



Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers

This document provides guidance to frontline child protection workers to help them effectively and safely support migrant, asylum-seeking or other displaced girls who have experienced gender-based violence (GBV) and boys who have experienced sexual violence crossing international borders.

The term 'child or adolescent survivor' is used to refer to female GBV survivors and male sexual violence survivors throughout the document.

This document aims to support frontline workers to facilitate cross-border continuity of care, safety and risk mitigation for migrant, asylum-seeking or displaced children on the move who are preparing to transit through or relocate to another country. It focuses specifically on helping workers support girls who are gender-based violence (GBV) survivors and boys who are sexual violence survivors who are moving across international borders.¹ The guidance is designed for use in contexts where there is no existing guidance or protocols in place to support cross border referral and support for child or adolescent survivors on the move.

The document sets out three steps for frontline child protection services and workers to follow in order to safely and effectively facilitate continuity of care and safety.



¹ As explained in UNICEF's GBViE Programme Resource Pack and GBViE Operational Guidance, UNICEF's work to address GBViE focuses on the rights and needs of girls and women, recognizing their systemic exposure to and risk of GBV. It also recognizes and seeks to ensure that support is available for all survivors of sexual violence, including boys. Other dimensions of programming to address violence experienced by children are addressed through Child Protection in Emergencies (CPIE) and VAC programming.

Following the three steps will help child and adolescent survivors to:

- Access relevant services and supports in transit and destination countries to address the impacts of victimization and facilitate their healing, recovery and protection from further violence.
- Reduce their exposure to risks and keep safe from further violence while in transit during cross-border movement.

In addition to information on steps to take when engaging with child and adolescent survivors on the move, the document includes links to resources and tools to assist frontline workers to implement the three steps.

STEP 1: PREPARE

Overview of Step 1

What is the aim? The aim of this step is to ensure that cross-border referral pathways are in place for child and adolescent survivors and that staff are adequately equipped to engage with and support accompanied and unaccompanied child survivors as they prepare to move across borders.

Who is responsible? This step is the responsibility of *child protection agencies* whose staff are engaging directly with migrant, asylum-seeking and displaced girl survivors of GBV and boy survivors of sexual violence who are preparing to cross a national border due to planned or unplanned movement.

What does it involve? In this step, agencies implement two actions:

- **Map relevant cross-border services and establish referral pathways and protocols** for onward referral of migrant, asylum-seeking and displaced girl survivors of GBV and boy survivors of sexual violence.
- **Train and equip frontline staff with adequate knowledge, skills, and information** to enable them to safely work with child and adolescent survivors who are in transit or likely to be in transit and crossing borders in the near future.

Action 1: Map services and establish cross-border referral pathways and protocols

In order that frontline staff can facilitate cross-border continuity of care and link child survivors and their carers and unaccompanied adolescent survivors with relevant care, support and protection services in transit and on arrival in destination countries, agencies need to make sure workers have information about relevant services available to migrant, asylum-seeking and displaced children and adolescents to help them heal and recover from their experiences and to protect them from further violence. To do this, agencies should:

- ✓ **Where there are GBV and/or child protection coordination mechanism in place in transit and destination countries**, obtain information on available services and referral protocols for migrant, asylum-seeking and displaced girl and boy survivors of violence from coordination agencies.
- ✓ **Where there are no GBV or child protection coordination mechanisms in place in transit or destination countries**, agencies will need to:
 - *Collect information* on available age and gender appropriate health, psychosocial, shelter social service, counselling, legal advice and advocacy and law enforcement services in transit

and destination countries that provide support to migrant, asylum-seeking and displaced girls and boys who have experienced violence. This includes collecting information on relevant case management services in destination countries, so that where possible, child or adolescent survivors who are receiving case management can be transferred to appropriate services to facilitate continuity of care on arrival.

- *Contact identified services to find out how to facilitate transnational referral* of migrant, asylum-seeking and displaced child survivors.
 - *Develop a simple referral protocol* with services that will accept advance referral or case transfer, making sure to agree and document:
 - Shared principles to guide referrals, such as client confidentiality and best interests of the child.
 - How referrals will be made and followed-up.
 - Protocols for sharing information with informed consent of the child/carer or young person.
 - Data privacy and protection measures.
- ✓ **Create a directory of services that includes referral information** organized by country and type of age-appropriate service available for girls, and for boys so that frontline staff have easy access to information about available services in transit and destination countries, and know how to make and follow-up onward referrals to cross-border services.
- ✓ **Develop clear guidelines for transferring case management responsibilities between agencies in different countries.** Guidelines should include details about what information will be shared and how client handover to a new worker or service will be facilitated. For example, in some contexts it may be possible to do a verbal handover, while in others, a written report may be provided.

See **Annex 1: Resources** for selected resources to support agencies to map cross-border services and establish referral protocols.

Action 2: Train and resource staff

Agencies have a responsibility to ensure that frontline staff engaging with children and adolescents are able to effectively and safely communicate with and support girls who have experienced GBV and boys who have experienced sexual violence. To prepare frontline staff, agencies should provide training and resources to ensure that:

- ✓ **Frontline staff have adequate knowledge and information about GBV and sexual violence** and on how to safely respond to the needs of girl and boy survivors of different ages, including:
- *Types of GBV girls experience* including all forms of sexual assault, harassment, coercion and exploitation, intimate partner violence and other prevalent forms in countries of origin and while in transit, and effects and impacts of this violence on girls, and challenges accessing care and support.
 - *Types of sexual violence boys experience*, including sexual assault, harassment, coercion and exploitation in countries of origin and while in transit, the effects and impacts of this violence on boys, and challenges accessing care and support.
 - *Good practices in age- and gender-specific multi-sectoral response* to girl survivors and to boy survivors.

- *Available services in transit and destination countries*, including GBV and child protection-related health, shelter, social services, counselling, legal advice advocacy and law enforcement.
 - *Safe and ethical information-sharing between service providers*, including on informed consent and best interest of the child.
 - *How to make and follow-up on cross-border referrals* and transnational case transfer.
- ✓ **Frontline staff have adequate skills for communicating safely, ethically and in an age-appropriate manner** with girl survivors of GBV and boy survivors of sexual violence, including skills in:
- *Applying child and survivor-centered principles* when engaging with children and young people.
 - *Developmentally appropriate communication with children*, including:
 - how to provide clear, understandable information to children using age-appropriate language and concepts.
 - taking the time to ensure that each child/adolescent understands the information communicated to them.
 - obtaining informed assent and consent for sharing any information.
 - trauma-informed and culturally competent engagement with children of different ages.

See the accompanying document '[Principles for Working with Survivors](#)'.

- ✓ **Frontline teams are adequately resourced** with same-sex workers to speak with girls and boys, with appropriate language skills, and private spaces to ensure all conversations about violence with children/carers or adolescents are safe and confidential.
- ✓ **Frontline staff understand risks survivors face** from perpetrators and their supporters, including when the perpetrator is a family member, a trafficker, a state or armed actor.
- ✓ **Frontline staff understand how to safely work with interpreters and cultural mediators** in the context of working with survivors of sexual and other forms of violence.
- ✓ **Frontline staff understand the need for careful protection of all information** related to reported or disclosed incidents of GBV experienced by girls and sexual violence experienced by boys, and information about care, support and protection needs and services for girls and for boys. Staff know how to discreetly and safely share information with survivors, e.g. on small pieces of paper that can be hidden.
- ✓ **Frontline staff are aware of strategies for safe information-sharing practices**, including options for transportation of documents when it is not safe for a carer or unaccompanied adolescent to carry sensitive documents on their person across borders.
- ✓ **Adequate supervision and case review processes are in place** to ensure that staff adhere to good practice and have support in managing complex cases.

See Annex 1: Resources for selected resources to support agencies to build staff knowledge and skills.

STEP 2: PLAN

Overview of Step 2

What is the aim? The aim of this step is to work with the child/carer or unaccompanied adolescent to develop a plan to:

- Enable cross-border continuity of care to foster the survivor's healing, recovery and protection from further violence.
- Promote safety while in transit and on arrival in a destination country.

Who is responsible? This section is for frontline workers engaging with migrant, asylum-seeking and displaced girl survivors of GBV and/or boy survivors of sexual violence who are preparing to cross a national border through planned or unplanned movement.

What does it involve? In this step, frontline workers:

- Use active listening to learn about the child or adolescent's concerns, feelings and needs.
- Provide helpful and relevant information to help the child/carer or adolescent feel a sense of control and make informed decisions.
- Facilitate age-appropriate problem-solving and planning with the child/carer or adolescent to develop strategies to:
 - Facilitate cross-border continuity of care to address the differential needs of girl and boy survivors of different ages, in order to help foster healing, recovery and protection from further GBV or sexual violence when they have reached a safe destination, and
 - Mitigate risks and keep girls and boys safe from further violence while in transit during cross-border movement.

The guidance in this step applies to two potential scenarios:

- ***Situations in which the child/adolescent survivor has a case plan*** in place that addresses their needs related to victimization, and she/he is moving across borders as part of a planned, secure and facilitated relocation.
- ***Situations in which a child/adolescent does not have a case plan*** in place.

Scenario 1: The child/adolescent has a case plan

If a girl has disclosed GBV, or sexual violence in the case of a boy, and has a case plan addressing needs and risks related to her/his victimization, and the child is moving across a border as part of planned, secure and facilitated movement, the frontline worker needs to

- ✓ **Meet with the child/carer or adolescent to do a case plan review** prior to the child/adolescent's planned movement. Use active listening to learn about:
 - the child/adolescent's concerns and feelings in relation to the planned cross-border movement and relocation.
 - the child/adolescent's needs and priorities for ongoing support to address the effects and impacts of the victimization.
- ✓ **Provide the child/carer or adolescent with relevant and useful information** about available age-appropriate supports and services in the destination country that may help them heal and recover from violence, integrate into the new community, and reduce their exposure to further

violence. *Note: The information you give will need to be tailored to the experience and needs of each boy or girl, and to the country they are relocating to.*

- ✓ **Ask about and listen carefully** to what the child/carer or adolescent says in response to the information you have provided, and discuss goals, priorities and strategies to promote the well-being, coping and safety of the child/adolescent on arrival in the destination country.
- ✓ **Update the case plan** to reflect new goals, priorities and strategies that can be implemented after relocation, including referral to specialist GBV and/or child protection services for appropriate assessment, further referral, follow-up and care.
- ✓ **Discuss referral options and help the child/carer or adolescent decide** what referrals would be most helpful in implementing the case plan.
- ✓ **Discuss and plan for safety during transit or on arrival** in the destination country and identify strategies to mitigate safety risks.

See Annex 2: Safety Planning During Transit.

- ✓ **Obtain informed consent for onward referral** in line with agency case transfer and referral protocols and guidelines.
- ✓ **Go to Step 3 Link.**

Scenario Two: The child/adolescent does not have a case plan

If the frontline worker has a supportive and trusting relationship with a girl who has disclosed GBV or a boy who has disclosed sexual violence, or with a child or adolescent who has not disclosed violence, but where there are indicators of exposure to or risk of GBV or sexual violence, the worker should:

- ✓ **Invite the child/carer or adolescent to discuss cross-border relocation or movement** and how to prepare for the move by identifying cross-border support to meet their needs and ensure their safety during transit.

See Annex 2: Safety Planning During Transit.

- ✓ **Meet with the child/carer or young person in a private/confidential place and ask about and actively listen to:**
 - Their feelings, needs and priorities in relation to the cross-border movement.
 - Concerns they might have about their safety during transit.
- ✓ **Based on the child's situation, and what you heard and observed, provide relevant and useful information** to the child/carer or adolescent on:
 - Risks they may face during transit and on arrival.
 - Relevant laws, procedures, and systems for responding to the needs of girl and boy survivors and supporting their protection in the destination country.
 - Age- and gender-appropriate services and supports available for girls and boys in transit and destination countries that child/adolescent survivors and those at risk can access.

- ✓ **Ask and actively listen to what the child/carer or adolescent would like to do** based on the information you have provided. Help solve immediate and longer-term problems by assisting the child/carer or adolescent to identify goals, priorities and strategies to promote their well-being, coping and safety during transit and recovery and healing on arrival.
- ✓ **Develop a concrete plan to help the child/adolescent:**
 - Be safe during transit.
 - Receive ongoing cross-border care, support and protection to foster the child/adolescent's healing, recovery and safety on arrival at their destination.
- ✓ **Discuss referral options to facilitate linkage for the child/adolescent** with cross-border services, supports and resources in line with the plan.
- ✓ **Obtain informed consent for onward referral** in line with agency case transfer and referral protocols and guidelines.
- ✓ **Go to *Step 3 Link*.**

Do's and don'ts when engaging with child and adolescent survivors

There are some important 'do's' and 'don'ts' when engaging with girls who have experienced GBV and boys who have experienced sexual violence and it is very important that you follow these in all interactions with child and adolescent survivors.

Do	Do Not
<ul style="list-style-type: none"> ☑ Do treat all interactions with child/adolescent survivors as a potential step towards improving their recovery. Every engagement can have positive or negative effects on their well-being and recovery. ☑ Do make sure you are comfortable responding to a child or adolescent in distress before doing an interview. ☑ Do tell the child/adolescent why you would like to meet with them in advance and ask if it is okay to speak about cross-border support for them. ☑ Do hold the conversation in a private and safe space. ☑ Do let the child decide who she/he would like to be present to support them during the discussion. ☑ Do ensure the child/adolescent feels comfortable and safe before starting to talk about their needs. ☑ Do use active and non-judgmental listening and use appropriate empathy. ☑ Do show patience. ☑ Do use other appropriate, culturally competent non-verbal communication. 	<ul style="list-style-type: none"> ☒ Do not ask direct questions about the child's experience of GBV or sexual violence. ☒ Do not ask questions that are not relevant to planning the child/adolescent for movement. ☒ Do not try collect new information or do an assessment – this should be done by appropriately trained professionals when the child relocates and is somewhere safe. ☒ Do not make promises or give false hope. ☒ Do not discuss information in the presence of carers if there is a risk that doing so may cause further distress or harm to the child. ☒ Do not write anything down without consent. ☒ Do not provide information to a child that they will not understand or that may be frightening to them. ☒ Do not continue a conversation if it is causing distress to a child or adolescent. ☒ Do not tell children/adolescents or carers what you think they should do or what their priorities should be. ☒ Do not pressure a child/adolescent to speak if they do not appear ready or willing to speak about their situation or experience.

<input checked="" type="checkbox"/> Do recognize and reinforce the child/adolescent's strengths, resilience and positive coping strategies in the discussion. <input checked="" type="checkbox"/> Do involve supportive parents/carers who you know are aware of the child/adolescent's experiences and needs.	<input checked="" type="checkbox"/> Do not ask unnecessary questions that are outside the scope of the conversation.
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STEP 3: LINK

Overview of Step 3

What is the aim? The aim of this step is to facilitate cross-border case transfer and referral to enable continuity of care and to promote the child/adolescent's well-being and safety during transit.

Who is responsible? This section is for frontline workers engaging with migrant, asylum-seeking and displaced girls who are survivors of GBV and boys who are survivors of sexual violence preparing to cross a national border through planned or unplanned movement.

What does it involve? In this step the frontline worker links the child and her/his carer, or the adolescent, with relevant services, supports and resources in transit and/or destination countries. This can be done by using any or all of the following strategies:

- ***Transferring case management to a new service in a destination country***
- ***'Warm referral' to cross-border services to promote continuity of care and safety***
- ***'Cold referral' to cross-border services to promote continuity of care and safety***

Which strategies frontline workers use will depend on whether there are cross-border inter-agency case transfer and referral protocols in place, and what the child/carer or older adolescent would like to happen, as discussed in *Step 2 Plan*.

Strategy 1: Transferring case management to a new service

Where there is an appropriate case management agency in the destination country providing child and adolescent-focussed case management services to migrant, asylum-seeking and/or refugee girls who have experienced GBV and boys who have experienced sexual violence, frontline workers will:

- ✓ **Transfer case management responsibility to a new service.** Case transfer should only be done with informed consent of the child/carer or adolescent, and where there are agreed case transfer protocols in place that cover information sharing agreements and data and privacy protections.

Strategy 2: 'Warm referral' to facilitate continuity of care and safety

Where it is not possible, or survivors/carers do not wish to have their case transferred to an agency that provides overall case management in a destination country, frontline workers will:

- ✓ **Make 'warm referrals' to services that can meet identified needs** of migrant, asylum-seeking and refugee girl or boy survivors and promote their ongoing care, support and protection. A *'warm referral'* is a referral made by a worker by directly contacting the agency or service in the destination country on the survivor's behalf and with appropriate permissions. Warm referrals

can be made by email or by phone and involve the referring worker providing appropriate verbal and written information, where relevant, about the survivor. The benefits of warm referrals include:

- Speaking directly to the service you are referring the girl or boy to, and checking it is appropriate for their age and needs.
- Introducing the child/carer or adolescent to the service and providing an appropriate amount of background information to facilitate handover and reduce the amount of information a survivor or their carer has to share with new services.
- Enabling the girl or boy survivor to be put on a waiting list in advance of their arrival to shorten the length of time they may have to wait for a service.
- Setting up appointments for the girl or boy survivor with the new service.
- Establishing follow-up agreements with the service to how the referral is working out.
- Learning about other services and supports in the country to which the survivor - or other children/adolescents in need - may be able to access,
- Building relationships between services and workers across borders and countries to help streamline referral pathways and referral processes for migrant, asylum-seeking and displaced girls who have experienced GBV and boys who have experienced sexual violence.

See Dos and Don'ts in the table below related to safe information sharing with referral services.

Strategy 3: 'Cold referral' to facilitate continuity of care

In situations where a child/carer or adolescent survivor does not wish to have a warm referral made, or it is not possible to make warm referrals, frontline workers will:

- ✓ **Make cold referrals to services in transit or destination countries** for ongoing care, support and protection needs of migrant, asylum-seeking and displaced girl or boy survivors. *Cold referral involves you providing the child/carer or adolescent with information about appropriate services or agencies so that they can contact the service themselves to discuss their needs.* When you are making cold referrals:
 - Give the child/carer or adolescent relevant information about the service, where it is located, contact information, and information about the intake process, if known.
 - Only provide referrals to relevant services that the survivor meets the referral criteria for.
 - Provide written information for the child/carer or adolescent to give to the service to introduce the girl or boy, if it is appropriate and safe to do so.

Do's and don'ts when linking survivors to cross-border services

Good practice in working with survivors involves sharing appropriate and relevant information with referral services to reduce the number of times a survivor has to retell her story to service providers in the help-seeking process. However, there are some very important 'do's' and 'don'ts' of information sharing in relation to GBV and other sensitive issues such as sexual violence against boys. It is essential that frontline workers follow these when making cross-border linkages to services to facilitate continuity of care and promote safety of migrant, asylum-seeking and displaced girls who have experienced GBV and boys who have experienced sexual violence.

Do	Do Not
☑ Do obtain informed consent to share only relevant information about the child/adolescent's experiences and needs	☒ Do not make referrals without the child/carer or adolescents' consent. The exception to this is in situations when a

<p>prior to case transfer or for every warm referral.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Do give carers of younger children and adolescent control over what information is shared with whom about their age- and gender-specific experience, circumstances and needs arising as a result of the victimization. <input checked="" type="checkbox"/> Do make sure the child/carer or adolescent has all the relevant information they need for approaching a support service during transit or on arrival in a destination <input checked="" type="checkbox"/> Do provide the child/carer with the name of a worker they can ask for on arrival at a service. This can be particularly helpful for those struggling with anxiety. <input checked="" type="checkbox"/> Do discuss safe transport of all information, including documentation the child/adolescent already has and documents the frontline agency provides to facilitate case transfer or onward referral. <input checked="" type="checkbox"/> Do store and maintain all onward referral information securely along with other confidential information and documents about the child/adolescent. This includes ensuring all electronic information is password protected. 	<p>frontline worker is concerned that the girl or boy survivor is at imminent risk of significant harm to self or others, and the referral service is safe, trustworthy, will act in the child's best interest, and can provide immediate life-saving assistance.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Do not ever share information about the child/adolescent's experiences of violence without the consent of the child/carer or adolescent survivor. <input checked="" type="checkbox"/> Do not share sensitive or identifying information via insecure communication methods, for example, do not give children/adolescents hard copies of documents to carry with them if it may place them at risk. <input checked="" type="checkbox"/> Do not make cold or warm referrals to services if you are not confident that the service is safe and/or age- and gender-appropriate. <input checked="" type="checkbox"/> Do not send or transmit originals or copies of documents via insecure channels.
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Annex 1: Resources

Resources to help with cross-border coordination for service mapping and establishing referral pathways

- GBV Sub-Cluster lead agencies should be the first place to start collecting information about relevant case management, health, psychosocial support, shelter, legal and other social in transit and destination countries.
 - Contact the GBV AoR to find out about contact information for GBV Sub-Clusters: <https://gbvaor.net/about-us>
 - Contact the GBV AoR Helpdesk for support with cross-border GBV service mapping: enquiries@gbviehelpdesk.org.uk
- Child Protection Sub-Cluster lead agencies are also source of information about services for children and adolescents, including relevant services boys who have experienced sexual violence in transit and destination countries.
 - Contact the Child Protection AoR to find out about contact information for Country-level Child Protection Coordination Groups: <http://cpaor.net/>
 - Contact the CP AoR Help Desk for support or contacts: cp-aor@unicef.org
- International and national GBV and child protection actors and other civil society organizations in transit and destination countries providing advocacy care and support to women and girls and to boys experiencing violence, and regional women's rights networks are good resources for collecting information. Regional women's rights and child protection networks often have a list of members, which can provide information about relevant organizations to contact. For example, Women Against Violence Europe Network provides details of member agencies that can provide information about relevant services in member countries: <https://www.wave-network.org/wave-members/>
- The Regional Safe Spaces Network (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
- International Agency for Migration (2019) *Counter-Trafficking Directory* http://iomfrance.org/sites/default/files/Repertoire_IOM_EN_2019_WEB.pdf

Resources for building staff knowledge about GBV risks for girls and sexual violence risks for boys

- Inter-Agency Standing Committee (2015) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery* (IASC, 2015) and associated training materials provide an overview of the definition, types, causes, impacts of GBV in humanitarian settings and on minimum actions agencies should take to reduce GBV risks in humanitarian settings. <https://gbvguidelines.org/en/>
- Chynoweth, S. (2019) *"We Have a Broken Heart": Sexual Violence against Refugees in Nairobi and Mombasa, Kenya The Experiences of Congolese, Somali, and South Sudanese Men, Boys, and Trans Women*, Women's Refugee Commission, New York

<https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/SVMB-Kenya-Report-10-2019-FINAL.pdf>

- Chynoweth, S. (2019) *“More Than One Million Pains”*: Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy, Women’s Refugee Commission, New York
<https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/Libya-Italy-Report-03-2019.pdf>
- Oliveira, C., Oliveira Martins, M., Dias, S., and Keygnaret (2019) “Conceptualizing sexual and gender-based violence in European asylum reception centers”, *Archives of Public Health*, V.77
<https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-019-0351-3>
- Digidiki, D., and Bhabha, V. (2018) Sexual abuse and exploitation of unaccompanied migrant children in Greece: Identifying risk factors and gaps in services during the European migration crisis. *Children and Youth Services Review*, V. 92
<https://www.sciencedirect.com/science/article/pii/S0190740917308526>
- Forin, R. and Healy, C. (2018) *Trafficking along Migration Routes to Europe Bridging the Gap between Migration, Asylum and Anti-Trafficking*, International Centre for Migration Policy Development
https://www.icmpd.org/fileadmin/1_2018/Bridging_the_Gap_between_Migration_Asylum_and_Anti-Trafficking.pdf
- International Federation of Red Cross and Red Crescent Societies (IFRC) (2018) *Alone and Unsafe Children, migration, and sexual and gender-based violence*
<https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/11/181126-AloneUnsafeReport-EN-web.pdf>
- European Network of Migrant Women (ENoMW) (2018) Info sheet Meeting Needs of Migrant Girls on the Move <http://www.migrantwomennetwork.org/2018/12/04/girlsvoices-meeting-needs-ofmigrant-girls-on-the-move/>
- IOM (2017) *Migrant Vulnerability to Human Trafficking and Exploitation: Evidence from the Central and Eastern Mediterranean Migration Routes*
https://publications.iom.int/system/files/pdf/migrant_vulnerability_to_human_trafficking_and_exploitation.pdf
- UNHCR, UNFPA and WRC (2015) *Initial Assessment Report: Protection Risks for Women and Girls in the European Refugee and Migrant Crisis*
<https://www.unhcr.org/569f8f419.pdf>
- Temin, M., Montgomery, M., Engebretsen, S. and Barker, K. (2013) *Girls on the Move: Adolescent Girls and Migration in the Developing World*, Population Council
<https://www.popcouncil.org/research/girls-on-the-move-adolescent-girls-migration-in-the-developing-world>
- World Health Organisation (2016, Sexual Violence Against Refugee Women on the Move to and Within Europe, WHO, Geneva
http://www.euro.who.int/_data/assets/pdf_file/0018/319311/9-Sexual-violence-refugee-women.pdf?ua=1

Resources for building staff skills in engaging with child survivors

- International Rescue Committee and United Nations Children's Fund (2015) *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings and training materials*
<https://gbvresponders.org/response/caring-child-survivors/>
- *Interagency GBV Case Management Guidelines* and training materials
<https://gbvresponders.org/response/gbv-case-management/>
- The Alliance for Child Protection in Humanitarian Action Child Protection Case Management Hub
<https://casemanagement.alliancecpha.org/en/alliance-special-sections/child-protection-case-management-resource-hub>
- UNICEF GBViE Resource Pack, Kit 3 *Responding to Survivors guidance book and training materials* Available on request from UNICEF
- GBViE Helpdesk, *Working with mediators and translators*
<http://www.sddirect.org.uk/media/1562/unicef-helpdesk-rapid-programme-support-translators-v2.pdf>
- OSCE/Office of the Special Representative and Co-ordinator for Combating Trafficking in Human Beings (2019) *Uniform Guidelines for the Identification and Referral of Victims of Human Trafficking within the Migrant and Refugee Reception Framework in the OSCE Region*
<https://www.osce.org/secretariat/413123>
- Save the Children (2019) *Cross-Border Protection of Children on the Move in East and Southern Africa: A Quick Reference Guide for Bilateral Coordination*
<https://resourcecentre.savethechildren.net/library/cross-border-protection-children-move-east-and-southern-africa-quick-reference-guide>
- Save the Children Denmark (2017) *Psychological First Aid Training for Child Practitioners: One Day Training Manual*
- https://resourcecentre.savethechildren.net/sites/default/files/documents/pfa_1day_manual_web_enkeltside_0.pdf
- Save the Children Denmark (2017) *PFA II: Dealing With Traumatic Responses in Children: Training Manual*
https://resourcecentre.savethechildren.net/node/10377/pdf/pfa_2-day_manual_web_enkeltside_0.pdf
- Child Helpline International and UNHCR (2017) *Supporting and Responding to Forcibly Displaced Children: Training Module for Child Helpline Counsellors*, Child Helpline, Amsterdam
<https://www.childhelplineinternational.org/wp-content/uploads/2018/02/Final-Training-Module-30th-Nov-2017.pdf>
- WHO, UNHCR, IOM and MPSS.net (2015) *Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe: A multi-agency guidance note*

<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/2016/mental-health-and-psychosocial-support-for-refugees,-asylum-seekers-and-migrants-on-the-move-in-europe.-a-multi-agency-guidance-note-2015>

- International Social Services (2017) *Children on the Move: From protection towards a sustainable solution. A practical guide*
http://iss-usa.org/wp-content/uploads/2018/10/Childrenonthemove_Guide-1.pdf

Annex 2: Guidance for Frontline Workers in Planning for Safety of Child Survivors During Transit

To help reduce GBV risks for all girls and sexual violence risks for all boys and plan for safety during transit for all children and adolescents on the move, frontline workers need to discuss and plan with the child/carer and older adolescent how to address:

- ***Risks and strategies to promote safety and protection from violence, exploitation and abuse while in transit.***
- ***Psychological safety for distressed children/adolescent survivors in transit.***
- ***Safe transfer of information and documentation.***

Planning to reduce risks and promote safety and protection from violence, exploitation and abuse

- ✓ Make sure you are familiar with the violence, abuse and exploitation risks children on the move in your context face, including GBV risks for girls and sexual violence risks for boys. Be aware of the particular risks facing married girls, pregnant girls and those travelling with children, girls and boys with disabilities or mental health issues, and girls and boys at risk of further violence based on their sexual orientation or gender identity.
- ✓ Communicate these risks in an age-appropriate and sensitive manner to a child/young person before they move, including risks the child or adolescent may face from:
 - Authorities at borders in transit and destination countries.
 - Traffickers and people smugglers.
 - Abusive or exploitative people in transit countries with access to migrant, asylum-seeking or displaced children, including those working in transit centers.
 - Other migrants, asylum-seekers or displaced people on the move.
 - Family members, including spouses in the case of married girls.
- ✓ Discuss strategies the child/carer or adolescent may use to enhance her/his safety and reduce exposure to identified risks. Strategies will vary based on the child's circumstances and the context, but general safety strategies to consider include:
 - Linking the child/adolescent with a trusted and safe adult who they can cross a border with.
 - Linking the child with trusted and safe services across the border, such as providers who have expertise and experience working with vulnerable adolescent girls and that implement safeguarding strategies, such as sex-segregated accommodation services.
 - Providing material resources to meet the child/adolescent's needs and promote her/his well-being and safety while on the move. This could include menstrual hygiene management and other hygiene materials, phone credit, clothing and other non-food items.
 - Making sure the child has contact information for a person or persons they can contact if they are in danger.
 - Arranging for check-ins with a safe service or adult and having them communicate back to you that a child has arrived safely.

Planning for psychological safety for distressed children and adolescents during transit

Girls and boys experiences of sexual violence, and girls experience of intimate partner and other gender-based violence can be profoundly traumatising. While children and young people who have experienced sexual and other violence can be extremely resilient and have incredible internal and external coping skills and strategies, experiences of violence can sometimes cause significant and ongoing distress requiring specialised mental health care. Children and adolescents exposed to multiple forms of violence who are on the move, are yet to achieve safety and who lack protective factors - such as having their basic needs met, caring and supportive family members, and trusting relationships with safe adults in their life - are at higher risk of mental health distress.

To support girls who are survivors of GBV and boys who have experienced sexual violence who are experiencing acute psychological distress:

- ✓ **Make sure you are familiar with the trauma-related effects of sexual and other violence, abuse and exploitation** for girls and boys on the move. Be aware that periods of stress and uncertainty, such as those experienced by children on the move, can exacerbate trauma symptoms.
- ✓ **Share information about the effects of violence sensitively and in an age- appropriate manner to a child and her/his carer, or to an older adolescent.** Make sure you explain the effects that girls or boys are experiencing are a normal response to their experiences, and that when they arrive at a safe destination, they will be able to receive help from supportive people and services.
- ✓ **Discuss strategies for managing acute distress, including self-harming thoughts and behaviors,** that a child/carer or adolescent may use to enhance her/his safety and reduce exposure to identified risks. Strategies will vary based on the child's circumstances and the context, but general psychological safety strategies to consider include:
 - Helping the child identify positive coping strategies they have used in the past to manage distressing thoughts and feelings.
 - Linking the child with a safe adult they can speak with if they need support to deal with distressing thoughts and feelings.
 - Linking the child to a safe service across the border they can contact by phone or attend in person if they feel unsafe or overwhelmed.
 - Identify specialized mental health services to which a child may be referred in transit or destination countries.

Planning for safe sharing and transfer of information and documentation while in transit

Appropriate sharing and transfer of written information and documentation can be vitally important for:

- Facilitating cross-border continuity of care and reducing the need for a survivor to re-tell their story.
- Facilitating legal protections, such as supporting asylum or refugee claims, or enabling protection or prosecution through domestic or international justice processes.

Written information and documentation includes official documents issued by national authorities such as police incident reports and medical certificates, case plans, handover notes and reports. It can be dangerous for a child/carer or adolescent to carry such documentation on their person.

In situations where secure cross-border movement of migrant, asylum-seeking or displaced child and adolescent survivors is planned and facilitated by international agencies or state actors, as well as where movement is unplanned and irregular:

- ✓ **Assess whether it is safe for a carer or older adolescent to carry originals or copies of documents** about reported incidents of sexual or other violence and follow-up care.

- ✓ **If it is safe:**
 - Provide an envelope or other package so that documents can be kept together safely.
 - Ask if the child/carer or adolescent would like your service to safely store a copy of the documentation until the girl or boy reaches their final destination and has a safe place to store the documents.

- ✓ **If it is not safe**, because the information is sensitive, and/or the cross-border movement is not planned, secure or facilitated, and/or there is a risk that the documentation may be lost, stolen, destroyed or confiscated:
 - In consultation with the child/carer or adolescent and your supervisor, identify an alternative safe means of transporting the documentation. How this will be done will depend on the circumstances, however the following may be considered:
 - Transport across a border by a staff member of your service to a staff member of a safe sister agency in a receiving or destination country.
 - Transfer by an encrypted digital transfer method.
 - Transfer by internal agency 'pouch' or mail system used to safely transfer documents and packages between countries.

- ✓ **Only ever transfer documents with the knowledge and consent of the child/carer or adolescent**, and to a trusted third party.

- ✓ **Make sure the child/carer or adolescent knows how to retrieve the documents** once they have arrived at their destination.

The GBV AoR Help Desk

The GBV AoR Helpdesk is a technical research, analysis, and advice service for humanitarian practitioners working on GBV prevention and response in emergencies at the global, regional and country level. GBV AoR Helpdesk services are provided by a roster of GBViE experts, with oversight from Social Development Direct. Efforts are made to ensure that Helpdesk queries are matched to individuals and networks with considerable experience in the query topic. However, views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

Contact the Helpdesk

You can contact the GBViE Helpdesk by emailing us: enquiries@gbviehelpdesk.org.uk, and we will respond to you within 24 hours during weekdays.

The GBViE Helpdesk is available 09.30- 17.30 GMT, Monday to Friday.