary shelters or meet survivors along the route while they are in transit. This helps adolescent girls who cannot or do not stay in locations with services for long periods of time.

There are two types of mobile GBV services:

1. A GBV team that routinely goes to a site(s) where adolescent girls stop or travel through to provide GBV services. The team will establish a schedule of where and how often to go depending on resources and the needs on the ground.
2. A short-term rapid response GBV team to a particular site to provide crisis case management services, deliver supplies to help reduce risks, and give information about services further along the route.

Remote GBV Service Delivery

Remote GBV service delivery makes it possible to help orient survivors and even provide some emotional support (such as psychological first aid) via phone, text messages, or social media or another online platform. Remote services are useful for their ability to:

- Better protect confidentiality by giving the survivor the option to remain anonymous. This helps get services to people who are scared to ask for help or who face particular stigma and dangers in seeking assistance, such as LGBTQI+ survivors; and
- Potentially increase access to adolescent girls, who typically use social media platforms and communication tools such as WhatsApp.



There are different ways to set up remote services:

1. You can set up a GBV-specific remote service to reach adolescent girls in places where they are not accessing services (either because the services do not exist, or because it is dangerous for them to go there for help);
2. You can attach a GBV remote service to another kind of service (for example, a health clinic adolescent girls might go to, or an organization that represents or supports at-risk and marginalized groups) and use that as a platform to refer the adolescent girls to more help along the referral pathway); and
3. You can add remote options on to a mobile service to extend the reach of the mobile team. For example, a remote option will let adolescent girls access services even on days when the mobile team is not visiting their community or displacement site.



Hotlines

A hotline is a key remote service for survivors who cannot be reached through static or mobile services. It allows GBV caseworkers to speak directly with survivors and offer crisis intervention, safety planning, information resources, and referrals in other locations that adolescent girls might be able to access further along the route.

Virtual Spaces

As well as physical safe spaces, virtual safe spaces may be used as entry points to services and care for adolescent girls. Using mobile phone platforms or social media spaces, a virtual safe space can facilitate access to information and services in a way that is safe, culturally appropriate, and accessible to adolescent girls, particularly those who face higher levels of marginalization, such as girls with disabilities and those who are married.



Box 14: Virtual Safe Spaces

Safe spaces are key to reaching adolescent girls and providing them with access to GBV and SRH-related support. However, gender norms, insecurity, and even infectious disease restrictions can limit girls' access to physical safe spaces. In Lebanon and Iraq, UNICEF has piloted virtual spaces for adolescent girls who cannot access a physical space. First, UNICEF researched girls' preferences and access to different technologies, as well as what information they felt was a priority for them. UNICEF then developed an interactive website that serves as a safe space, focused on SRH. UNICEF received positive feedback from both the girls and their caregivers (their mothers and elder sisters, among others). They found that the safe space gave them the opportunity to learn and discuss matters related to their sexual health that are otherwise taboo to discuss. Equally, some service providers themselves were uncomfortable directly tackling some of these sensitive matters. In the coming months, UNICEF will expand these safe spaces to focus on adolescent girls' empowerment, and will consider how to support service providers to engage further.⁷⁵

Child Advocacy Centres in Guyana, which function as one-stop support centres for sexual violence survivors and their families, provide support through virtual as well as in-person platforms. This experience has shown the importance of considering the strengths and limitations of each different virtual 'platform' (e.g. telephone, online), and adapting services to suit.

What Are the Minimum Standards for Mobile and Remote Services?⁷⁶

** See the IRC Mobile and Remote Services Guidelines for detailed steps on setting up mobile and remote service GBV service delivery, including what to do before you send out a mobile team, how to assess what the needs are, and how to design your services.*

Where Will You Set up the Mobile or Remote Service?

Both of these services should only be set up and delivered in a safe space. This can be any safe space that allows survivors to access case management services confidentially without revealing their survivor status to family or other members of their community. The space can be a temporary structure, or it can be attached to another temporary or even mobile structure that provides other services.

For example, it could be a joint mobile deployment of GBV case managers and health service staff, but it must be its own private and separate space. It can also be a hotline or online space for remote services.

How Will You Make These Services Safe and Confidential?

In mobile service delivery, there are some additional requirements for safeguarding confidentiality. If operating in a temporary safe space (such as a rented or borrowed area in a school or community centre), there should be at least two rooms – one for group activities and one for case management. The space must be available to use during the set schedule of the mobile team's visits.

If there is no building where you can provide these services when the mobile team deploys, you can work with community leaders and landlords to request a borrowed or rented space where you can set up a tent or office-on-wheels with two or more rooms on-site, or purchase a structure that can be assembled and disassembled during mobile deployments.

If you are going to share the safe space with another organization providing any kind of assistance (for example, a permanent or mobile health clinic), make sure that the safe space room for meeting with adolescent girls can function as a private room. Coordinate with partners on the timing of services, how to 'normalize' presence of caseworkers, how partners should refer if approached by a survivor, the funding cycle, and possible interruptions in services.

** TIP: Follow the same guidelines of establishing a safe space as those for temporary spaces. See Section 7 for more information.*

How to Set up a Hotline

Any private space such as a room in a field office can function as a hotline to provide remote case management and crisis support. The space should have resource folders, phone lines/mobile service (with conference calling functions for connecting to translators and service providers in the referral pathway and posters on walls for referral pathways, safety planning questions, and key messages) Hotlines should ensure that all staff have at least basic training in adolescent girl-friendly services, and should ideally have one staff member who serves as a particular focal point for adolescent girls.

A document hotline service protocol on which all

staff are trained is fundamental to ensuring the safe and ethical operations of the hotline. The protocol should cover how to:

- Communicate with adolescent girls (principles of communication, attitudes, dos and don'ts);
- Ensure confidentiality;
- Answer calls (e.g. introductory statements; assurances on confidentiality, consent and safety; mandatory reporting requirements);
- Handle survivors who are in immediate danger, including those who have demonstrated suicidal intentions; and
- Close calls.

Resources for Caseworkers to Reference

Keep all the following resources on hand for hotline staff to use and reference during calls.

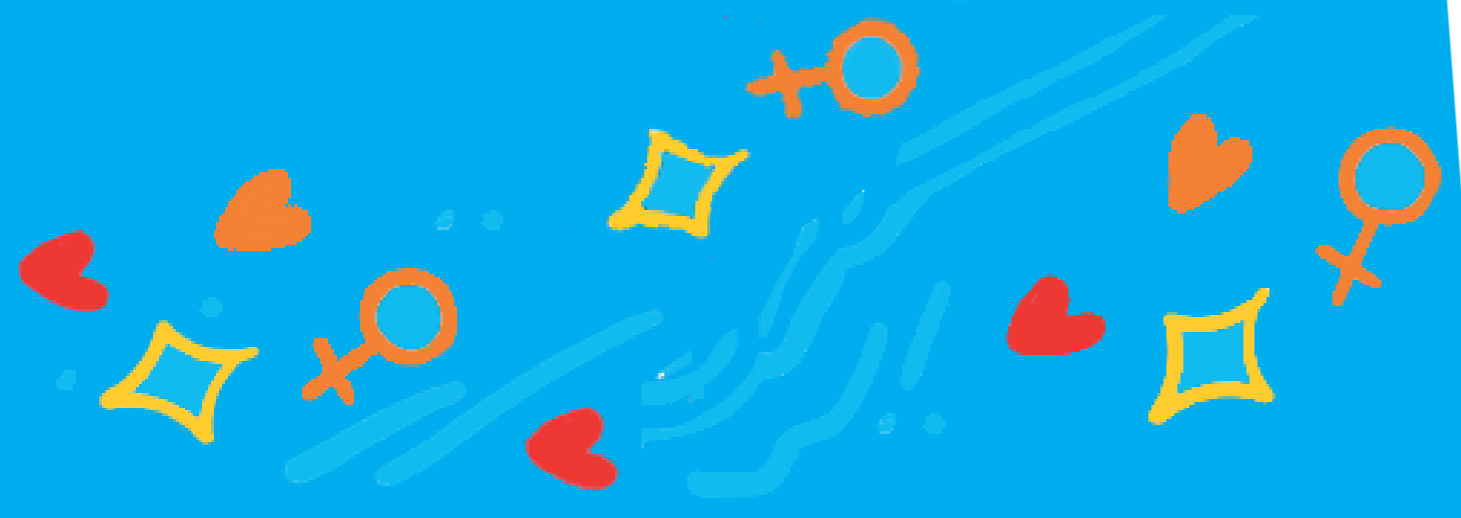
- A context-specific resource guide that covers:
 - *Safety planning*
 - *Mandatory reporting requirements*
 - *GBV types, common reactions a survivor may have to different types of GBV, the dynamics of intimate-partner violence*
 - *A referral pathway for child survivors in need of protection services (e.g. family tracing and reunification, best interest determinations)*
 - *Health factsheets (e.g. emergency contraception, PEP)*
 - *Available legal services*
 - *Establishing suicide prevention plans*
 - *Supporting survivors' friends and families*
- Referral pathways that include all service providers identified in locations that are covered by hotline services. Important details to include are the organizations' names and focal points, phone numbers, emails, addresses, services, hours, and cost (if applicable). These should be updated at least every six months.
- A roster of interpreters

IEC Materials and Approaches

Develop specific adolescent-friendly IEC materials to raise awareness of the hotline. Consider how to brand the hotline, especially for those at risk that have an interest in using a hotline instead of accessing in-person services for their own safety. This could require sharing information with representatives of at-risk communities on how to promote the hotline and its services.

⁷⁵ See <https://unicef.libsyn.com/episode-5-creating-virtual-safe-spaces-for-women-and-girls>

⁷⁶ Adapted from *IRC Mobile and Remote Guidelines*.



Box 15: Remote and Mobile Services Considerations for Sofia, Caribai, and Mariana



Sofia, Age 12

- Make sure that the information about hotlines or virtual services is simple, clear, and direct.
- Have staff on hand who are trained to work with and support individuals with disabilities.
- Consider the needs of those with disabilities in setting up remote and mobile services.



Caribai, Age 14

- Caribai might find it difficult to access remote services as her husband is often with her.
- Consider code words or ways for girls in IPV situations to communicate that they are in danger over a phone call without alerting their partner.



Mariana, Age 17

- Consider virtual services and hotlines as alternative access points, and to promote ongoing follow-up and support once Mariana moves on to her next location.

Staffing and Skills

The staff associated with mobile and remote GBV support services should be no different than the staff profile of those working in safe spaces or other structures where case management is offered. They should be diverse, representing a wide array of profiles, have case management competencies, a proven positive attitude to working with adolescent refugee and migrant girls and other at-risk groups, and model the principles, approaches, and best practices for communicating with survivors, in particular children and adolescent girls (see Section 2, Section 3, and Section 4).

Similarly, staff working in mobile responses should be trained and mentored in caring for child survivors in the same way as permanent safe spaces staff. However, those working with remote services such as hotlines need additional support in navigating crisis management and delivering psychological first aid by telephone.



Working with Community Focal Points

Focal points can be trained on how to handle disclosures and referrals safely and ethically. They can inform survivors about the mobile team's schedule or provide those on the move with information related to services along the route they are taking.

Community focal points can also provide information on hotlines and facilitate immediate access to a hotline caseworker (mobile phones and credit should be provided to focal points to facilitate this service.)

Security Considerations

Consider security issues for each context, and what the requirements are to ensure that mobile teams remain safe. This includes conducting security assessments, standardizing documentation, tracking personnel, protocols for driving in insecure locations, and supplying communication equipment and emergency aid kits.

Box 16: Information Management for Remote and Mobile Services

In addition to the information management considerations in Section 6, the following guidelines should be followed in mobile interventions:

- The collection of data should never be prioritized over supporting the survivor.
- Mobile teams should not travel with paper-based documentation of GBV cases.
- No hard copies of GBV consent or intake forms should be transported, and mobile teams should not take notes.
- In situations of high insecurity, consent should/could be obtained verbally for case management and referrals and to record data.
- Caseworkers should complete intake forms upon returning to the office, in a location where data security can be maintained.
- For hotlines, consider whether it is possible and necessary to collect info from callers (i.e. what purpose it will serve). If collected, consider how data collection will be discussed with callers and consent verbally obtained.

Where Can I Learn More?

- International Rescue Committee, 2018. *Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery*. https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-Mobile-and-Remote-Service-Delivery-Guidelines_final.pdf
- *Design a Mobile Intervention*, p.28
- *Security Risk Assessment for Emergency Response*, p.57
- *Assessment Tool for Identifying Temporary Safe Spaces for W&G*, p.58
- *Workshop Guide for Designing a Mobile Response*, p.60
- *Sample Mobile Site Mapping & Implementation Plan*, p.62
- *Guidance for Implementation of a Telephone Hotline, including staffing requirements*, p.63

What Are My Takeaway Messages and Actions From This Section?

Understand	<ul style="list-style-type: none"> • Mobile services, remote services, hotlines, and virtual spaces can all help to reach adolescent girl GBV survivors on the move. • Different kinds of mobile and remote services have different advantages for reaching girls of particular profiles or abilities.
Identify	<ul style="list-style-type: none"> • Identify the gaps in service delivery in your context. Which girls are not receiving services among the profiles you know of? • Explore if mobile and remote services can be integrated into or combined with other existing services. • Assess risks of different service delivery formats.
Support	<ul style="list-style-type: none"> • Consider using a combination of approaches to meet the needs of the widest possible range of adolescent girls on the move. • Ensure that staff have the right attitudes, knowledge, and skills to support adolescent girl survivors.
Adapt	<ul style="list-style-type: none"> • Consider the needs and barriers of girls on the move, such as lack of internet access to use virtual spaces, when deciding which combination of approaches will work in your context. • Make sure any mobile and remote services are accessible to girls with different profiles and abilities (e.g. language, communication channels, safety risks, and other barriers).



Annexes



Annex 1: Safety Planning with Adolescent Girls on the Move⁷⁷

Box 17: Remember!



No one is ever to blame for violence that someone else uses against them. Make it clear throughout this exercise – with your words, expressions, and attitudes – that these strategies may help girls to minimize the risks they face, but even if they don't use any of these ideas, it would not be their fault. Violence is always the choice of the person who uses it.

Activity 1: Journey Safety Mapping – Looking Backward

Step 1: Divide girls into small groups. If possible, ask girls to work together who have shared similar journeys.

Step 2: Ask them to think about girls like them who have left their homes and are traveling from one place to another. Ask them to draw a picture that represents that journey. They can draw a map of the journey as if they were seeing it from above, including: places girls visit or must pass through, places girls stay, and ways they travel (buses, cars). Remind them that the map doesn't need to look perfect or be to scale, it just needs to give an idea.

NB: *If girls are uncomfortable writing or drawing, they can choose objects to use to represent different places and explain what they are afterwards.*

Step 3: Ask them to think about the things that girls might face during this journey that could affect their safety. Ask them to mark places on the map that might be unsafe for girls – you can do this with an agreed color, symbol, or sticker.

Step 4: Ask the girls to think about the journey and the things, people, and places that support girls or help to keep them safe on the journey. Ask them to mark these with a different agreed color, symbol, or sticker.

Step 5: Come back together and ask the girls to present what they have discussed. Highlight the main issues. If you hear specific information about particular locations (e.g. one border crossing in particular, compared to 'border crossings' in general) or forms of transport, note this information to include in information sharing and outreach with other girls.

Objectives	<ul style="list-style-type: none"> To identify potential risks for adolescent girls on the move To identify strategies to reduce risks To identify sources of support
Materials	<ul style="list-style-type: none"> Paper Pens Flipchart paper Coloured markers Social network diagram Information on relevant services
Notes	<ul style="list-style-type: none"> Make sure you have done a risk assessment before holding any discussions with adolescent girls. If it may create risks for them, do not do this activity. Ensure girls' physical and emotional safety. Respect guiding principles in all interactions. Discuss separately with younger (10 to 14) and older (15 to 19) adolescents. Have information ready to share with girls about services in your location and likely next locations along migration routes. Have a case worker present to share this information if possible. Be prepared for disclosure

⁷⁷ This activity is adapted from International Rescue Committee, 2012. *My Safety, My Wellbeing: Equipping Adolescent Girls with Key Knowledge and Skills to Help Them to Mitigate, Prevent and Respond to Gender Based Violence.* <https://www.rescue.org/sites/default/files/document/4169/ircmysafetymywellbeingcurriculumforadolescentgirls.pdf>

Activity 2: Journey Safety Mapping – Looking Forward

Step 1: Explain that now you have thought about the risks they faced on the way here, you are now going to think about the risks they might face on the next part of their journey.

Step 2: Ask girls to think about where they are going next. Explain that it is OK if they are not sure, or only have an idea. Discuss for a few minutes in the larger group how much girls know about their next steps or their final destination.

Step 3: Divide girls back into small groups.

Step 4: Ask girls to draw another journey safety map for the next part of their journey, based on what they already know, or have heard, about the places and ways they will need to travel.

Step 5: Ask them to think about the things that girls might face during this journey that could affect their safety. Ask them to mark places on the map that might be unsafe for girls – you can do this with an agreed color, symbol, or sticker.

Step 6: Ask girls to think about the journey and the things, people, and places that might support girls or help to keep them safe on the journey. Ask them to mark these with a different agreed color, symbol, or sticker.



Activity 3: Safety Planning

Step 1: Explain that sometimes girls may feel unsafe or vulnerable, especially when they are traveling – but girls are strong and capable, and they know how to help each other. Girls want to keep themselves and those they care about safe. Feeling safe is very important and you are going to talk about some ways girls can reduce the risks you have identified together.

Step 2: In their small groups, ask the girls to think about how they can protect themselves from the dangerous situations they identified (in the Looking Backward and the Looking Forward activities). Ask each group to develop a list of dos and don'ts.

Step 3: Ask the girls to present back to the group. Clarify any misconceptions or dangerous strategies (keep a knife, confrontation, kill him, kill myself, don't speak up, respond to his desires, change the way I dress). Also reinforce the good strategies (tell someone I trust, tell a caseworker, call a hotline number, scream, don't be alone on public transport, ask a friend/relative to come with me) that they suggest. Suggest others from the list below if not suggested.

Step 4: Explain that now we have a list of ideas for what to do and not to do, we will work on our own individual safety network and plan, identifying people we can turn to if we have a problem.

Step 5: Clarify that even if girls don't follow this list (or if they do) and they experience violence, it is never their fault. Violence is always the choice of the person who uses it, and they are never to blame for violence that is used against them. This list, and our safety plans, are to help them make the situation safer for themselves when they can.

Step 6: Give each girl the social network diagram. Explain that each circle in the social network diagram will represent a person or place in their safety network – the people or places that they can go to for the issues and problems you have talked about, and a description of what this person can do to keep them safe. For example, the safe space can listen to any problems you might have, and offer information and referral to other support and services. Explain that this

picture is of her own private support network and she can use it and add to it whenever she wants. Ask girls to think about anyone else they would like to keep safe, as well.

Step 7: Share any relevant information with girls about support services, hotlines, or other ways of finding out information in the next destination or along the route. Here you can also include contact information such as telephone numbers and locations. Girls can also write contact information on their support network picture.

Step 8: Share the following tips with girls. Add anything else that is relevant for your context.

- A girl can talk to a parent, caregiver, or friend
- A girl can tell her caseworker or other trusted adult
- A girl who has experienced physical or sexual violence should tell someone she trusts to help her seek medical attention if it is required within 3 days/72 hours, because this can help prevent health-related consequences
- A girl should never blame herself for any violence or abuse she experiences

Step 9: Explain to girls that if they want to work more on their safety plans, or if they are worried about something in particular that is happening to them or that they are afraid will happen to them, they can come to speak to you after the session. Make sure a case worker is there for this part of the session, if possible. If not, be prepared to refer to specialized service providers.

Step 10 (optional): If girls have more time available and are comfortable enough with each other to create a positive group dynamic, spend some time practicing safety strategies. Divide the girls into pairs and ask each of them to choose one strategy from their plan that they can practice. For example, they might choose to practice asking someone for help, refusing a ride from a stranger, or saying no when their friend suggests something they think is dangerous. Ask girls to spend five minutes practicing the first strategy, then switch roles. Once finished, ask for feedback and discuss. What was easy? What was difficult? What would they change, or suggest, for next time?

RECUERDA QUE EN EL PERÚ EXISTEN INSTITUCIONES PÚBLICAS Y SERVICIOS PARA PROTEGER A LOS NIÑOS Y NIÑAS DE LA VIOLENCIA Y LA DESPROTECCIÓN FAMILIAR

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Atiende los casos en los que las autoridades o instituciones del Estado se niegan a cumplir las funciones que les corresponde. Si has acudido a los servicios del Estado y no te han atendido, puedes ir a la Defensoría. Línea gratuita: 0800 - 15 - 170

DEMUNA

Son las Defensorías municipales del niño, niña y adolescentes que se encuentran en todas las municipalidades del país. Brinda atención gratuita en caso creas que alguno de tus derechos o el de otro, esté siendo amenazado. Tanto los niños, niñas, adolescentes y adultos pueden acercarse a realizar una denuncia. Encuentra una DEMUNA en la municipalidad más cercana. Horario de atención: 8 00 a m a 4 00 p m

Ministerio del Interior

Línea contra la trata de personas. Línea gratuita: 1818. Horario de atención: lunes a viernes de 8.00 a.m. a 8.00 p.m. y los sábados de 9.00 a.m. a 1.00 p.m.

Policía Nacional del Perú (PNP)

Institución a la que se puede acudir ante situaciones de violencia. Horario de atención: 24 horas del día.



SÉ EL HÉROE O HEROÍNA DE SU VIAJE

YO SOY TU HEROÍNA Y TE CUIDARÉ

YO SOY TU HÉROE Y TE CUIDARÉ

El viaje ha sido largo y agotador, alejarse de los seres queridos no ha sido fácil, ni para ustedes ni para los niños y niñas, por eso recuerda que tú eres la persona más importante para él o ella en este momento.

¡ACOMPÁÑALOS EN ESTA EXPERIENCIA!

SI VIAJAS CON UN NIÑO O NIÑA...

- EXPRÉSALES AMOR Y AFECTO.
- EN NINGÚN MOMENTO DEJES SOLO A TU HIJO O HIJA.
- PROTÉGELOS.
- ESCUCHA SUS PREOCUPACIONES Y MIEDOS.
- MANTÉN UNA ACTITUD POSITIVA FRENTE A SUS INTERROGANTES.
- PROPORCIONALES SEGURIDAD.

Trabaja en conjunto con tu niño o niña y juntos identifiquen situaciones de peligro que pueden encontrar durante el viaje, evítanlas y ayuden a Moya a llegar a su destino final.

- 1) Oh no, Moya ha entrado a la casa de un desconocido.
- 2) ¡Cuidado! Esta zona es oscura y solitaria.
- 3) ¡Peligro! Moya ha subido al auto de un desconocido.
- 4) Atención, hay un extraño ofreciéndole regalos a Moya.
- 5) ¡Lo lograste! Buen trabajo. Moya encontró a su mamá.



This Guide is designed for service providers in Latin America and the Caribbean (LAC) working with adolescent girls on the move who experience or are at risk of gender-based violence (GBV), with a particular focus on contexts of Venezuelan migration. The Guide complements existing guidance and resources and aims to strengthen GBV care and support in the region by addressing context-specific concerns.



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Latin America and Caribbean Regional Office
Building 102, Alberto Tejada St.
Ciudad del Saber
Panama, Republic of Panama
PO Box: 0843-03045
(+507) 301 7400

uniceflac@unicef.org
www.unicef.org/lac