

Gender-Based Violence
Affecting Children and
Youth on the Move

Training Manual





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The BRIDGE project was developed in order to strengthen the statutory response to gender-based violence (GBV) affecting children and youth on the move in European Union (EU) countries. Existing studies point to alarming accounts of GBV affecting refugee and children and youth on the move in the European Union. Trafficking, sexual exploitation and abuse, and forced labour are part of the experiences of people on the move. At the same time, the considerable lack of data and professionals’ knowledge and coordination, on the one hand, and the low awareness amongst children and youth on the move themselves, on the other hand, make the issue of GBV difficult to tackle.

The BRIDGE project seeks to achieve the following specific objectives:

- To enhance availability of accurate data on GBV against children and youth on the move;
- To develop knowledge and capacities of care professionals to raise awareness, identify and address specific forms of GBV among children and youth on the move;
- To support and promote multi-agency collaboration and learning on GBV against children and youth on the move through regional community of practice;
- To empower children and youth on the move to build positive relationships, awareness and understanding of GBV and support them to report, prevent, mitigate and address it.

We would like to thank the European Union’s Rights, Equality and Citizenship Programme (2014-2020) for its support and funding of the project. We would also like to thank all of global gender-based violence and protection experts who have contributed time and resources to creating the manual.

Introduction and Course Background

This training forms part of the BRIDGE project which aims to:

- ✓ Develop data collection methodology and mobile data collection (MDC) tool
- ✓ Implement data collection using MDC tool in project countries
- ✓ Develop training curricula and blended learning, including e-learning
- ✓ Conduct awareness raising campaigns designed and implemented in each of the four project countries
- ✓ Develop a regional community of practice through the Child Protection Hub

The focus of this training is on building the knowledge and capacity of care professionals from Greece, Belgium, Malta and Romania to prevent, identify and respond to GBV affecting children and youth on the move. The project’s training of trainers (ToT) approach will enable trainers to train peers and have wider potential for replication beyond the targeted individuals in this project. The professionals will have built skills and knowledge about their specific statutory role in child protection and skills in involving children, knowledge of child safeguarding, specific issues around GBV against children and will serve as multipliers and ‘role models’ within their profession. The project partnership will advocate for the inclusion of the training materials into official training schemes for professionals in the project countries. Knowledge gained by care professionals will be transferable beyond this project; this is further

supported by the availability of training materials in local languages and their specific adaptation to the local context.

Course Objectives

By the end of training, participants will have:

- ✓ The knowledge and capacities to raise awareness, identify and address specific forms of GBV and its impact amongst children and youth on the move
- ✓ Built skills and knowledge about their specific statutory role in child protection and knowledge of child safeguarding
- ✓ Designed strategies for preventing GBV in care facilities
- ✓ The ability to identify and address GBV amongst children and young people on the move using psychosocial skills to address trauma
- ✓ Developed approaches for empowering children to report and an awareness of referral mechanisms in their project country
- ✓ Creative approaches for working with youth facilitators (ToT training only)
- ✓ An awareness of how to use the online ChildHub platform
- ✓ Skills and materials to deliver the training in their project country

Participant Profile

The focus of the training is on building the knowledge and capacity of care professionals to prevent, identify and respond to GBV affecting children and youth on the move.

How to use the Training Manual

Each Module of the Training Manual includes instructions of how to deliver the module. The following symbols are used:

	Facilitator Note
	Timing
	Objectives
	Materials
	Work for the Facilitator to do in advance
	PowerPoint
	Group Exercise
	Case Study

Training Methodology

The training is designed to be extremely interactive and practice based.

Use of Powerpoint

Each Module has an associated PowerPoint and all instructions are included in the Manual.

Training Preparation & Checklist

	<p>Work for the Trainer to do in Advance</p>	<ul style="list-style-type: none"> ✓ Inform the trainees about date, venue, agenda and objectives of the training ✓ Prepare handouts, role plays, homework and other documents needed during the training ✓ Collect all information needed into 1 place ✓ Organize all materials ✓ Have energizers at hand ✓ Prepare certificates ✓ Ensure that the workshop facilities are organized including lunch and tea breaks
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Local Adaptations

Please adapt any of the exercises as needed to ensure they are culturally and contextually appropriate.

Energizers

As the use of Energizers are often culturally different it is suggested that you introduce the idea of energizers at the beginning of the training. If the group agrees they would like to use them, you may wish to ask for volunteers to run energizers they are familiar with. You will need 4 energizers per day (one in the morning, one after morning tea, one after lunch and one after after-noon tea). If there are no volunteers but the group would like energizers, you will be responsible for creating them.

End of the Day Reflections

At the end of each day, ask the group to think about a reflection. Ask them to reflect on:

<p>Feelings during the day</p> 	<p>Any stress or challenges?</p> 	<p>How did they manage the stress?</p> 
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The goal of the reflection is to introduce participants to self-awareness tools.

End of the Day Evaluations

It can be helpful at the end of the day to do a quick evaluation/check-in about how the training is going. Some suggestions are:



Bullseye



As this is the end of the day, thank the participants for their time and attention. In order to understand if the training is on track, draw a bullseye on a piece of flip chart paper. Explain the concept of 'being on target' and you would like to know if the training is 'on-target' and are they learning.

Ask each person, before they leave to put a mark on the bullseye to indicate if they feel the training is on-target or it's 'missing the mark'.

SMS a Friend

Ask the participants to imagine that they were going to send an SMS to a friend about the training. What would they say? Have them write the SMS on a post-it note and put it up on a flip chart.

One word/one action

Stand in a circle. Each person should say either one word or do 1 action that represents how they felt about the training that day.

Day 2 - Recap

Begin the 2nd day with a Recap of the previous day. Ask the group to call out what learning they have remembered from the first day. This helps to remind the group of important concepts gained from the day before.

If the group is comfortable sharing, you can also ask them to share their end of the day reflections from Day 1:

<p>Feelings during the day</p> 	<p>Any stress or challenges?</p> 	<p>How did they manage the stress?</p> 
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Pre-Post Test and Training Evaluation

In order to measure learning, the Facilitator will need to administer a Pre and Post-test to assess increase in knowledge as a result of the training. A final training evaluation will be completed at the end as well.

Additional Reference Materials

Additional Reference Materials can be found in Appendix 2: Participant Handouts.



Training Agenda

Training: Day 1

Timing	Module
09:00-10:30	Module 1: Welcome and Introductions Module 2: GBV & Children and Youth on the Move
Break	
10:45-13:00	Module 2: GBV & Children and Youth on the Move cont. Module 3: Child Protection and Safeguarding
Lunch	
14:00-15:30	Module 4: Signs and Impact of GBV Module 5: GBV Prevention: Assessing Risk and Building Protection
Break	
15:45-17:00	Module 6: Mitigating Risk & Action Planning End of the Day Reflections
End of the Day	



Training: Day 2

Timing	Module
09:00-10:30	Welcome and Day 1 Recap Module 7: Responding to GBV
Break	
10 :45-13 :00	Module 7: Responding to GBV cont. Module 8: Case Management, Referrals & Reporting
Lunch	
14:00-15:30	Module 9: Vicarious & Secondary Trauma and Self-Care
Break	
15:45-17:00	Wrap-Up and Next Steps Using ChildHub Post-Test and Evaluation
End of the Day	



Module 1: Introduction

<p>Duration and Topics</p> 	<p>60 Minutes</p> <ul style="list-style-type: none"> 1.1 Welcome and Introductions 1.2 Logistics, Group Agreements, Objectives & Agenda 1.3 Pre-test 1.4 Self-Care
	<p>Objectives</p> <p>By the end of the Module, participants will:</p> <ul style="list-style-type: none"> • Have an overview of the agenda and training and an understanding of the experience and background of the other participants • Agree to confidentiality during the training and group agreements
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ul style="list-style-type: none"> 1. Ensure that the room is set-up as needed and that the Handouts have been printed 2. Draw a tree on a piece of flip chart paper 3. Print the Pre-Test 4. Print Handout 2.0 Training Agenda

Facilitation Instructions

 <p>Module 1 Slide 1-3</p>	<p>1.1 Welcome and Introductions: Walk in My Shoes (15 Minutes)</p> <p>Step 1: Welcome all Participants to the Training and introduce the Facilitator(s).</p> <p>Step 2: Tell the Participants that we are going to start the training by getting to know each other.</p> <p>Step 3: Have each person take off one of their shoes if they are comfortable with this. If they aren't comfortable, then they can just show the group their shoe.</p> <p>Step 4: Tell the group that they are going to introduce themselves using their shoe. They will tell the group:</p> <ul style="list-style-type: none"> 1. Their name and where they have come from for the training (both organisation and location) 2. Their role at their organization 3. Their experience of working with children and youth on the move 4. Their experience of working with GBV 5. How long their journey to get to the training was. 6. One of their best memories in this shoe <p>The Facilitator will start the introductions to model the activity. After the introductions are completed, explain to the group that in this training, we will be focusing on understanding the experience of children and youth as they move and migrate and how they are impacted by Gender Based Violence (GBV).</p>
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Module 1

Slide 4

1.2 Logistics, Group Agreements, Objectives & Agenda (10 Minutes)

Logistics (Slide 4)

Provide the group with an overview of the logistics of the training including:

- Location of facilities
- Break times and mealtimes
- Emergency exits

Group Agreements (Slide 4)

Step 1: Explain to the Participants that it is important to have group agreements in order to ensure everyone's safety and comfort during the training.

Step 2: Brainstorm with the group what they think the agreements should be and write them down on a flip chart. Reinforce with the group the concept of **Confidentiality**.

It is important that the group agrees to keeping any personal stories that are shared during the training confidential.

Step 3: Tape the Agreements up on the wall in the training for the remainder of the training.



Facilitator Note:

Agreements should include:

- ✓ Mobile phones off or on silent
- ✓ No laptops: This is a very interactive training and Participants will be provided with handouts and materials to take notes on
- ✓ Timing: Please be on time as timing is important
- ✓ Respect: Respect for all perspectives as well as non-judgement
- ✓ Participation: All are encouraged to participate actively
- ✓ Questions: All questions are welcome

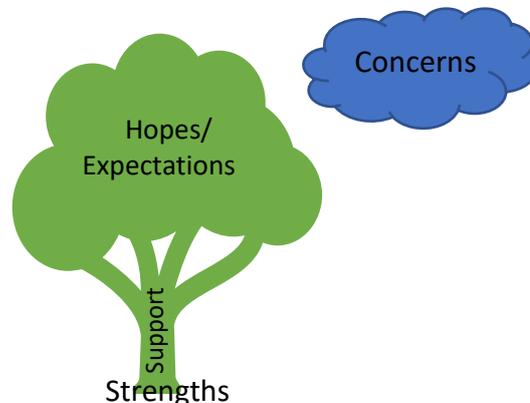


Module 1

Slide 5

Learning Objectives and Expectations (20 Minutes)

Step 1: Explain that you would like to get a clearer picture of the Participant's learning objectives. Prior to starting this exercise, the Facilitator will have drawn a tree on a large piece of paper as below.





	<p>Strengths Ask the group to reflect on the Strengths that they bring to the training. As the group names their strengths, write the words in the roots. Reflect that as a group, we bring together many strengths and resources that we can draw on during the training.</p> <p>Supports Ask the group to reflect on what helps them to learn. Write the words to illustrate the supports in the trunk of the tree. Discuss how we all need support in our learning to get the most out of a training.</p> <p>Hopes, Expectations Ask the group what they are expecting from the training. What are they hoping for? Write these words in the leaves of the tree. Just like fruit, our learning will grow and develop into something that we can take away with us and benefit from.</p> <p>Concerns Ask the group to discuss any concerns they have about the training. Write or draw these concerns in the clouds. Discuss sometimes we have worries and concerns that are around us and we hope through the training that these concerns will be addressed.</p> <p>Agenda After the group has presented their thoughts, handout the Agenda (Handouts 2.0) and go through the Agenda and Learning Objectives.</p>
 <p>Module 1 Slide 6</p>	<p>1.3 Pre-Test (15 Minutes)</p> <p>Before the training begins, we need to complete a short Pre-Test. At the end of the training, we will then complete a Post-Test, and this helps us to measure learning as a result of the training.</p>
 <p>Module 1 Slide 7</p>	<p>1.4 Self-Care During the Training (1 Minute)</p> <p>End this first module by explaining to the Participants that sometimes the information discussed can be distressing and the stories hard to hear. The Facilitator(s) will be available throughout the training to debrief with and talk about any difficult feelings that may be arising.</p>



Module 2: GBV and Children and Youth on the Move

<p>Duration and Topics</p> 	<p>150 Minutes</p> <p>2.1 Who are Children and Youth on the Move</p> <p>2.2 What is Gender Based Violence</p> <p>2.3 How are Children and Youth on the Move Impacted by GBV</p>
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Identify Who are Children and Youth on the Move • Demonstrate an awareness of the challenges that children and youth face while migrating • Define Gender Based Violence and types of GBV that effect children and youth on the move
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Prepare Children and Youth on the Move Stories (See Appendix 1.0) 2. Print Appendix 1.1: GBV Case Studies 3. Print Handout 2.1 Definitions

Facilitator Instructions

 <p>Module 2</p> <p>Slides 8-17</p>	<p>2.1 Who are Children and Youth on the Move (10 Minutes)</p> <p>The first part of the Module will focus on presenting the Data on Children and Youth on the Move.</p> <p>The Facilitator will present the information on slides 8-16 emphasising the scale of the numbers of children who are on the move.</p> <p>Key Points to Highlight Include:</p> <ul style="list-style-type: none"> ✓ The Numbers ✓ Gender and Arrivals: In general, there are 4 boys to every 1 girl ✓ Average Age of both Accompanied and Unaccompanied Children ✓ Country of Origin for both Accompanied and Unaccompanied Children ✓ Migration Routes ✓ Where do children go
 <p>Group Exercise</p> <p>Slide 18</p>	<p>2.1 Group Exercise: Children and Youth on the Move Stories (10 Minutes)</p> <p>See Appendix 1.0</p> <p>After the data has been presented, the Facilitator will ask the group to stand up and move into a circle. The Facilitator will then hand out stories from children and youth on the</p>



	<p>move. Ask several Participants to volunteer to read the stories and then discuss the stories with the group.</p> <p>The Facilitator can ask:</p> <ol style="list-style-type: none"> 1. How do you feel hearing these stories and the data? 2. Were you aware of the scale and numbers of children and youth on the move? <p> Facilitator Note:</p> <p>The key learning point in this section is to provide information and data on child and youth on the move as well as to begin to bring the data to life through the stories. As several of the stories may be difficult for Participants to hear, it's important to remind the group about self-care and to talk to the Facilitator if they are finding the information difficult.</p>
<p></p> <p>Module 2 Slide 19-20</p>	<p>2.2 What is Gender-Based Violence (60 Minutes)</p> <p>This section will focus on facilitating an understanding of the difference between Gender and Sex as well as establishing the definition of Gender-Based Violence.</p> <p> Gender Game (10 Minutes)</p> <p>Ask the group to stand up and designate one side of the room Gender and the other Sex. As you read out the following statements, have the group move to either Gender or Sex depending on what they believe to be the correct answers. The correct answers are in the ().</p> <p>Question 1: Women can give birth to babies; men don't (Sex)</p> <p>Question 2: Women are often paid less than men (Gender)</p> <p>Question 3: Girls are kind and gentle; boys are tough and adventurous (Gender)</p> <p>Question 4: Women menstruate; men don't (Sex)</p> <p>Question 5: Women like to talk about their feelings; men keep their feelings to themselves (Gender)</p> <p>Question 6: A woman's role is to look after children; a man's is to work (Gender)</p> <p>Question 7: Women can breastfeed babies; men can't (Sex)</p>
<p></p> <p>Module 2 Slide 21-22</p>	<p>After completing the exercise discuss with the group the differences between Gender and Sex. Then outline for the group that the definitions are:</p> <p>Definition of gender:</p> <p>Gender is a concept that describes the socially constructed differences between females and males throughout their life cycles. Gender, together with factors such as age, race and class, influence, inter alia, the expected attributes, behaviour, roles, power, needs, resources, constraints and opportunities for people in any culture. Gender is also an analytical tool that allows us to achieve a better understanding of factors of vulnerability with a view to more appropriately responding to need.¹</p> <p>Definition of sex: The term sex refers to the biological characteristics of males and females. These characteristics are congenital (i.e. those that people are born with) and their differences are limited to physiological reproductive functions.²</p>

¹ Sexual and Gender-based violence: A two-day psychosocial training: Training Guide, IFRC, 2015.

² Ibid.



Module 2

Slide 23

Definitions and Types of Gender Based Violence (20 Minutes)



Types of GBV: Group Exercise

Step 1: Divide the group into two groups and assign one group Boys and the other group Girls.

Step 2: Ask each group to brainstorm what types of GBV they think occurs with Boy and with Girls. Ask the group to also define what they think are the definitions of the types of GBV they have referenced.

Step 3: Ask the group to also outline what types of GBV they think are most common in the areas where they are working.

Step 4: Bring the group back together and have them present their discussions to the larger group.



Module 2

Slide 24-25

GBV Definition and Types (10 Minutes)

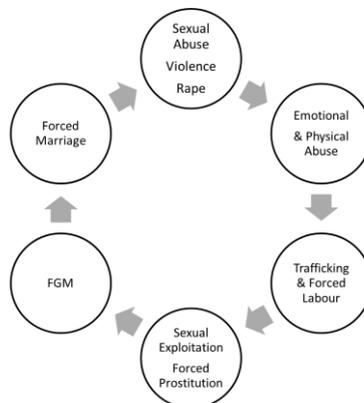
The Facilitator will then present the definition of GBV as well as common types of GBV with children and youth. Handout the Definitions in **Appendix Handouts 2.1**.



Facilitator Note:

The goal of this section is to highlight that while we often focus on GBV with women and girls, it can also happen with both boys and girls. While crisis settings have a serious impact on all children and adolescents, adolescent girls are in double jeopardy due to pervasive gender inequality. Conflict and disasters amplify pre-existing inequalities of power and value and it is the relative powerlessness of both being female and not an adult, that results in a disproportionate impact of crisis on adolescent girls. Girls i.e. adolescent girls are disproportionately affected by sexual violence and other forms of GBV. Sexual violence against boys are far less common than girls; however, it exists and due to stigma and opposing gendered norms, GBV/SGBV against boys remains largely underreported with support mechanisms for male survivors rarely in place. It is child protection actors' responsibility to protect both girls and boys from sexual violence and GBV.³

The Facilitator will outline the definitions that can be found in the handout for the following types of GBV and discuss with the group. In the following section, we will be focusing on the vulnerabilities to GBV and what helps children and youth to be resilient.



³ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, Inter-Agency Standing Committee, 2015.



 <p>Module 2 Slide 26</p>	<p> Case Studies (See Appendix 1.1) (20 Minutes)</p> <p>The Facilitator will then ask the groups to return to their small groups and each group will be given a Case Study.</p> <p>Step 1: Each group will read the case study and then outline the type of GBV they think the child/youth is experiencing.</p> <p>Step 2: The groups will then read their case study to the larger group and then outline the types of GBV they think the child/youth is experiencing.</p>
 <p>Module 2 Slides 27-30</p>	<p>2.3 The Scale of the Problem (10 Minutes)</p> <p>To end this Module, the Facilitator will present that while there is a lack of data on the extent of GBV with children and youth on the move, it is important to address this issue.</p> <p>The Facilitator will then present the following data using the slides:</p> <ul style="list-style-type: none"> • A 2018 UN report found that, of approximately 1,300 interviews with refugees and migrants in Libya, the “overwhelming majority” of women and older adolescent girls disclosed suffering gang rape or witnessing other women and girls being taken away for sexual violence. • A 2017 study by Oxfam partners in Sicily revealed that 30 out of 31 women migrants interviewed reported being raped in Libya. • UNICEF reported that nearly half of 82 refugee and migrant women interviewed in 2017 disclosed suffering sexual violence or abuse along the central Mediterranean route. • One NGO found that, of 125 refugee and migrant women interviewed on the Aquarius search and rescue ship from 2016-2017, 12 percent reported experiencing sexual violence in their country of origin, 22 percent on their journey, and 42 percent in Libya. • According to IOM, an estimated 80 percent of Nigerian women who arrived in Italy by sea in 2016 were trafficked for purposes of sexual exploitation. Sources: United Nations 2018, Oxfam 2017, UNICEF 2017, Unpublished 2018, IOM 2017 <p>Other Statistics to Share:⁴</p> <p>Sexual violence against all refugees and migrants—women, men, girls, boys, and persons with diverse sexual orientation, gender identity and expression, or sex characteristics (SOGIESC)— appears to be commonplace along the central Mediterranean route.</p> <p>Sexual violence is perpetrated in ways that involve and impact both women and men (and boys and girls)</p> <p>In Italy, some refugee and migrant adolescent boys, young men, and persons with SOGIESC are being sexually exploited and abused, although the extent is unknown.</p> <p>The Facilitator will then highlight that there is a lack of reporting because of:</p> <p>One of the challenges that we face, however, is reporting so that we can offer services and safety. The under-reporting is due to:</p> <ul style="list-style-type: none"> • a lack of information on how to report such incidents • a lack of effective procedures to identify cases • insufficient training of staff in charge of recognising gender-based violence

⁴ “More Than One Million Pains”: Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy, Women’s Refugee Commission, 2019.



Facilitator Note

The goal of this training is to build awareness on all of these elements and to begin to create environments where there is knowledge related to GBV, there is awareness of how to make a report and what services might be available, and there is a space where children and youth on the move feel safe to report.



Module 3: Child Protection and Safeguarding

<p>Duration and Topics</p> 	<p>75 Minutes</p> <ul style="list-style-type: none"> 3.1 What is Child Protection and Safeguarding 3.2 Power Walk 3.3 Minimum Standards for Child Protection
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Identify both vulnerability and resiliency factors in children and youth • Define child protection and safeguarding as it relates to GBV • Define how to create safe spaces for children and youth
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Print Appendix 1.2 Power Walk 2. Print Handout 2.2 Child Protection and Safeguarding

Facilitator Instructions

 <p>Module 3 Slides 31-37</p>	<p>3.1 What is Child Protection? (30 Minutes)</p> <p>Step 1: Read out the statements:</p> <ul style="list-style-type: none"> • The Convention on the Rights of the Child protects every child, everywhere. All children, regardless of legal status, nationality or statelessness, have the right to be protected from harm, obtain such essential services as health care and education, be with their families, and have their best interests guide decisions that affect them. • The protection of children from violence, exploitation, abuse and neglect is an urgent priority <p>Step 2: Define Child Protection</p> <p>The definition of child protection, as agreed by the Child Protection Working Group, is “the prevention of and response to abuse, neglect, exploitation and violence against children”.</p> <p>Step 3: Define Safeguarding</p> <p>Terres des hommes defines safeguarding as “the responsibility that organisations have to make sure their staff, operations, and programmes do no harm to children, that is that they do not expose children to the risk of harm and abuse, and that any concerns the organisation has about children’s safety within the communities in which they work, are reported to the appropriate authorities”.</p>
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	<p>This includes both preventative actions to minimise the chances of harm occurring, and responsive actions to ensure that incidents which may happen are appropriately handled. Safeguarding implies a wider duty of care towards children rather than just upholding their right to protection (as defined in the UN Convention on the Rights of the Child, 1989) – but it is primarily concerned with harm and wellbeing, rather than with the promotion and protection of child rights generally.</p> <p>Step 4: Pose the Question</p> <p>What are the barriers to child protection for child and youth on the move in Europe?</p> <p>Brainstorm with the group what they think the barriers are and write the answers on the flip chart.</p> <p>Step 5: Examining our Values and Attitudes</p> <p>Next, we’re going to examine some of our Values and Attitudes in relationship to Child and Youth on the move. This helps us to understand more fully what some of the barriers to child protection may be in the communities where we work.</p> <p>Play the Video in Slide 36. Discuss with the group the findings of this small study that we sometimes carry prejudice towards children and youth based on how they look.</p> <p> Small Group Exercise</p> <p>Divide the Group into small groups of around 5 people. Have each group discuss:</p> <ol style="list-style-type: none">1. What prejudices do they think their country has towards child and youth on the move?2. What are some of the challenges that they have personally faced working across culture and languages? <p>Each group will write their answers on a flip chart and present back to the group.</p> <p>After the presentations, highlight that one of our roles as care professionals is advocacy and looking after the rights of a child.</p> <p>Give the group Handout 2.2 Child Protection and Safeguarding for their reference.</p>
 <p>Module 3 Slide 38</p>	<p>3.2 Power Walk (See Appendix 1.2) (30 Minutes)</p> <p>The Facilitator will now explain to the group that we are going to do an exercise called a Power Walk to illustrate some of the challenges that children and youth may face.</p> <p>Step One</p> <p>The Facilitator will lead the Power Walk as illustrated in Appendix 1.2.</p> <p>Discussion:</p> <p>The goal of the Power Walk is to illustrate power dynamics and the divisions and vulnerability that can result.</p> <p>Once the Power Walk is completed, the Facilitator will tell the group that the next step is to look at how we reduce vulnerability and put protective measures and spaces in place.</p>



Module 3

Slide 39-42

3.3 Minimum standards for Child Protection and How do we achieve them (15 Minutes)



Facilitator Note

There are two options in this section depending on the level of English in the group.

Step 1

Option 1: Protection Video

If the group's English is strong enough, play the Child Protection Video which outlines the minimum principles and standards for protection. While this is focused on emergencies, it does illustrate the key standards for protection that we need to pay attention to in all contexts.

Option 2: Presentation of the Child Protection Principles

If the group's English isn't strong enough, the Facilitator will present the Protection Principles that are outlined in the Minimum Standards for Child Protection in Humanitarian Action document.

Using the PowerPoint slides, the Facilitator will discuss the importance of having the following Protection Principles in place:

Principle 1: Avoid exposing people to further harm as a result of your actions

Principle 2: Ensure people's access to impartial assistance

Principle 3: Protect people from physical and psychological harm arising from violence and coercion

Principle 4: Assist people to claim their rights, access available remedies and recover from the effects of abuse

Principle 5: Strengthen child protection systems

Principle 6: Strengthen children's resilience in humanitarian action

Step 2

After using either Option 1 or Option 2, the Facilitator will then discuss the specific child protection standards for Gender Based Violence.

The Standard is:

All children are informed about and protected from sexual violence and gender-based violence and have access to survivor-centred response services appropriate to their age, gender, developmental stage, disability, and cultural/religious background.

Step 3

The Facilitator will then lead a discussion on how the group thinks that we can achieve this standard. What Actions do we need to take?



The Facilitator will write down the group's ideas on a flip chart and then fill in with the following information from the Minimum Standards for Child Protection.

The Key Actions to focus on include:

1. Preparedness

- Collaborate and coordinate with GBV coordination groups and actors
- Collect and analyze information about existing GBV/SGBV risks
- Map types of and capacity of existing formal and informal service providers

2. Response

A. Risk Mitigation

- Strengthen communities' ability to monitor and address GBV/SGBV risks
- Regularly monitor and address GBV/SGBV risks

B. Response

- Develop/strengthen and regularly update referral pathways
- Strengthen formal and informal service providers' capacity to provide child-friendly services
- Comprehensive and appropriate case management services
- Ensure alternative care, in accordance with national law and policy
- Provide information on rights and reporting

C. Prevention

- Empower and support children and their caregivers through education and training
- Work with communities, families and young people to address social and cultural norms behind GBV/SGBV

Step 4

After completing the discussion, the Facilitator will let the group know that we are going to build on these standards and how we can practically implement them in the contexts where we are working.



Module 4: Signs and Impact of GBV

<p>Duration and Topics</p> 	<p>90 Minutes</p> <ul style="list-style-type: none"> 4.1 Risk and Vulnerability 4.2 Signs of GBV 4.3 Consequences of GBV 4.4 Strength and Resilience 4.5 Survivor Centred and Strengths Based
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Define the risks and vulnerability that children and youth on the move may face • Describe the signs of GBV • Outline the impact and consequences of GBV • Detail the importance of the principles of strength and resilience when working with children and youth on the move
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Prepare A4 pieces of paper for use in the Consequences of GBV section 2. Print Appendix 1.3 GBV Signs, Consequences and Resilience Case Study 3. Print Handout 2.3 GBV What are the Signs? What are the Consequences?

Facilitator Instructions

 <p>Module 4 Slides 43-47</p>	<p>4.1 Risk and Vulnerability (25 Minutes)</p> <p>Step 1</p> <p>The Facilitator will first play the Video that illustrates a girl’s journey while on the move. There is no language requirement for the video.</p> <p> Step 2: Group Work</p> <p>After playing the video, divide the group into 2 small groups.</p> <ol style="list-style-type: none"> 1. Ask the groups to draw an image of a child/youth. 2. The groups will then discuss what they think makes the child/youth vulnerable, what puts them at risk? They can draw on what was presented in the Video for more information 3. The group will then draw or write words around the image of the child/youth detailing what puts the child/youth at risk and what makes them vulnerable.
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Step 3

Each group will then present back their images and thoughts on Risk and Vulnerability. After the presentation, the Facilitator will fill in information as needed detailing:

Risk & Vulnerability can be increased through:

1. Mental health history
2. Previous trauma and ongoing trauma
3. Previous history of abuse and neglect
4. Exploitation and GBV during migration
5. Separation from protective adults
6. Lack of services or appropriate supportive services
7. Poverty, conflict and displacement
8. Lack of safe shelter

These are a few of the aspects that can influence risk and vulnerability and increase the need to children to have comprehensive child protection services.



Step 4: Who is at Risk

To end this section, the Facilitator will handout the Case Study in **Appendix 2.3 (Who is Most at Risk Exercise)** answering the questions:

1. Decide whether you think the child is at risk, and why.
2. Rank the order of scenarios in terms of risk – i.e. what is the riskiest, the next most risky etc.

Give the group about 5 minutes to complete this exercise and then go through the questions with group, identifying who is most at risk and why.



Module 4

Slides 48-51

4.2 Signs of GBV (20 Minutes)

The Facilitator will discuss that now that we have an understanding of some of the risks and vulnerability of a child and youth on the move, we will look at some of the signs that may indicate that GBV is occurring.

Optional Video (Slide 48)

If the group’s English is strong enough, the Facilitator will begin this section with the video on Vulnerability and Signs of GBV.

Step 1 Warning Signs and Areas of Concern

The Facilitator will ask the group what they think are some warning signs or areas of concern for GBV.

Based on the answers of the group, the Facilitator will outline that the following are warning signs and areas of concern:

Be alert to any of the following indicators as they may be a sign that at child is at risk and in need of protection:

1. In any situation where there is a sign or report of physical or sexual abuse (for example bruises, infections etc.)
2. Where a child appears frightened of parents or other adults they are travelling with
3. Children who are travelling alone, or in groups but without adults



4. Children who are travelling with adults who they are not related to, and who are without a parent or official guardian or where a girl is travelling alone with lots of men / older boys
5. Where parents seem unconcerned or unaware of their children's location or welfare
6. Children who are hungry or without appropriate clothing– and the parent is not trying to seek assistance
7. Children who are sick / ill and the parent refuses medical treatment
8. Parents who are aggressive physically or verbally with children – especially if the child is younger
9. If a child asks to be separated from their family
10. If a child says that they are unhappy / being mistreated.

In addition to these signs, there may be additional physical, emotional, and behavioural signs that indicate that abuse may be occurring.



Step 2: Group Work on Signs of GBV

The Facilitator will then divide the group into 2 groups:

1. Children
2. Youth

Each group will brainstorm what they think are the Physical, Emotional, Social and Behavioural signs that a Child or a Youth may Exhibit and then present back to the larger group.

As needed, the Facilitator will fill in the information below:

Physical Signs

- Pain, discoloration, sores, cuts, bleeding or discharges in genitals, anus or mouth;
- Persistent or recurring pain during urination and/or bowel movements;
- Wetting and soiling accidents unrelated to bathroom training;
- Weight loss or weight gain;
- Lack of personal care;
- Emotional and Behavioural.

Social Signs

- A child traveling with adults who do not appear related to them.
- A girl travelling with a group of men or older boys.
- Children meeting alone with an aid worker at odd times.
- A child suddenly having access to unexplained money, gifts, extra aid, etc (this could indicate that the child has been a victim of coerced, transactional, or survival sex)

Behavioural and Emotional Signs: Children Ages 5-9⁵

- Crying, whimpering, screaming more than usual.
- Clinging or unusually attaching themselves to caregivers.
- Refusing to leave "safe" places.
- Difficulty sleeping or sleeping constantly.

⁵ Caring for Child Survivors of Sexual Abuse, Guidelines for health and psychosocial service providers in humanitarian settings, IRC, 2019.



	<ul style="list-style-type: none">• Losing the ability to converse, losing bladder control, and other developmental regression.• Displaying knowledge or interest in sexual acts inappropriate to their age.• Fear of particular people, places or activities, or of being attacked.• Behaving like a baby (wetting the bed or wanting parents to dress them).• Suddenly refusing to go to school.• Touching their private parts a lot.• Avoiding family and friends or generally keeping to themselves.• Refusing to eat or wanting to eat all the time. <p>Behavioural and Emotional Signs: Youth Ages 10-19⁶</p> <ul style="list-style-type: none">• Depression (chronic sadness), crying or emotional numbness.• Nightmares (bad dreams) or sleep disorders.• Problems in school or avoidance of school.• Displaying anger or expressing difficulties with peer relationships, fighting with people, disobeying or disrespecting authority.• Displaying avoidance behavior, including withdrawal from family and friends.• Self-destructive behavior (drugs, alcohol, self-inflicted injuries).• Changes in school performance.• Exhibiting eating problems, such as eating all the time or not wanting to eat.• Suicidal thoughts or tendencies.• Self-harm.• Talking about abuse, experiencing flashbacks of abuse.
 <p>Module 4 Slides 52-54</p>	<p>4.3 Consequences of GBV (15 Minutes)</p> <p>Step 1: The Facilitator will discuss with the group that GBV can have life-long consequences of a child and a youth.</p> <p>Step 2: In order to illustrate the consequences of GBV, the Facilitator will lead the following exercise.</p> <ol style="list-style-type: none">1. Handout a piece of A4 paper to each participant and have them divide the piece of paper into 10, equally sized pieces2. On each piece of paper, the participant will write 1 thing that is important or meaningful to them. This could be things they own (a phone, a car, etc.), principles such as freedom, travel, love and family/friends.3. After the participants have written 1 item on each piece of paper, they will turn the pieces of paper over so they can't see what was written. <p>The Facilitator will then read the following:</p> <ol style="list-style-type: none">1. Imagine you are a 10-year-old girl, living your normal life when you are informed that a coup is happening, and you need to get ready to leave your house. <p>Instruction: Participants will then pick up and throw away 2 pieces of their papers without looking at the words. They should be left with 8 pieces of paper.</p> <ol style="list-style-type: none">2. You are getting ready to leave the house with your family when an armed group breaks through your door and shoots your father. They then take you and your mother out of the house

⁶ Caring for Child Survivors of Sexual Abuse, Guidelines for health and psychosocial service providers in humanitarian settings, IRC, 2019.



Instruction: Participants will then reach to their right and throw away 2 pieces of their neighbour's papers without looking at the words. They should be left with 6 pieces of paper.

- 3. You and your mother manage to escape from the armed group and your mother hears of a smuggler who can help you to reach Europe. You find the smuggler and he agrees to take you, but you don't have enough money for both of you. Your mother insists that you go alone, and she will find more money and join you soon.

Instruction: Participants will then reach to their left and throw away 2 pieces of their neighbour's papers without looking at the words. They should be left with 4 pieces of paper.

- 4. Upon arriving in Europe, you are picked up by a man who promises that he will look after you. He takes you to a house where he takes all of your possessions and locks you in a room. After some time, a man comes in and sexually assaults you.

Instruction: Participants will take 2 pieces of their own papers without looking at the words. They should be left with 2 pieces of paper.

- 5. You manage to escape from the house and find a centre that looks after children. You are terrified of what is going to happen to you, so you choose not to disclose what's happened. You are having nightmares and can't sleep.

Instruction: Participants will take their last 2 pieces of their own papers without looking at the words and choose 1 to get rid of. They should be left with 1 piece of paper.

The Participants can then look at the one word that they have left.

The Facilitator will ask the group to read out one-by-one what they have left.

Reflection:

The Facilitator will ask the group to reflect on how they felt during the exercise. How did it feel to have things that were meaningful to you taken away? Did they feel angry, hurt, upset?

How do they feel about the 1 thing they have left?

The Facilitator will then discuss the impact of GBV and the long-term consequences it can have. Some of the consequences include:

Perpetrating or being a victim of violence	Depression	High Risk of Sexual Behaviours	Harmful use of drugs and alcohol

Adults who were abused/neglected as children have a higher risk of:



	<p>Lack of Disclosure</p> <p>One of the key impacts of GBV is an impairment in trust and this can influence their ability and willingness to disclose the abuse. The Facilitator will highlight that children often don't disclose GBV because of:</p> <ul style="list-style-type: none">○ The child may fear being stigmatized by their community.○ The child may fear retribution from their abuser.○ The child may not understand that they are experiencing abuse.○ The child may fear for their family's safety.○ The child may be in a state of shock after a traumatic incident.○ The child may simply be afraid of "getting in trouble".○ The child may worry about loss of assistance/support if they report.○ The child may worry about confidentiality.○ There may be no one to report to. <p>The Facilitator will then discuss with the group that while we are looking at Risk and Vulnerability, we also need to look at Strength and Resilience.</p>
 <p>Module 4 Slides 55-57</p>	<p>4.4 Strength and Resilience (15 Minutes)</p> <p>Step 1: The Facilitator will ask the group to look at the image in the slide.</p> <p>What do they think resilience is and what makes this child resilient?</p> <p>The Facilitator will then define What is Resilience?</p> <p>"Resilience," as defined by the Interaction Child Protection Task Team, is the ability of individuals, families and communities to endure and recover from adversities.</p> <p> Step 2: Case Study, Appendix 1.3 GBV Signs, Consequences and Resilience</p> <p>The Facilitator will then divide the group into small groups to work on a case study bringing the learning of this module together.</p> <p>The Groups will read the case study and then outline:</p> <ol style="list-style-type: none">1. What Risks and Vulnerability are the children facing and experiencing?2. What are some signs that GBV may be occurring?3. What are some points of resilience of for the children? <p>Allow the groups 10 minutes to discuss and then discuss the answers as a whole group.</p>



Module 4

Slide 58-60

4.5 Survivor Centred and Strengths Based Approach (15 Minutes)

The Facilitator will end this Module with a brief outline of two of the key principles that we need to follow when working with GBV and children.

The first is a **Survivor Centred Approach** and the second is a **Strengths Based Approach**.

Step 1:

The Facilitator will ask the group how they would define both Survivor Centred and Strengths Based.

The Facilitator will then fill in the answers highlighting that:

The Survivor Centred approach⁷ recognizes the fact that each person is unique, reacts differently to SGBV and has different needs. This approach promotes respect for survivors' rights by placing them at the centre of the support system. The survivor-centred approach should be applied by everyone who is in contact with survivors regardless of their role in the community or professional position.

- Show respect by showing care, treating the survivor with dignity and respecting the decisions of the survivor.
- Keep confidentiality.
- Ensure the safety of the survivor.
- Apply these principles without discrimination.

A strengths-based approach is one where we focus on the strengths and resilience of the child and youth and not only the challenges and risks that they have faced.

In order to illustrate a strengths-based approach and its impact, the Facilitator will read the following case study:



Case Study⁸

Gajari is 16 and from Bangladesh. She is an unaccompanied minor as both her parents drowned in the crossing to Europe. In order to survive, she has had to move in with another Bangladeshi family, but they treat her badly. They make her do all the work in the house and beat her whenever they feel like it. One of the men in the home has raped her on two occasions. Recently, the family have started organizing gatherings at home. During those gatherings they encourage Gajari to have sex with a man unknown to her. She suspects the man pays the family in exchange for the sexual favours. Gajari is too afraid to refuse. People in the neighbourhood know that she is being abused and one day, a woman in the same building comes to talk to her and tries to convince her to go to the police. She tells her that the abuse will not stop and that she is worried about Gajari. Gajari denies that the family is abusing her and says that everything is fine.

Ask participants to speculate why Gajari refuses help?

Among the reasons may be the following.

- Gajari may be too afraid to speak out; she may be threatened with further violence if she speaks to other people about what is happening.
- She doesn't trust the authorities to help her and may feel she has nowhere else to go.
- She may worry where else she will go if the family kicks her out.

Ask the participants what people in the community might do to help Gajari?

⁷ UNHCR SGBV PREVENTION and RESPONSE Training Manual, 2016.

⁸ Adapted from UNHCR SGBV PREVENTION and RESPONSE Training Manual, 2016.



Summarize responses on post-its. Examples could include the following.

- Not judging her
- Continuing to make contact with her, trying to get to know her better
- Giving her a point of contact if she wishes to get help
- Not telling her what she should do, but informing her about options to find help

Read the second part of the story

Gajari is feeling isolated and afraid and she sees no way out of the abuse. Her health status is poor, and she has chronic lower abdominal pain. Every time she goes to the health centre, the nurse gives her antibiotics and painkillers and sends her home. The nurse suspects something is wrong but does not bring it up.

Ask participants what might be the barriers that prevent Gajari from talking to the nurse?

Make sure the following points are made.

- There may be not enough confidentiality.
- The health clinic may not be able to provide a space to allow for a private conversation.
- She may not be aware that she can raise this issue at the health clinic.
- She may not dare to speak to the nurse if he is a man.

Ask participants; what can the health care provider do to help Gajari?

Make sure the following points are made

- Ask Gajari about her home situation.
- Ask Gajari if she is facing any problems she may want to talk about.
- Show empathy and try to gain Gajari's trust.
- Remain non-judgmental.
- Provide information about different services available to her.
- Provide Gajari with information, for example, about the referral process, services offered and the rules of confidentiality.
- Ask Gajari what is working well in her life and build on any strengths and resilience

Discuss with the group that these are the principles of a survivor centred and strengths-based approach.

Conclude the module with a discussion of what changes or adaptations they feel that they need to make where they work to ensure a survivor centred and strengths-based approach.

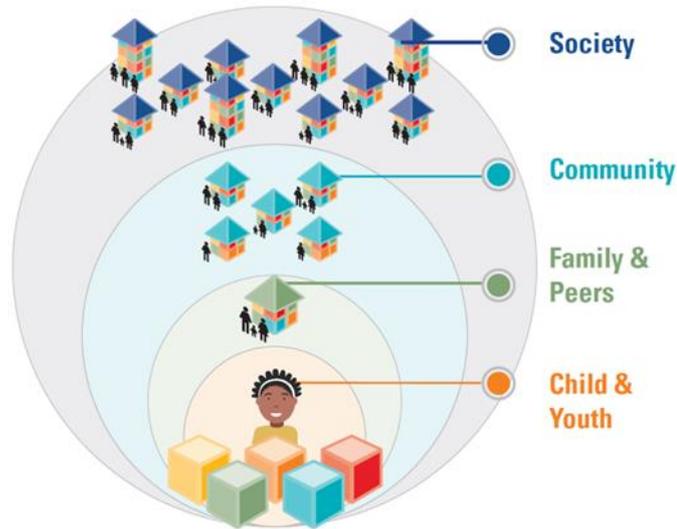


Module 5: GBV Prevention: Assessing Risk and Building Protection

<p>Duration and Topics</p> 	<p>45 Minutes</p> <p>5.1 Assessing Risk and Context Analysis 5.2 Assessing Strengths and Protection</p>
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Conduct a risk assessment in their place of work • Develop an understanding of the Social Ecological model and how to assess both risk and protective factors
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Prepare Handout 2.4 GBV Preventions: Assessing Risk and Context Analysis. 2. Prepare Handout 2.5 GBV Risk Assessment Tool for Children and Youth

Facilitator Instructions

 <p>Module 5 Slides 61-62</p>	<p>5.1 Assessing Risk and Context Analysis (30 Minutes)</p> <p>The Facilitator will tell the group that this Module will now move more deeply into focusing on understanding the risks that children and youth may face in the areas where we are working. We will be using a Risk Assessment Tool to assess the risk and then an additional tool to begin looking at the strengths.</p> <p>As UNICEF’s Social Ecological Model and Tdh’s Framework to Support Wellbeing outline there are 4 levels of a context that need to be understood and assessed in order to offer effective and impactful programmes and support for children. These levels include the individual, relationships, the community, and society.</p>
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Through models such as this, we can begin to explore the complete experience of the child and start to implement protection standards that will address both prevention and intervention.

The Facilitator will outline that the Model also provides a framework for identifying signs of risk that helps us to understand:

At the individual level: What are the personal history and risk factors that may increase the likelihood of a child or youth become a victim of GBV. We can also assess the protective factors and strengths/resilience of the individual.

Personal relationships such as family, friends, intimate partners and peers may influence the risks of becoming a victim GBV. We can also assess the protective factors and strengths/resilience of the personal relationships.

Community contexts in which social relationships occur, such as schools, neighbourhoods and workplaces, also influence GBV. Risk factors here may include poverty, migration and the existence of a trafficking and exploitation. We can also assess the protective factors and strengths/resilience of the community.

Social and cultural factors influence whether GBV is encouraged or inhibited. This includes the existence of legislation and laws in regards to GBV, economic and social policies, as well as social and cultural norms such as those around male dominance over women, parental dominance over children and cultural norms that endorse GBV.

This Assessment Tool will guide you through the four levels with a series of questions to begin to assess the GBV risk that is present in your context.

Mapping Their Context

The Facilitator will divide the group up into small group. The composition of the group will depend on the country or context where they are working. If all members of the group are from the same country, then divide them into groups based on their profession. If they are all from the same profession or organisation, divide them into random small groups.

Handout 2.4 GBV Preventions: Assessing Risk and Context Analysis and 2.5 GBV Risk Assessment Tool for Children and Youth. They will be doing a risk assessment and context analysis of the area where they work. The group will answer all of the questions outlined in the assessment and then complete the GBV Risk Analysis handout. As this is



	<p>a long exercise, the Facilitator will move from group to group, assessing if the groups need any support or have any questions.</p> <p>When the groups have completed their Analysis, they will present their findings back to the larger group.</p>															
<p>Module 5 Slides 63</p>	<p>5.2 Assessing Strengths and Resources (15 Minutes)</p> <p>As outlined in the previous module, we also need to assess strengths and resources as well as risks. After the presentation of the Risks, have the groups return to their small groups and then map out the Strengths and Resources where they are working.</p> <p>Ask each group to present back some of the Strengths and Resources that they have found.</p> <table border="1" data-bbox="435 696 1385 999"><thead><tr><th>Group</th><th>Strengths</th><th>Resources</th></tr></thead><tbody><tr><td>Individuals</td><td></td><td></td></tr><tr><td>Relationships</td><td></td><td></td></tr><tr><td>Community</td><td></td><td></td></tr><tr><td>Society</td><td></td><td></td></tr></tbody></table>	Group	Strengths	Resources	Individuals			Relationships			Community			Society		
Group	Strengths	Resources														
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Module 6: Mitigating Risk & Action Planning

<p>Duration and Topics</p> 	<p>50 Minutes</p> <ul style="list-style-type: none"> 6.1 Mitigating Risk 6.2 Action Planning
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Design a plan to mitigate risk and prevent GBV from occurring • Develop an Action Plan to take back to their places of work
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Prepare Handout 2.6 GBV Risks and Mitigation/Prevention

Facilitator Instructions

 <p>Module 6 Slides 64-65</p>	<p>6.1 Mitigating Risk (25 Minutes)</p> <p>The next Module builds on all of the learning of the day and the focus is on developing a mitigation or prevention plan for stopping GBV from occurring or ensuring that our services and places of work are both strengths based, and survivor centred.</p> <p>Have the participants return to their small groups from the previous module and handout 2.6 GBV Risks and Mitigation/Prevention.</p> <p>The focus of this exercise is for them to:</p> <table border="1" data-bbox="437 1507 1385 1715"> <tr><td>1. Select one Identified Risk</td></tr> <tr><td>2. Select a Mitigation Strategy</td></tr> <tr><td>3. Develop an Implementation Plan</td></tr> <tr><td>Step 1</td></tr> <tr><td>Step 2</td></tr> <tr><td>Step 3</td></tr> </table> <p>Encourage the group to be creative in their planning and in their presentation back to the larger group.</p> <p>Have each group present back and then discuss how they will action this when they return to work.</p>	1. Select one Identified Risk	2. Select a Mitigation Strategy	3. Develop an Implementation Plan	Step 1	Step 2	Step 3
1. Select one Identified Risk							
2. Select a Mitigation Strategy							
3. Develop an Implementation Plan							
Step 1							
Step 2							
Step 3							



 Module 6 Slides 66	6.2 Action Planning (25 Minutes) The last section of the day focuses on Action Planning. Have each participant complete the Action Planning section of the handout. They will identify how they will: Prevent GBV Risk Implement a Survivor Centred and Strengths Based Approach Have each person present back and discuss their action plan.

End of Day 1

 End of Day 1 Slide 67-68	End of Day 1 (25 Minutes) Questions: Ask the group if they have any outstanding questions. Reflection: Have the Participants complete their reflections in Handout 2.7 End of the Day 1 Reflections. Evaluation: Using tools in the Introduction, complete an End of the Day Evaluation. Remind the group of the starting time for Day 2.
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Day 2: Welcome

<p>Duration</p> 	<p>30 Minutes</p>
	<p>Objectives</p> <p>The objective of this section is to Welcome the Participants to Day 2.</p>
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes ✓ Ball
	<p>Work for the Facilitator to do in Advance</p> <p>None</p>

Facilitator Instructions

 <p>Welcome to Day 2 Slide 69</p>	<p>The Facilitator will Welcome the Group to day 2 and provide an overview of what the day will cover.</p> <p>In order to warm the Participants up for the day, ask the group to stand in a circle. One person will start holding the ball and say 1 thing that they learned the previous day. They will then throw the ball to another Participant will say 1 thing that they learned. Continue around the circle until all Participants have had a chance to say 1 thing they learned.</p>			
 <p>Welcome to Day 2 Slide 70</p>	<p>Feelings Check In</p> <p>As some of the material is extremely sensitive and may bring up feelings, it is important to check in with the participants. The Facilitator will ask if anyone would like to talk about their end of the day reflection from the previous day.</p> <table border="1" data-bbox="435 1590 1385 1765"> <tr> <td data-bbox="435 1590 746 1765"> <p>Feelings during the day</p>  </td> <td data-bbox="746 1590 1074 1765"> <p>Any stress or challenges?</p>  </td> <td data-bbox="1074 1590 1385 1765"> <p>How did you manage the stress?</p>  </td> </tr> </table> <p>Discuss with the group any feelings, stress or challenges that came up on the previous day and then discussion strategies for managing the stress.</p> <p>The Facilitator will reflect to the group that how we manage our stress is extremely important when we are working with GBV and we will have module where we discuss Vicarious and Secondary Traumatization.</p>	<p>Feelings during the day</p> 	<p>Any stress or challenges?</p> 	<p>How did you manage the stress?</p> 
<p>Feelings during the day</p> 	<p>Any stress or challenges?</p> 	<p>How did you manage the stress?</p> 		

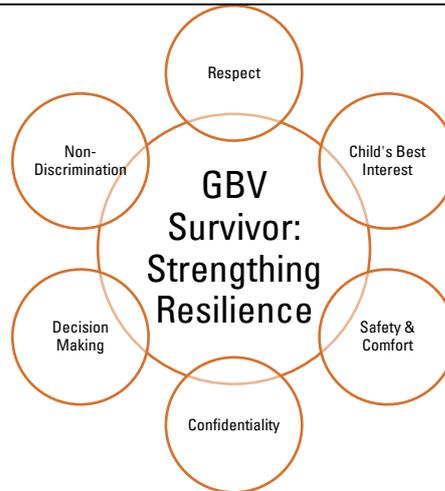


Module 7: Responding to GBV

<p>Duration and Topics</p> 	<p>150 Minutes (2.5 Hours with a Break)</p> <ul style="list-style-type: none"> 7.1 Guiding Principles for Working with GBV Survivors 7.2 Core Beliefs and Attitudes 7.3 Working Across Culture 7.4 Creating a Safe Space 7.5 Supporting a Child or Youth who Discloses GBV
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Identify the guiding principles for working with GBV survivors • Examine their core beliefs and attitudes • Develop an awareness of working across culture • Design an action plan for creating a safe space • Have the skills and competency to support children or youth who disclose GBV
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Prepare Appendix 1.4 Core Beliefs and Attitudes 2. Prepare Handout 2.8 Responding to GBV 3. Prepare Handout 2.9 GBV Disclosure Principles 4. Prepare Handout 2.10 Case Study 5. Prepare Handout 2.11 Role Plays

Facilitator Instructions

 <p>Module 7 Slides 71-73</p>	<p>7.1 Core Principles for Working with GBV Survivors (10 Minutes)</p> <p>Prior to beginning the Module, handout 2.8 Responding to GBV and 2.9 GBV Disclosure Principles</p> <p>The Facilitator will introduce that the focus of this module is on how we best respond and support disclosures of GBV.</p> <p>The first step is understanding the core principles for working with GBV survivors that include:</p>
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The Facilitator will take the group through the definitions of each category and then emphasize that the goal is to Strengthen Children and Youth Resilience.

The definitions are:

1. Promote the Child's/Youth's Best Interest

A child/youth's best interest is central to good care. A primary best interest consideration for children and youth is securing their physical and emotional safety—in other words, their wellbeing—throughout their care and treatment. All actions should ensure that the children and youth's rights to safety and ongoing development are never compromised.

2. Ensure Safety & Comfort

The safety, security and comfort of the survivor is the number one priority. Children and youth who disclose GBV require comfort, encouragement and support from service providers.

3. Ensure Appropriate Confidentiality

Information about a child/youth's experience of abuse should be collected, used, shared and stored in a confidential manner. In some places where service providers are required under local law to report child abuse to the local authorities, mandatory reporting procedures should be communicated to the children and their caregivers at the beginning of service delivery. In situations where a child's health or safety is at risk, limits to confidentiality exist in order to protect the child.

4. Decision-Making

Children and youth have the right to participate in decisions that have implications in their lives. The level of a child's participation in decision-making should be appropriate to the child's level of maturity and age.

5. Non-Discrimination and Inclusiveness

All children and youth should be provided equal and fair treatment.



	<p>6. Respect</p> <p>We should provide respect to children and youth at all times.</p> <p>Goal = Strengthen Child and Youth Resilience</p> <p>When working with children and youth, we need to have the key belief and attitude that they are resilient individuals. By implementing the above principles, we can build on each child and youth’s unique capacities and strengths and the capacity to heal. It is the responsibility of service providers to identify and build upon the child and youth’s natural strengths as part of the recovery and healing process.</p>
 <p>Module 7 Slides 74-75</p>	<p>7.2 Core Beliefs and Attitudes (15 Minutes)</p> <p>Before working with GBV and children and youth, we need to ensure that we have the right attitudes.</p> <p>The Facilitator will take the group through the Attitudes and Beliefs exercise in Appendix 1.4</p> <p>After completing the exercise, the Facilitator will emphasise:</p> <p>Before working with children, we need to ensure that we have the right attitudes. These include children and youth have the right to:</p> <ul style="list-style-type: none"> ✓ Healthy development. ✓ Care, love and support. ✓ Be heard and be involved in decisions that affect them. ✓ Live a life free from violence. ✓ Information being should be shared in a way they understand. <p>In addition, there are specific beliefs that are absolutely vital for service providers to have when working with GBV survivors. They include the belief that children and youth:</p> <ul style="list-style-type: none"> ✓ Tell the truth about GBV. ✓ Are not at fault for being survivors of GBV. ✓ Can recover and heal from GBV. ✓ Should not be stigmatized, shamed, or ridiculed. <p>Adults, including caregivers and service providers, have the responsibility for helping a child or youth heal by believing them and not blaming them for GBV.</p>
 <p>Module 7 Slides 76-77</p>	<p>7.3 Working Across Culture (20 Minutes)</p> <p>As we are working with children and youth from different cultures, it is important that we discuss how to most effectively work across culture. The Facilitator will guide the group through the key principles when working across culture.</p> <p>When we work across culture, it is important to:</p> <ul style="list-style-type: none"> • Attend to practical issues and basic needs – food, clothes etc. This can be a helpful and concrete way of engaging and developing trust with different cultures. In many cultures, the giving of food and hospitality is a sign of respect. • Think carefully about body language, tone of voice etc. For example, try not to look stern and unfriendly and avoid standing together in groups as it may be difficult for people to approach. Remember that in many cultures physical contact between men and women who are not related is not considered appropriate. Also think about dress and appearance and how this might be misinterpreted.



- **Try to ensure there are signs in local languages and pictures.** Having pictures (for example of clothes, food, buses etc.) can help communicate with people where there are language problems and a translator is not available.
- **Pay attention to the social order.** Often it is important to identify who are the key people within the group who need to be consulted with or attended to first in order for other members to talk. For example, an older female or the male head of household.
- **Work with translators** – Don't just ask translators to pass on messages but accompany them so you are included in the discussion. This helps to develop rapport and build trust. Translators should also be involved in training.
- **Be proactive** - don't always wait for people to approach for help. Going up and asking is often understood intuitively as a desire to help.
- **Remember that people who are different (from you, the workers) are not necessarily the same (as each other)** - avoid assuming that all people from the 'same' country, family or local culture follow the same rules of behaviour, preferences etc. Make sure you ask people what they want and respect their choices.
- **Be 'clumsy' rather than 'clever'** - although you may be concerned about insulting or upsetting children and families because of a lack of understanding, it is safer to ask than be ignorant of the meaning of things. Questions such as 'Can you help me understand why this is important to you?' may help with building a positive working relationships with those from a different cultural /ethnic background as this can be seen as a way of wanting to understand rather than judge.
- **Remember that culture should never be used as an excuse for abuse** – do not presume that a particular behaviour is a cultural practice and thus sanction it as being acceptable. If in doubt seek guidance from a co-worker / supervisor or a specialist children's agency.
- **Work in an open and transparent way** – if in doubt ask! Discuss your ideas, assumptions and challenges with colleagues and managers so that they give support.



Group Work

The Facilitator will then divide the group into small groups. In their small groups they will discuss the questions:

What have they found most challenging about working with different cultures?

What has been the most rewarding aspect of working with different cultures?

What strategies have they discovered / developed for working with people from other cultures?

As a man – working with women, working with men, working with children

As a woman – working with women, working with men, working with children

The groups will discuss their answers to the questions and then present back to the larger group for discussion.



Module 7
Slides 78-79

7.4 Creating a Safe Space (15 Minutes)

The last section that we will look at before moving on to how to support GBV disclosures is how do we create a safe space for the disclosures?

Discuss with the group that it can be extremely difficult for children to talk about GBV and it's essential that we create a space where children's emotional and physical safety is protected.



Group Work

Divide the group into small groups and have them discuss:

In the area where you work, what could you do to create a safe space for children and youth?

Have each group come up with 3 strategies that they could implement upon return to their workplace and present these back to the larger group.



Module 7
Slides 80-85

7.5 Supporting a Child or Youth who Discloses GBV (90 Minutes)

The remainder of this module will now focus on how to support a child or youth who disclosed GBV.

GBV Disclosure Principles^{9 10}

The information focuses on how to best support a child or youth who discloses GBV. There may be cases where you suspect that GBV is occurring or GBV has been reported to you by someone else. In these cases, discuss the disclosure with a supervisor and follow mandatory reporting guidelines in the area where you work.

Supporting a Child or Youth who Discloses GBV

The following guidance is based on Psychological First Aid principles, guidance from the IASC on How to support survivors of gender-based violence, and principles outlined in the IRC Care for Children Survivors guide.

⁹ IRC Manual, Caring for Child Survivors of Sexual Abuse, Guidelines for health and psychosocial service providers in humanitarian settings, 2019.

¹⁰ How to support survivors of gender-based violence when a GBV actor is not available in your area.



Using the Powerpoint presentation, the facilitator will outline the principles of:



- Address immediate needs, such as medical attention. Child and youth survivors of GBV may also need clothing after an assault in order to feel safe or regain a sense of dignity. Sometimes just offering a glass of water or a tissue can be a great comfort.
- Pay attention to non-verbal communication, or body language of the child/youth.
- Ask yourself if the child/youth appears scared or anxious.
- Ask yourself if the child/youth appears to be in pain or injured.
- Pay attention to your own non-verbal communication and body language. If you say you are calm, but your body is exhibiting signs of distress and anger, the child will be less likely to feel safe.



Communication Skills

How we communicate with children and youth is fundamental to ensuring that they feel safe to disclose GBV and then supported once they make the disclosure. We need to communicate immediate belief, care and empathy in order for the GBV survivor to be willing to engage further, thus helping the provider to offer appropriate care and treatment.

The guiding principles when talk to children and youth are:

Be Nurturing, Comforting and Supportive & Reassure the Child

- Stay as calm as possible. Allow the child to share and speak as much as they want.
- Always let the child finish their sentence before you respond, even if you are very worried about them.



- Use open ended questions in order to let the child use their own words to describe their experience.
- Avoid yes/no questions and multiple-choice questions.

Use healing statements such as:

- ✓ I believe you
- ✓ It's not your fault
- ✓ I'm glad you told me
- ✓ You are very brave to talk with me

Do NO Harm

Do not become angry with a child, force a child to answer a question that he or she is not ready to answer, force a child to speak about the GBV before he/she is ready, or have the child repeat her/his story of abuse multiple times to different people.

Speak So Children and Youth Understand

Be aware of the talking to children and youth based on their age and developmental stage.

Pay Attention to Non-Verbal Communication

Pay attention to signs that the if the child or youth is becoming distressed by the conversation. Stop the conversation if the child or youth is in distress and the child/youth should be respected if they no longer wish to speak.

Empower the Child/Youth

- ✓ Respect the child/youth's opinion, beliefs and thoughts
- ✓ Respect the child's right to stop speaking with you at any time. If a child wishes to end the conversation, make sure they know how to contact you and/or provide them with information on available support resources.
- ✓ Avoid making promises you can't keep
- ✓ Explain to the child/youth that you may need to share some of the information in order to keep them safe



Link

NOTE: Based on their age and ability to make decisions, children should be involved in the decision making around what happens next after a disclosure. The weight of the views of the child should be made on a case by case basis depending on age, level of maturity, developmental stage and cultural, traditional, and environmental factors.

If an adult or caregiver was not present during the conversation, ask the child/youth if there is an adult they trust. Bring that person to the child/youth or accompany the child/youth to that person to continue the conversation and discuss what will happen next. If there is no protective adult or someone they trust, follow the social care guidelines around immediate protection of the country where you are working. Always keep the safety and the best interests of the child in mind.

Follow the reporting guidelines of your organization and country where you are working. If the child/youth asks for services or indicates that they may require assistance you cannot personally give, use your GBV Response Resource Guide created in Module 6 to provide relevant, up to date information on appropriate resources available. You may refer the child/youth and/or caregiver to these resources with their consent.



	<p>After your conversation, make sure that the child/youth stays with an adult they trust or involved child protection services if needed. Do not leave them alone.</p> <p>Care after Disclosure</p> <p>It may not be your role to provide care to the child or youth after a disclosure, but it can be helpful to know what a child/youth may need. After immediate protection needs are addressed, they may need longer-term:</p> <ul style="list-style-type: none"> ✓ Psychological Support ✓ Support for social needs such as ensuring they go back to school or participate in community and family events ✓ Care such as safe home if they can't return to their current home
 <p>Module 7 Slides 86</p>	 <p>Case Study</p> <p>In order to illustrate the principles that have just been outlined, divide the group into small groups and work on the Case Study Handout 2.10.</p> <p>Have the group discuss the questions after the Case Study and then bring the groups back for a large group discussion on:</p> <ol style="list-style-type: none"> 1. What did Ana Maria do well in this situation? 2. Did she follow Look Listen Link? 3. What else could she have done?
 <p>Module 7 Slides 87</p>	<p>Role Play Demonstration</p> <p>The facilitator will now do a demonstration of how to talk to a child who is disclosing GBV.</p> <p>The Facilitator will tell the group that they are going to do a role play demonstration using the case study with Ana Maria and Aisha. The Faciliator will ask for a volunteer from the group to play the role of Aisha.</p> <p>The faciliator will then conduct a demonstratong of supporting a child or youth who disclosed GBV using the Look Listen Link model.</p> <p>After complete the role play, debrief with the group around what they observed. What went well? What would they have done differently?</p>
 <p>Module 7 Slides 88</p>	<p>Role Play</p> <p>The faciliator will then divide the group into groups of 3 if possible. The groups will be practicing Look Listen and Link using the Role Play Handout 2.11.</p> <p>Role Play Instructions</p> <p>The facilitator will tell the group that we are now going to practice how to talk to a child or youth who is disclosing GBV. In your group there will be three roles:</p> <ol style="list-style-type: none"> 1. Observer: Observe the role play and provide feedback to the person being disclosed to. Have they used Look Listen Link and used effective communication skills? 2. Child/Youth: Play out the role as per the information given.



3. **Person the GBV is being disclosed to:** Provide support to the child/youth based on the materials that we have just learned. Provide Links to services based on the mandatory reporting laws of your country and the guidelines of your organization.

You will have a chance to play each role. Please spend about **15 minutes on the Role Play and then 5 minutes** debriefing with the comments from the Observer.

Divide the group up and then the facilitator will move amongst the groups to observe.

Once each member of the group has had a chance to play all three roles, bring the group back together for a group discussion.

The facilitator will ask:

1. What they learned from the role plays?
2. What did they find challenging?
3. Are there any questions?



Module 8: Case Management, Referrals and Reporting

<p>Duration and Topics</p> 	<p>45 Minutes</p> <ul style="list-style-type: none"> 8.1 Case Management Principles 8.2 Making Referrals 8.3 Reporting and Mandatory Reporting
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the case management principles when working with GBV and children and youth • Make referrals as needed for children and youth who have experienced GBV • Know the mandatory reporting guidelines where they work
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Prepare Handout 2.12 Case Management, Referrals and Reporting 2. Prepare Handout 2.13 Services Mapping

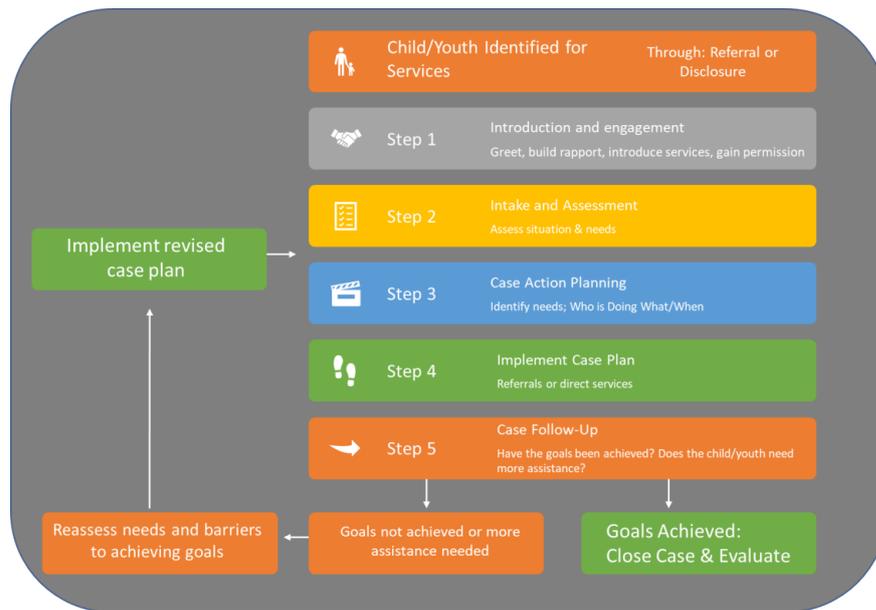
Facilitator Instructions

 <p>Module 8 Slides 89-93</p>	<p>8.1 Case Management Principles (25 minutes)</p> <p>What is Case Management?</p> <p>The Facilitator will outline to the group that exact definitions of case management vary slightly across the humanitarian aid field. The definition of social work case management, which is the primary model adapted by the GBV sector in humanitarian aid contexts and used by the U.S. based National Association of Social Workers, is as follows:</p> <p>“Social work-based case management is a method of providing services whereby a professional social worker assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the specific client’s complex needs.”¹¹</p>
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¹¹ National Association of Social Workers
<https://www.socialworkers.org/LinkClick.aspx?fileticket=acrzqmEfhlo%3d&portalid=0>



The Process¹²



How does Case Management work across countries?

The Facilitator will ask the group if they have any experience in Case Management across countries? At the moment, this isn't being done effectively and is an area for improvement to help to facilitate case management for children and youth.

What is Your Role in Case Management?

The next question to pose to the group is: What is their role in case management? They may not have an active role, but they may be involved in some elements of the case management, especially if they offer services to children and youth.

Case Management Case Study

Divide the group into small groups.

In order to highlight the process, have the group return to the **Case Study 2.10** and use the handout 2.12 **Case Management, Referrals and Reporting**. Ask the group to map out a Case Management plan for Aisha. Have each group present back their plan and discuss what next steps could be if:

1. The plan isn't working
2. Aisha decides to move on to a different country



Module 8
Slide 94

8.2 Making Referrals (15 Minutes)

The focus of this part of the module is on assisting the group in thinking through who they can make referrals to in the areas where they are working. Give the group the handout and **2.13 Services Mapping** and indicate that there are tables where they can enter referral information.

If members of the group work at the same organisation or in the same area, divide the group into small groups and have them brainstorm where they will be able to make referrals. They can map out the referral sources and then fill in the details once they return to work.

¹² IRC Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings. 2019.



Module 8

Slides 95

8.3 Reporting and Mandatory Reporting (5 Minutes)

To end this Module, discuss with the group the concept of Mandatory Reporting. Are they aware where they work what the reporting guidelines are for both their organisation and the country? We have covered this information previously in the training, but it's important to emphasise and make sure that the group are aware of their reporting and mandatory reporting guidelines.



Module 9: Vicarious and Secondary Trauma and Self Care

<p>Duration and Topics</p> 	<p>90 Minutes</p> <p>9.1 What is Vicarious and Secondary Trauma</p> <p>9.2 Wellbeing and Resilience</p>
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Outline the stressors that they are currently facing in their role • Define vicarious and secondary trauma • Design a wellbeing and resilience plan
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Print Handout 2.14: Vicarious/Secondary Trauma and Self-Care

Facilitator Instructions

 <p>Module 9 Slides 96-98</p>	<p>9.1 What is Vicarious and Secondary Trauma (30 Minutes) Prior to starting the Module, handout 2.14: Vicarious/Secondary Trauma and Self-Care</p> <p>Vicarious and Secondary Trauma The Facilitator will outline to the group that their wellbeing is essential for them to manage stress and build resilience. For those working in environments where you are exposed to highly traumatic stories, images or materials, secondary traumatic stress and vicarious trauma are real risks. You may experience trauma symptoms on the same scale as if they had directly experienced the event, creating challenges for both you and your work. The impact of this can be feeling cut off from yourself and the world around you, work related nightmares, feelings of despair and hopelessness and a more negative world view.</p> <p> Group Exercise The Facilitator will divide the group into small groups where they will discuss and prepare a presentation on the following questions:</p> <ol style="list-style-type: none"> 1. What stress are you currently facing as a result of your work? 2. What is the impact of the stress? <p>Have each group present back and discuss.</p>
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Module 9

Slides 99-105

9.2 Wellbeing and Resilience (60 Minutes)

Now that we understand what stressors we are facing and the impact, we can begin to mitigate some of the impact of the stress that we face by having a strong Wellbeing Plan in place.

What is Stress?

Discuss with the group that we can have good and bad stress.



What is good stress?

Ask the group what they think is good stress?

Stress isn't always negative. Sometimes pressure can be good. It can push us to engage and achieve. We may need this pressure or stress to motivate us. When stress helps us to challenge ourselves and to be active, it can be positive, keeping us in our **green zone**.

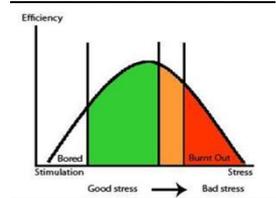
What is bad stress?

Ask the group for some examples of bad stress?

When we have too much stress in our lives, we can feel overloaded, overwhelmed and over-exhausted. This threatens our capacity to cope. We can start to feel depleted (instead of energised) with any the following pressures:

- Hearing traumatic and highly distressing stories
- Witnessing suffering
- Heavy increase in workload
- Further heavy increase in workload
- Working late
- Tensions in the team
- Departure of a key colleague
- Loss of funding
- Repeated illness or injury

Green/Amber/Red Zones



Introduce the concept of Green/Amber/Red Zones

Discuss with the group that if we are looking after ourselves well, we are in a Green Zone. A place where we feel well and happy.

If stress is prolonged, we can move into an Amber Zone where our stress builds. If we still don't manage our stress, it can move into a Red Zone and leave us feeling burned out or ill.

Green Zone

Ask Participants to turn to Page 44 in their Participant Workbook. Ask the group to complete the green zone section.



Have a brief discussion what keeps the group in the green zone.

Amber Zone

Ask the group to complete the amber zone section.

Have a brief discussion around what stress pushes them to the Amber Zone. How do they know when they are stressed?

Red Zone

Ask the group to complete the red zone section.

Have a brief discussion around what stress pushes them to the Red Zone. How do they know when they are reaching burn out?

Wellbeing & Resilience Plan

Finish the session by asking each person to begin to complete their wellbeing & resilience plan. What will they commit to, to keep themselves in the green zone?

End the Module by having each person present their plan and say 1 thing that they will do to look after themselves and keep them in the Green Zone.



Ending

<p>Duration and Topics</p> 	<p>70 Minutes</p> <p>Wrap up and next steps Using Child-Hub Evaluation Post-Test</p>
	<p>Objectives</p> <p>By the end of the Module, participants will be able to:</p> <ul style="list-style-type: none"> • Define what their next steps after the training will be • Access Child-Hub for additional materials • Provide feedback on the training
	<p>Materials</p> <ul style="list-style-type: none"> ✓ Handouts ✓ Flip chart paper and markers ✓ Post-it notes
	<p>Work for the Facilitator to do in Advance</p> <ol style="list-style-type: none"> 1. Print Appendix 1.5 Training Pre/Post Test Measurement and 1.6 Training Evaluation. 2. Print Handout 2.15 Resources 3. Prepare paper for final exercise

Facilitator Instructions

 <p>Slide 106</p>	<p>Wrap up and next steps (10 Minutes)</p> <p>The Facilitator will ask if there are any outstanding questions and then let the group know that it is now time to end.</p> <p>After the training ends, the Participants can find further information through the Resources Handout as well as Child Hub</p>
 <p>Slide 107</p>	<p>Using ChildHub (10 Minutes)</p> <p>The Facilitator will let the group know about ChildHub where they can access additional learning.</p> <div style="display: flex; justify-content: space-around; align-items: center;">     </div>
 <p>Slide 108</p>	<p>Evaluation (15 Minutes)</p> <p>The Facilitator will hand out the training evaluation to the group.</p>



 Slide 109	Post-Test (10 Minutes) The Facilitator will hand out the post-test to the group.
 Slide 110	Ending (25 Minutes) After everyone has finished the Evaluation and Post-Test, bring the group together in a circle. Give each person a piece of paper (preferably card paper) and have them trace their hand. You will then tape the card to their back. Have the group walk around the room and write words of appreciation on the hand on the person's back. These are their messages of affirmation and appreciation to take forward into the work that they are doing. Once all people have signed each other's cards, take the card off the participant's back and allow a few minutes for them to read the words. Then, ask the group to return to the circle and state 1 piece of learning that was most important to them. Thank everyone for attending and end the training!



Appendix 1: Facilitator Materials

Appendix 1.0: Child and Youth on the Move Stories

Appendix 1.1: GBV Case Studies

Appendix 1.2: Power Walk

Appendix 1.3: GBV Signs, Consequences and Resilience

Appendix 1.4: Core Attitudes and Beliefs Exercise

Appendix 1.5: Pre/Post Test

Appendix 1.6: Evaluation Form



Appendix 1.0: Children and Youth on the Move Stories

Ibrahim's Story*

"I'm from West Africa. Life there was not easy. My oldest brother made it to Europe in 2011, so my younger brother and I thought we should try to go. It took one year to get to Italy. The journey from Agadez [in Niger] to Libya was very hard, and so was the border of Niger and Libya. So many people died in the desert, like it was a river. "We were a group of boys and girls traveling together. We spent 40 days in the desert. We saw a lot of abandoned cars with dead people inside. If you try to go alone, you die. There was so much hunger and suffering. You meet a lot of people who are about to die. The girls are stronger than the guys—they have to be, in order to make it through. We were lost for days in the desert. We were tired and hungry, and we ended up fighting. It makes you hate yourself. By the time we got to Libya, many of us had been kidnapped. A few of us were lucky because we had a good driver [smuggler]. You don't know if they are good or wicked, but he told us everything beforehand about what to expect on the journey and he was honest. "I was stuck for seven months in Libya. It was very bad. We saw our friend being violated. It was a bad, bad experience. We saw and heard a lot of terrible things—we saw torture and killings.

"I finally made it to Italy. My younger brother did not make it, but I can't talk about this. I was in a bad camp [in southern Italy]. We worked like slaves—still we are slaves. It's like another world. I didn't understand that this is Italy. Now I have my documents, but I can't rent a house. An Italian friend will set up a meeting with a landlord, but then I show up and they don't want to rent to me. They don't rent to Africans, so I can't get a place to live. People are always thinking something bad about me. In the metro, I don't move, I don't touch anyone. Everyone thinks we are criminals. The police attack us in the camps. In one camp, the police arrived and started beating people—there were more than 100 people living there. It was very wrong. They pushed one boy out of the second floor, and he was very hurt. "My story is very painful. I seem to be OK. People think I am funny and happy, but I must smoke [marijuana] to sleep. I can't sleep, I can't be alone, I can't stop thinking about things, especially my future in Italy."

*Edited for length, coherence, and confidentiality purposes.

Source: <https://www.womensrefugeecommission.org/images/zdocs/Libya-Italy-Report-03-2019.pdf>

Harrowing Journeys

Source: Harrowing Journeys UNICEF, September 2017, Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation



Children and youth migrating to escape harm or seek a better future find few safe and regular pathways. Regular migration channels – enabled by humanitarian, student or work visas, programmes for family reunification, or refugee resettlement – are limited, and closed to most.

This leaves many with little choice but to engage smugglers to help them cross borders. Driven underground, youth on the move and refugees navigate a multitude of dangers – braving desert heat packed into pickup trucks, hitching rides atop freight trains, crossing rough seas in boats never meant to hold so many people. They may become stuck in transit, deprived of basics like safe shelter, clean water, health care and education. Desperation to move on may drive them into exploitative work.

Adults upon whom children depend to assist them during their journeys – like the smugglers they may hire – may take advantage of their vulnerability. Children may fall victim to abuse and violence or be trafficked into sexual exploitation or forced labour. Perpetrators range from smugglers and traffickers on the one hand, to border guards, militias or police on the other.



“We were like slaves”



Twin brothers Aimamo and Ibrahim, 16, migrated from the Gambia on their own, their journey to be paid for in exchange for labour upon arrival in Libya. They did not expect this work to be akin to slavery.

Along with 200 other sub-Saharan Africans, they spent two months working on a farm – and enduring beatings and threats. When work was done for the day, they were locked in to prevent them from escaping. After that ordeal, getting on the flimsy inflatable raft that took them to Italy was a relief. Another youth on the move from the Gambia, 17-year-old Sanna, described being willing to take any work to get the money he needed to continue on his way. “But the Libyans sometimes refused to pay us,” he says, “and if we discussed it with them, they would bring a gun. You cannot do anything; we were like slaves.”

Detained



Lovette, 16, who left Nigeria and travelled through Libya, described being arrested along with the other youth on the move in her group, and detained for not having papers. Packed into an overcrowded cell, the women and girls were fed only three days a week and beaten by guards if they complained. Lovette and her cellmates broke down a door to escape. They immediately fled and got on a boat to Italy. Ahmed, 17, an unaccompanied refugee from Qamishli, Syrian Arab Republic, travelling with his 16-year-old brother, described being held in a police station for weeks upon entering Greece, because authorities could find no other place for him.



Appendix 1.1: GBV Case Studies

Identifying the type of GBV that is present (Adapted from UNICEF A Child is a Child)

Case Study 1

Aimamo, 16, and his twin brother were forced to work on a farm in Libya for two months to pay their smugglers. He described it as akin to slavery: If you try to run, they shoot you and you die. If you stop working, they beat you. ... Once, I was just resting for five minutes, and a man beat me with a cane. After working, they lock you inside.

Case Study 2

Refugee children like 16-year-old Malik from Herat, Afghanistan, describe being beaten and injured by border police in Hungary. A police beating dislocated Malik's knee.³⁸ Another refugee boy from Afghanistan, 16-year-old Karim from Maidan Wardak, describes being beaten by police with sticks each of the four or five times he has tried to cross the border into Hungary. "We know this is illegal," says Karim, "but we don't have another way. We know it is their duty, but they don't have to beat us because we are human, too." He and other children on the move also describe police using pepper spray and having their dogs attack children.

Case Study 3

At 17, Mary left Nigeria to escape a life with no prospects and no one to rely on. She was introduced to Ben, who said he knew people in Europe and could help her find work and even pay her expenses – 25,000 euros. But what started out so promising quickly turned into a nightmare.

When she arrived in Libya, her departure point for Europe, Ben showed his true face. "Everything Ben... said – that we would be treated well, and that we would be safe – it was all wrong. It was a lie," she says. Many of the girls held along with Mary during the three months she spent in Gharyan were raped, including Mary herself. Ben threatened to hand her over to someone else and leave her in Libya. Then, he raped her.

Her ordeal in Libya continued for months; she and the other girls were taken to Tripoli and then Sabratha. They were held prisoner in a house, deprived of food, with no one to contact for help. "I wanted to get away, but I couldn't – I had no money, no phone. I didn't even know where I was to escape," she says.

Finally put on a boat to Italy, Mary and her fellow captives had to be rescued by the Italian coast guard. Another girl, who had already made the journey once and was coming back after being deported, told Mary what awaited her now. "She told me we were going to be used as prostitutes."



Case Study 4

Karim, 16, from Maidan Wardak, Afghanistan, ran out of money while on his way to Europe. To support himself and fund his journey, he spent eight months making t-shirts and pants for a textile manufacturer in Istanbul, Turkey. A friend, also a working child, referred him to the company. It was backbreaking work, requiring him to lift crates weighing 40-50 kg. For about 30-40 Lira a day, he worked 14- to 15-hour days, six days a week, until he earned the 3,000 Euros he needed to move on.



Appendix 1.2: Power Walk¹³

Note to Facilitator

The goal of this Exercise is to highlight the gap between power and vulnerability and to illustrate potential vulnerabilities that child and youth on the move may have.

Step 1:

- ✓ Give each of the participants a piece of paper with a character written on it. The characters are listed in Section A. Ensure that you have enough characters for each participant and a balance of powerful and vulnerable characters. There are 25 Characters provided but the Facilitator can add and delete characters as needed.
- ✓ Request the participants to move to an open space for the exercise.

Step 2

- ✓ Ask participants to stand in a line at the back of the space. This line is the starting point of the exercise. The participant is to mentally visualize themselves in the roles they have been given on the character slip and to imagine what their life might be like. Explain that their characters must be kept secret until asked to reveal it. Ask participants to listen to the statements that will be read out and for every statement to which their character can answer YES, they should take one step forward. If the answer is NO, they should not move.
- ✓ Ask the participants if the instructions are clear.

Read the statements following statements:

1. I can influence decisions made by Government
2. I have access to health services if I need it
3. I have a home where I can sleep at night
4. I eat at least two full meals a day
5. I'm not in danger of being sexually abused or exploited
6. I decide how my household income is spent
7. I can go to school
8. The leader in my community would listen to what I have to say
9. I am treated well if I need to go to the police station or government office
10. If I was hungry, I could buy food
11. If I am arrested, I would not be treated violently or roughly
12. If I wanted to complain about how the police treated me, I know who I could go to for help
13. I can read and write
14. I can travel freely if I wish
15. I can decide who I want to marry (or not marry)
16. If someone was hurting me, I would know where to go to for help
17. I don't rely on others for food or shelter
18. If I lost my job, there is a social safety net that would help me
19. If I lost my home, I would know who to go to for help
20. If I went up to a person in the street and asked for help, they would help me

¹³ Adapted from UNICEF, ARC and Save the Children

After Reading the Statements:

1. Ask the Participants to look around the room. What do they notice?
2. Have each Participant read out their character.
3. Have the Participants at the Front discuss why they are at the front.
4. Have the Participants at the Back discuss why they are the back.
5. The Facilitator will then ask the following questions:
 - How did the people at the back feel when the others were stepping forward?
 - How did the people at the front feel when they moved ahead of the others?
 - Can the participants who take none or only take a few steps have their voices heard by those at the front? How could they be heard?
 - What is the position of girls, boys and women relative to others in the power walk?
 - The distance between participants symbolizes real distances or inequities in communities. What are they? (Socio-economic, cultural, rural/urban, status, etc.)
 - How does this impact Child Protection?
6. Then discuss that one of our goals with Child Protection is to look at the space in between the most powerful and the vulnerable. How do we bridge this gap?
7. Ask the Participants for their ideas on what we can do to bridge this gap?
8. Let the Participants know that in the next section, we will be discussion Child Protection best practices and what we can put into place to increase safety and reduce the impact of vulnerability.



Power Walk Characters

Men (6)

Social Worker, Male, Age 55	Local shop owner and member of the local government, Male, Age 43
Youth on the move from Syria, Male, Age 24	Policeman, Male, Age 60
University Student, Male, has a disability and needs a wheelchair, Age 20	Homeless man who has lived on the street for several years, Age 35



Women (6)

Female Doctor from Bangladesh, Migrant, Age 35	Female School Teacher, Age 62
Widowed single mother, with three children ages 12, 6 and 2, Age 44	Female Minister of Education, Age 32
Unemployed Female with long term health issues, Age 50	Recent University Graduate, Female who has just started her first job as an Accountant, Age 24



Boys (6)

<p>Unaccompanied Child on the move from Cameroon, Age 13</p>	<p>Boy from the local area, attends school, and lives in a middle-income family, Age 7</p>
<p>Boy whose mother has recently passed away, attends school, Age 14</p>	<p>Child on the move from Syria, Boy, is travelling with family members, Age 5</p>
<p>Boy from a family whose parents are unemployed, and they are struggling to provide food and resources for the family, Age 15</p>	<p>Child on the move from Afghanistan, travelling with his parents, Boy, Age 8</p>



Girls (6)

<p>Girl on the move from Iraq who is caring for her mother who has experienced significant trauma during the migration, Age 14</p>	<p>Girl from Syria, Unaccompanied, who was a victim of trafficking, age 15</p>
<p>Primary school girl, lives with her parents and they are a low-income family, Age 10</p>	<p>Girl on the move from Morocco, travelling with her family, Age 6</p>
<p>Girl on the move from Afghanistan, married to an older man, Age 13</p>	<p>Local girl who attends school and lives with her grandparents who are a middle-income family, Age 7</p>



Appendix 1.3: GBV Signs, Consequences and Resilience Case Study

The Groups will read the case study and then outline:

1. What Risks and Vulnerability are the children facing and experiencing?
2. What are some signs that GBV may be occurring?
3. What are some points of resilience of for the children?

Case Study

A family has arrived at the reception centre you work at. There is a mother, a father, and four children; a 14-year-old boy, a 13-year-old girl, a 4-year-old girl, and an 18-month-old boy. The family is travelling in a group with their extended family.

The family is from Syria and they have paid a smuggler to help them travel into Europe. They report that the journey was extremely difficult, and they saw many 'horrible things' along the way.

Having arrived, the family's first priority was getting food and warm clothing. Now that their immediate needs have been met, the men have gone to seek more information about travelling on while the women and children have gone to rest in a child friendly space.

The 18-month-old is laughing and playing with toys. He's smiling and engaging with his siblings and the other children. The 4-year-old girl is shy and doesn't seem to be speaking to anyone, even her family. At one point, her mother goes outside to speak to someone. The girl notices her mother is gone and begins to get very upset. The mother returns and the girl is comforted.

The 14-year-old boy appears bored. He speaks some English and tells you he wants to go find his father.

The 13-year-old girl has been playing with some of the other children. Then she stands up and asks if someone will take her to the bathroom. The women reply they are tired and that she should go alone. She looks nervous.

Appendix 1.4: Core Beliefs and Attitudes¹⁴

This set of questions assists participants in examining their beliefs and attitudes towards GBV with children and youth.

Have the group stand up and designate one side of the room as Agree and the other as Disagree.

Read out the following statements:

Statement*	Agree	Disagree
Children have something to offer the community	X	
GBV can be the survivor's fault		X
Children and youth should stay silent and not talk about GBV		X
GBV is always the perpetrator's fault	X	
Children and youth who experience GBV are dirty and ruined		X
It is my responsibility to hold adults and caregivers accountable when they blame children and youth for experiencing GBV	X	
Sexual abuse does not cause homosexuality		X
Making a child feel shame and guilt after experiencing GBV is sometimes ok		X
I am responsible for supporting a child or youth who has experienced GBV no matter what the community thinks	X	
A child may purposefully make up stories about GBV		X
Children can be sexually abused by close relatives	X	
Children and youth deserve kindness and care if they have experienced GBV and this is my responsibility	X	
It's my responsibility to be aware of my attitudes and beliefs towards children and GBV and talk to my supervisor if I am blaming or judging	X	
Children and youth who experience GBV CANNOT heal and recover and live a normal life		X

*The hoped-for answer is marked with an X. Depending on where the participants stand, discuss their thoughts and feelings on the statements and why they have chosen to stand where they are.

¹⁴ Adapted from Caring for Child Survivors of Sexual Abuse, Guidelines for health and psychosocial service providers in humanitarian settings, IRC, 2019.



Appendix 1.5: Training Pre / Post-test Measurement

Name:	
Date:	
Pre or Post Test-	

Please place a ✓ next to the correct answer for each question.

In 2017, how many unaccompanied minors arrived in Greece, Italy and Bulgaria in 2017?	
33,000 <input type="checkbox"/>	20,000 <input type="checkbox"/>
45,000 <input type="checkbox"/>	10,000 <input type="checkbox"/>

What may make a child or youth vulnerable to Gender Based Violence?
<input type="checkbox"/> Mental health history
<input type="checkbox"/> Previous or on-going trauma
<input type="checkbox"/> Separation from protective adults
<input type="checkbox"/> All of the above

Gender and Sex mean the same thing
True <input type="checkbox"/> False <input type="checkbox"/>

Boys can't be survivors of Gender Based Violence as it is only applicable to women and girls
True <input type="checkbox"/> False <input type="checkbox"/>

What is Gender Based Violence?
<input type="checkbox"/> Violence against women and girls
<input type="checkbox"/> Any harmful act that results in or is likely to result in physical, sexual or psychological harm or suffering to a person on the basis of their gender.
<input type="checkbox"/> Violence based on sexual differences between men and women
<input type="checkbox"/> All of the above

Who are Children and Youth on the Move?
<input type="checkbox"/> Anyone up to the age of 24 who has left their country voluntarily to travel to another country
<input type="checkbox"/> A child or youth who has moved for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers.
<input type="checkbox"/> A child or youth who has been displaced by conflict and natural disasters; children who move with their parents or migrate alone; and children who are trafficked.
<input type="checkbox"/> All of the above

When responding to a child/youth who discloses GBV, you should:
<input type="checkbox"/> Promise confidentiality to protect their best interests
<input type="checkbox"/> Ask as many questions as possible to make sure you understand the story
<input type="checkbox"/> Be nurturing, comforting and supportive and empower the child/youth
<input type="checkbox"/> Only report the GBV of the child gives you permission



Answer Key

In 2017, how many unaccompanied minors arrived in Greece, Italy and Bulgaria in 2017?	
33,000 <input type="checkbox"/>	20,000 <input checked="" type="checkbox"/>
45,000 <input type="checkbox"/>	10,000 <input type="checkbox"/>

What may make a child or youth vulnerable to Gender Based Violence?
<input type="checkbox"/> Mental health history
<input type="checkbox"/> Previous or on-going trauma
<input type="checkbox"/> Separation from protective adults
<input checked="" type="checkbox"/> All of the above

Gender and Sex mean the same thing	
True <input type="checkbox"/>	False <input checked="" type="checkbox"/>

False: Sex refers to biological differences such as chromosomes, hormonal profiles, internal and external sex organs. Gender describes the characteristics that a society or culture delineates as masculine or feminine.

Boys can't be survivors of Gender Based Violence as it is only applicable to women and girls	
True <input type="checkbox"/>	False <input checked="" type="checkbox"/>

Boys can be survivors of GBV as well as women and girls.

What is Gender Based Violence?
<input type="checkbox"/> Violence against women and girls
<input checked="" type="checkbox"/> Any harmful act that results in or is likely to result in physical, sexual or psychological harm or suffering to a person on the basis of their gender.
<input type="checkbox"/> Violence based on sexual differences between men and women
<input type="checkbox"/> All of the above

Who are Children and Youth on the Move?
<input type="checkbox"/> Anyone up to the age of 24 who has left their country voluntarily to travel to another country
<input type="checkbox"/> A child or youth who has moved for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers.
<input type="checkbox"/> A child or youth who has been displaced by conflict and natural disasters; children who move with their parents or migrate alone; and children who are trafficked.
<input checked="" type="checkbox"/> All of the above

When responding to a child/youth who discloses GBV, you should:
<input type="checkbox"/> Promise confidentiality to protect their best interests
<input type="checkbox"/> Ask as many questions as possible to make sure you understand the story
<input checked="" type="checkbox"/> Be nurturing, comforting and supportive and empower the child/youth
<input type="checkbox"/> Only report the GBV of the child gives you permission

The key learning in this question is that we may need to follow mandatory reporting guidelines and won't be able to promise confidentiality. It also highlights that it may not be our role to interview the child/youth and get extensive details as this is the role of a specialist.



Appendix 1.6: Training Evaluation

As we come to the end of the training, we would like you to participate in a final evaluation by answering the questions below.

Please circle the most appropriate answer to each of the questions, where the use of the smiling face code indicates to which extent you appreciated the items listed below:

A. Objectives of the training				
1.	I was given sufficient information on the objectives of the training before my arrival			
2.	The training covered the topics I needed to learn about			
3.	The objectives of the training were achieved			

B. Planning of the training course				
4.	I feel that the content of the training took into account what participants considered important to learn			

C. Training methods				
5.	I found the different training methods listed below to be relevant and of good quality			
	a. Facilitation/power point			
	b. Group work			
	c. Group discussion			
	d. Role plays			
	e. Modelling			
	f. Video			
	g. Energisers/games			



	h. review/revision			
6.	The language used in the training session was easy to understand			
7.	The translation, if any, was accurate			

D. The training atmosphere

8.	The atmosphere during the training enhanced the learning process			
9.	The training fostered teamwork and cooperation among the participants			

E. Facilitator(s)

10.	Facilitator(s) have sufficient knowledge			
11.	Facilitator(s) communicate well			
12.	Facilitator(s) are open, honest and fair to all			

Please write any other comments you may have about the training:

Appendix 2: Participant Handouts

- 2.0 Training Agenda
- 2.1 Definitions
- 2.2 Child Protection and Safeguarding
- 2.3 GBV: What are the Signs? What are the Consequences?
- 2.4 GBV Prevention: Assessing Risk and Context Analysis
- 2.5 GBV Risks and Mitigation/Prevention
- 2.6 End of the Day Reflections
- 2.7 Responding to GBV
- 2.8 Case Management, Referrals and Reporting
- 2.9 Vicarious/Secondary Trauma and Self-Care



Handout 2.0: Training Agenda

Training: Day 1

Timing	Module
09:00-10:30	Module 1: Welcome and Introductions Module 2: GBV & Children and Youth on the Move
Break	
10 :45-13 :00	Module 2: GBV & Children and Youth on the Move cont. Module 3 : Child Protection and Safeguarding
Lunch	
14:00-15:30	Module 4 : Signs and Impact of GBV Module 5: GBV Prevention: Assessing Risk and Building Protection
Break	
15:45-17:00	Module 6: Mitigating Risk & Action Planning End of the Day Reflections
End of the Day	



Training: Day 2

Timing	Module
09:00-10:30	Welcome and Day 1 Recap Module 7: Responding to GBV
Break	
10 :45-13 :00	Module 7: Responding to GBV cont. Module 8: Case Management, Referrals & Reporting
Lunch	
14:00-15:30	Module 9: Vicarious & Secondary Trauma and Self-Care
Break	
15:45-17:00	Wrap-Up and Next Steps Using ChildHub Post-Test and Evaluation
End of the Day	

Handout 2.1 Definitions

Children and Youth on the Move

Who is a Child? Article 1 of the Convention on the Rights of the Child (CRC) defines a child as “every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.”¹⁵ The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18. Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent, especially for sexual acts.¹⁶

Who is a Youth? Defined as ages 16-24.

Unaccompanied children (also called unaccompanied minors) “are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.”¹⁷

Children and Youth on the Move

Children on the move” refers to children moving for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers. This includes children displaced by conflict and natural disasters; children who move with their parents or migrate alone (e.g., to pursue better life opportunities, look for work or education or to escape exploitative or abusive situations at home); and children who are trafficked.¹⁸

What is a Migrant?

Migrant, as defined by IOM, refers to “any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.”¹⁹

Smuggling of migrants is “the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident.”¹³⁰ Trafficking in persons is “the recruitment, transfer, or receipt of persons, by means of use of force or other forms of coercion, of abduction, of fraud, or of the abuse of power, for the purpose of exploitation.”²⁰

¹⁵ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, Inter-Agency Standing Committee, 2015, p. 323

¹⁶ Ibid., p. 323.

¹⁷ Inter-Agency Guiding Principles on Unaccompanied and Separated Children International Committee of the Red Cross, International Committee of the Red Cross, 2004, p. 13.

¹⁸ Recommendations for protecting, promoting and implementing the human rights of children on the move in the proposed global compacts, Initiative for Child Rights in the Global Compacts, 2017.

¹⁹ Key Migration Terms, <https://www.iom.int/key-migration-terms>, IOM, 2011

²⁰ United Nations Convention Against Transnational Organized Crime and the Protocols Thereto, United Nations Office on Drugs and Crime, 2003, p. 54.

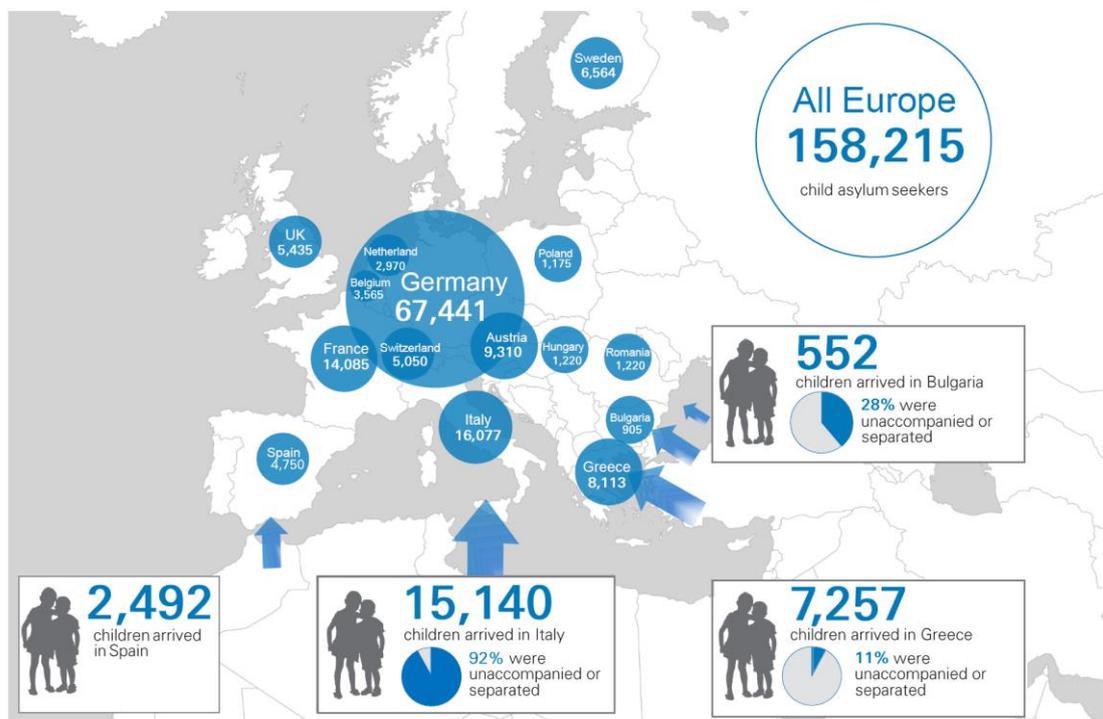
Where do they go?

Child Asylum Seekers in Europe by Country of Destination

January to September 2017

unicef | for every child

Refugee and Migrant Situation in Europe



Source: Eurostat, Hellenic Police; Italian Ministry of Interior; Bulgarian Ministry of Interior and Spanish Ministry of Interior.

What is Gender

Definition of gender:²¹



Definition of sex:

The term sex refers to the biological characteristics of males and females. These characteristics are congenital (i.e. those that people are born with) and their differences are limited to physiological reproductive functions.²²

²¹ Sexual and Gender-based violence: A two-day psychosocial training: Training Guide, IFRC, 2015.

²² Ibid.



What is Gender Based Violence

Gender-based violence refers to “any act perpetrated against a person’s will based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It inflicts harm on women, girls, men and boys”.²³

Gender-based violence 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. The term ‘gender-based violence’ is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some actors to describe some forms of sexual violence against males and/ or targeted violence against LGBTI populations, in these cases when referencing violence related to gender-inequitable norms of masculinity and/or norms of gender identity.”²⁴

The term GBV is most commonly used to underscore how systemic inequality between males and females acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. This term 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. Finally, this term is also used by some actors to describe violence perpetrated against lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) persons that is, according to OHCHR, “driven by a desire to punish those seen as defying gender norms”.²⁵

Most Common Types of GBV with Children and Youth

Sexual abuse refers to “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.”²⁶

Child Sexual Abuse is the term child sexual abuse generally is used to refer to any sexual activity between a child and closely related family member (incest) or between a child and an adult or older child from outside the family. It involves either explicit force or coercion or, in cases where consent cannot be given by the victim because of his or her young age, implied force.²⁷

Emotional or Psychological Abuse is the infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a

²³ UNHCR, <https://www.unhcr.org/sexual-and-gender-based-violence.html>

²⁴ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, Inter-Agency Standing Committee, 2015, p. 322.

²⁵ Ibid., p. 6.

²⁶ Ibid., p. 322.

²⁷ Sexual and Gender-based violence: A two-day psychosocial training: Training Guide, IFRC, 2015, p. 22.



sexual and/or menacing nature, destruction of cherished things, etc. 'Sexual harassment' is included in this category of GBV.²⁸

Sexual exploitation of children "includes the exploitative use of children in prostitution, defined under Article 2 of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000) as 'the use of a child in sexual activities for remuneration or any other form of consideration.'²⁹

Sexual violence includes "at least, rape/attempted rape, sexual abuse and sexual exploitation. Sexual violence is '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.' Sexual violence takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion."³⁰

Forced marriage and child marriage (also referred to as early marriage). Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before the age of 18. Note: Even though some countries permit marriage before the age of 18, international human rights standards classify these as child marriages, reasoning that those under the age of 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions.³¹

Rape is s 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.³²

Sexual Assault is 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.³³

Sexual Harassment is unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature.³⁴

Female Genital Mutilation (FGM) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.³⁵

²⁸ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, Inter-Agency Standing Committee, 2015, p. 321.

²⁹ World Health Organization, Technical Brief

³⁰ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, Inter-Agency Standing Committee, 2015, p. 322.

³¹ Sexual and Gender-based violence: A two-day psychosocial training: Training Guide, IFRC, 2015, p. 22.

³² Ibid., p. 22.

³³ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, Inter-Agency Standing Committee, 2015, p. 322.

³⁴ Ibid., p. 322.

³⁵ Ibid., p. 321.



Physical Violence is an act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.³⁶

Trafficking in Persons is "...the recruitment, transportation, transfer, harbouring 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 purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."³⁷

Denial of resources, opportunities or services: 'Denial of rightful access to economic resources/assets or livelihoods opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. 'Economic abuse' is included in this category. Some acts of confinement may also fall under this category.³⁸

Forced domestic labour refers to situations in which persons are coerced to work through the use of violence or intimidation, or by more subtle means such as accumulated debt, retention of identity papers or threats of denunciation to immigration authorities.³⁹

³⁶ Ibid., p. 322.

³⁷ Ibid., p. 322.

³⁸ Ibid., p. 321.

³⁹ https://www.ilo.org/global/topics/forced-labour/news/WCMS_237569/lang--en/index.htm

Handout 2.2: Child Protection and Safeguarding

What are Children's Rights?

The most important international agreement which ensures the rights of children, including the right to protection, is The United Nations Convention on the Rights of the Child (UNCRC) 1989.

The full document can be found at:

https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?ga=2.269208754.210365770.1560956883-869678471.1560956883

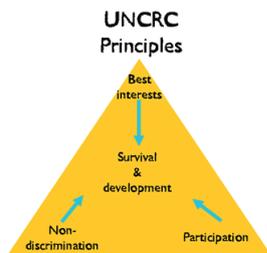
What is Child Protection?

The definition of child protection, as agreed by the Child Protection Working Group, is “the prevention of and response to abuse, neglect, exploitation and violence against children”. Thus, child protection is not protection of all children's rights, but refers instead to a subset of these rights.

Child protection in emergencies includes specific activities by child protection actors, whether national or community-based, and/or by humanitarian staff supporting local capacities. It also includes activities in other humanitarian sectors that have the effect of improving children's safety, even when this is not their specific purpose.

United Nations Convention on the Rights of the Child (UNCRC) Guiding principles

There are four main principles (diagram below) that guide all intervention with children in all contexts.



They are crucial to understanding how to fully implement the UNCRC. They provide the means by which the substantive articles are interpreted and achieved. In keeping with the indivisibility principle of human rights each of the guiding principles must be considered alongside each article.

Observing these principles is particularly challenging when intervening in complex contexts, for this is when there are many competing priorities and the possibility to ignore the principles increases.

Survival and Development

Children have the right to be protected and given the chance to develop mentally, emotionally, physically and spiritually.

Non- discrimination

Everybody should be treated equally, regardless of factors such as sex, race, religion, ethnicity.

Best Interests

The best interests of the child is the primary concern, which means think of children first, in any laws or actions.

Participation

Children have the right to be heard and make their views known on matters which affect them.

What is Safeguarding?

Terres des hommes defines safeguarding as “the responsibility that organisations have to make sure their staff, operations, and programmes do no harm to children, that is that they do not expose children to the risk of harm and abuse, and that any concerns the organisation has about children’s safety within the communities in which they work, are reported to the appropriate authorities ”.⁴⁰

This includes both preventative actions to minimise the chances of harm occurring, and responsive actions to ensure that incidents which may happen are appropriately handled. Safeguarding implies a wider duty of care towards children rather than just upholding their right to protection (as defined in the UN Convention on the Rights of the Child, 1989) – but it is primarily concerned with harm and wellbeing, rather than with the promotion and protection of child rights generally.

Child Protection Principles

Principle 1: Avoid exposing people to further harm as a result of your actions

Principle 2: Ensure people’s access to impartial assistance

Principle 3: Protect people from physical and psychological harm arising from violence and coercion

Principle 4: Assist people to claim their rights, access available remedies and recover from the effects of abuse

Principle 5: Strengthen child protection systems

Principle 6: Strengthen children’s resilience in humanitarian action

Protection Standards for Gender Based Violence

All children are informed about and protected from sexual violence and gender-based violence and have access to survivor-centered response services appropriate to their age, gender, developmental stage, disability, and cultural/religious background.

The Key Actions to focus on include:

3. Preparedness

- Collaborate and coordinate with GBV coordination groups and actors
- Collect and analyse information about existing GBV/SGBV risks
- Map types of and capacity of existing formal and informal service providers

4. Response

A. Risk Mitigation

- Strengthen communities’ ability to monitor and address GBV/SGBV risks
- Regularly monitor and address GBV/SGBV risks

B. Response

⁴⁰ Keeping Children Safe Coalition www.keepingchildrensafe.org.uk



- Develop/strengthen and regularly update referral pathways
 - Strengthen formal and informal service providers' capacity to provide child-friendly services
 - Comprehensive and appropriate case management services
 - Ensure alternative care, in accordance with national law and policy
 - Provide information on rights and reporting
- C. Prevention
- Empower and support children and their caregivers through education and training
 - Work with communities, families and young people to address social and cultural norms behind GBV/SGBV



Handout 2.3: GBV: What are the Signs? What are the Consequences?

Exercise: Who is Most at Risk?

This sheet contains a number of short scenarios. In your groups consider each situation and:

1. Decide whether you think the child is at risk, and why.
2. Rank the order of scenarios in terms of risk – i.e. what is the riskiest, the next most risky etc.

Scenarios:

1. A 17-year-old boy travelling with a friend who is 19 years old.
2. A 13-year-old boy travelling with his uncle and several other young men.
3. A 10-year-old deaf girl traveling with her mother.
4. A 3-year-old travelling with her father and pregnant mother.
5. A 3-year-old travelling with her father and mother (who is not pregnant).
6. A 7-year-old boy who has a physical disability travelling with his siblings, mother, father and grandmother.
7. A 7-year-old girl travelling with her mother, and other extended family and friends.
8. A 15-year-old girl travelling with her father alone.
9. A 15-year-old travelling with her father and several other family members including an aunt.

Vulnerability and Risk for GBV

VULNERABILITY are the characteristics or circumstances that an individual has or is in, and which can make them susceptible to harm.

RISK is related to the nature of the harm itself and the likelihood that the risk will manifest. This includes consideration to the protective influences.

For example: A child with disabilities may be very vulnerable to abuse but if they have a loving family and a good support network, they may be at low risk. A child who lives with their family and goes to school may be considered to be not so vulnerable, but if their father drinks and is violent then the child may be at high risk of abuse and negligence.

It is important that all those who work with or come into contact with children must be able to quickly identify children who may be at risk of abuse/being abused and in need of additional assessment and/or support.

Warning Signs

Be alert to any of the **following indicators** as they may be a sign that a child is at risk and in need of protection. In these cases, you should check with a more specialist children's organisation/make a referral so that a more detailed assessment of the child can be made:

1. In any situation where there is a sign or report of physical or sexual abuse (for example bruises, infections etc.)
2. Where a child appears frightened of parents or other adults they are travelling with



3. Children who are travelling alone, or in groups but without adults
4. Children who are travelling with adults who they are not related to, and who are without a parent or official guardian
5. Where parents seem unconcerned or unaware of their children's location or welfare
6. Children who are hungry or without appropriate clothing – and the parent is not trying to seek assistance
7. Children who are sick/ill and the parent refuses medical treatment
8. Parents who are aggressive physically or verbally with children – especially if the child is younger
9. If a child asks to be separated from their family
10. If a child says that they are unhappy/being mistreated.

Signs of GBV

For both children and youth, we may see the following physical and social signs of GBV:

Physical Signs

- Pain, discoloration, sores, cuts, bleeding or discharges in genitals, anus or mouth.
- Persistent or recurring pain during urination and/or bowel movements.
- Wetting and soiling accidents unrelated to bathroom training.
- Weight loss or weight gain.
- Lack of personal care.
- Emotional and Behavioural.

Social Signs

- A child traveling with adults who do not appear related to them.
- A girl travelling with a group of men or older boys.
- Children meeting alone with an aid worker at odd times.
- A child suddenly having access to unexplained money, gifts, extra aid, etc (this could indicate that the child has been a victim of coerced, transactional, or survival sex).

Behavioural and Emotional Signs: Children Ages 5-9⁴¹

- Crying, whimpering, screaming more than usual.
- Clinging or unusually attaching themselves to caregivers.
- Refusing to leave "safe" places.
- Difficulty sleeping or sleeping constantly.
- Losing the ability to converse, losing bladder control, and other developmental regression.
- Displaying knowledge or interest in sexual acts inappropriate to their age.
- Fear of particular people, places or activities, or of being attacked.
- Behaving like a baby (wetting the bed or wanting parents to dress them).
- Suddenly refusing to go to school.
- Touching their private parts a lot.

⁴¹ Caring for Child Survivors of Sexual Abuse, Guidelines for health and psychosocial service providers in humanitarian settings, IRC, 2019.



- Avoiding family and friends or generally keeping to themselves.
- Refusing to eat or wanting to eat all the time.

Behavioural and Emotional Signs: Youth Ages 10-19⁴²

- Depression (chronic sadness), crying or emotional numbness.
- Nightmares (bad dreams) or sleep disorders.
- Problems in school or avoidance of school.
- Displaying anger or expressing difficulties with peer relationships, fighting with people, disobeying or disrespecting authority.
- Displaying avoidance behavior, including withdrawal from family and friends.
- Self-destructive behavior (drugs, alcohol, self-inflicted injuries).
- Changes in school performance.
- Exhibiting eating problems, such as eating all the time or not wanting to eat.
- Suicidal thoughts or tendencies.
- Self-harm.
- Talking about abuse, experiencing flashbacks of abuse.

Survivor Centred and Strengths Based Approach

The Survivor Centred approach⁴³ recognizes the fact that each person is unique, reacts differently to SGBV and has different needs. This approach promotes respect for survivors' rights by placing them at the centre of the support system. The survivor-centred approach should be applied by everyone who is in contact with survivors regardless of their role in the community or professional position.

- Show respect by showing care, treating the survivor with dignity and respecting the decisions of the survivor.
- Keep confidentiality.
- Ensure the safety of the survivor.
- Apply these principles without discrimination.

A strengths-based approach is one where we focus on the strengths and resilience of the child and youth and not only the challenges and risks that they have faced.

⁴² Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings, IRC, 2019.

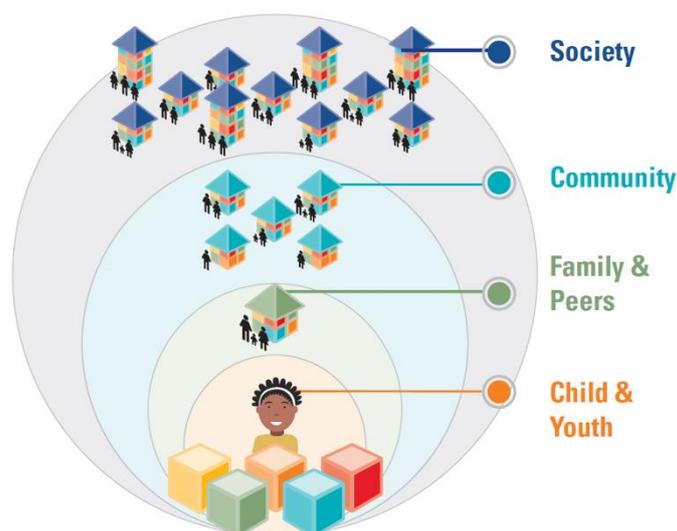
⁴³ UNHCR SGBV PREVENTION and RESPONSE Training Manual, 2016.

Handout 2.4: GBV Prevention: Assessing Risk and Context Analysis

GBV Risk Assessment Tool⁴⁴

This tool is adapted from UNICEF's Social Ecological Model and from the Women's Migrant Commission: Urban Gender-Based Violence Risk Assessment Guidance: Identifying Risk Factors for Urban Migrants

As UNICEF's Social Ecological Model and Tdh's Framework to Support Wellbeing outlines there are 4 levels of a context that need to be understood and assessed in order to offer effective and impactful programmes and support for children. These levels include the individual, relationships, the community, and society.



Through models such as this, we can begin to explore the complete experience of the child and start to implement protection standards that will address both prevention and intervention.

The Social Ecological Model provides a framework for identifying signs of risk that helps us to understand:⁴⁵

At the individual level: What are the personal history and risk factors that may increase the likelihood of a child or youth become a victim of GBV. We can also assess the protective factors and strengths/resilience of the individual.

Personal relationships such as family, friends, intimate partners and peers may influence the risks of becoming a victim GBV. We can also assess the protective factors and strengths/resilience of the personal relationships.

⁴⁴ Adapted from Women's Migrant Commission: Urban Gender-Based Violence Risk Assessment Guidance: Identifying Risk Factors for Urban Migrants

⁴⁵ <https://www.who.int/violenceprevention/approach/ecology/en/>



Community contexts in which social relationships occur, such as schools, neighbourhoods and workplaces, also influence GBV. Risk factors here may include poverty, migration and the existence of a trafficking and exploitation. We can also assess the protective factors and strengths/resilience of the community.

Social and cultural factors influence whether GBV is encouraged or inhibited. This includes the existence of legislation and laws in regards to GBV, economic and social policies, as well as social and cultural norms such as those around male dominance over women, parental dominance over children and cultural norms that endorse GBV.

This Assessment Tool will guide you through the four levels with a series of questions to begin to assess the GBV risk that is present in your context.



Handout 2.5: GBV Risk Assessment Tool for Children and Youth

Please answer the questions below to assess the GBV risk in the areas where you are working

Individual Child/Youth

Questions	Answer	Notes
What experiences may the children/youth have had in their home countries or during migration that may have put them at risk?		
Are there any individual risk factors that are important to note?		
Youth Girls How do the lives of youth girls on the move in your area differ from the lives of youth boys on the move?		

Relationships (Family, Friends etc)

In what circumstances are children on the move ever left at home alone (e.g., when parents are working)?		
<ul style="list-style-type: none"> • What makes this safe or unsafe for them? • Are there any particular people who are unsafe for them around their homes? (e.g., other tenants; landlords; neighbors, etc.) 		



<p>Are children/youth on the move involved in friendships/relationships that put them at risk?</p>		
<p>Do the children/youth on the move have protective parents or caregivers?</p>		

Community

Questions	Answer	Notes
<p>Under what circumstances do children and/or youth on the move go outside their homes or where they are staying?</p> <ul style="list-style-type: none">• Is it considered safe or unsafe for them outside their home? Under what circumstances?• Is this different for boys and girls?		
<p>Is the area more dangerous for children and youth on the move than the host community children and youth? How so?</p> <ul style="list-style-type: none">• How might youth girls on the move be less safe than Youth girls from the host community?		



<p>Do children and youth on the move attend school?</p> <ul style="list-style-type: none">• Is this different for boys and girls?• What are the reasons why they do not attend? <p>For those who are not attending: did they used to? Do they desire to go back to school?</p>		
<p>Are children and youth on the move less safe than host community children and youth at school (if they attend)? In what ways?</p> <ul style="list-style-type: none">• Are they ever bullied for being on the move?• Do teachers treat them the same way they treat host community students? Is this different for boys and girls?• What could we do to make school safer for girls and boys on the move?• How do they get to and from school, and are they safe when they're traveling to and from school? Is this different for boys and girls?		
<p>Do children and youth on the move tend to have jobs?</p> <ul style="list-style-type: none">• What sorts of jobs do they tend to have? Are these different for boys and girls?• Where are these jobs? (e.g., outside or inside; in homes or in factories or offices)• What makes working in these jobs safe or unsafe for them? How might this		



<p>be different for boys versus girls?</p> <ul style="list-style-type: none">• What could we do to make it safer for children and youth on the move working in these jobs?		
<p>What programmes or activities for children or youth do they participate in?</p> <ul style="list-style-type: none">• What do they like or dislike about these activities?• What, if anything, about these activities makes them feel safer or more protected?• How do they get to these activities, and how do you get home? What makes them feel safe, or unsafe, going there or getting home?• What could we do to make programmes and activities more inclusive for children and youth on the move?		
<p>What organizations or services are youth girls accessing the most?</p>		



<p>How do youth girls get information about migrant or children/youth on the move programmes and services?</p>		
<p>What are some barriers or obstacles to youth girls participating in services?</p>		
<p>Do youth girls have access to information about GBV and sexual and reproductive health issues, including pregnancy and menstruation?</p> <ul style="list-style-type: none">• How and where can girls get this information?		
<p>Do youth girls know about organizations or activities that provide information about GBV and sexual and reproductive health?</p>		



<p>Do youth girls know of any programmes or activities that are specifically for youth girls – either girls on the move or girls from the host community?</p> <ul style="list-style-type: none">• Are there any safe spaces just for Youth girls?		
<p>At what age do girls in your community tend to get married?</p> <ul style="list-style-type: none">• Is this the same age they would get married in their [country of origin]?• How do girls feel about getting married at that age?		
<p>What are the behaviours in community that may cause harm to children/vulnerable persons?</p>		



Culture/Society

The information below will assist you in assessing the risk environment and also determining what protections may be in place.

Legal Resources

Questions	Answer	Notes
Which government bodies, organisations, or statutory authority is responsible for safeguarding children/vulnerable persons?		
Is there legislation governing the welfare/safeguarding/protection of children/vulnerable persons?		
What international conventions (i.e. UN Convention on the Rights of the Child) is the country a signatory to or has ratified?		
What is the local policy/position on investigation of criminal assault against children/vulnerable persons and the likelihood of prosecution of such offences?		



Legal age of consent in the country and legislation covering this?		
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Other Organisations

Questions	Answer	Notes
What health or other services can be accessed by survivors?		
Which NGOs, other organisations, relevant bodies or professional networks deal with safeguarding/protection issues?		
Are there any academic institutions working on child/vulnerable person's rights?		



Analysis: GBV Risks

Individual GBV Risks: Girls

Child	Youth

Individual GBV Risks: Boys

Child	Youth

Family Risks

--

Community Risks

--

Societal Risks

--



Strengths and Resources

What are some strengths and resources that you have identified through this exercise?

Group	Strengths	Resources
Individuals		
Relationships		
Community		
Society		



Handout 2.6: GBV Risks and Mitigation/Prevention

We will now be working with the risks that you identified in the previous module putting a plan of action in place around how we can mitigate the risks.

Based on the Risks that you Identified in the previous section, discuss in your group how you will mitigate the risks and begin to build on strengths and put protection into place.

One key aspect to focus on when we put mitigations in place is to find the strengths and resources that children and youth on the move themselves have or are in place in their relationships and/or community.

For this exercise, we will focus on community level mitigations that you may be able to put into place through your work.

Group Exercise:

Step 1:

In your group, discuss what risks you found, as well as strengths at the community level in the previous exercise.

Risks Identified	
Strengths Identified	

Discuss some mitigations or prevention strategies that you could put into place to build on the strengths and address the risks. These could be strategies to ensure your activities are better adapted for children and youth to raise awareness of GBV.

Possible Mitigations

--

Step 2:

Design the mitigation/prevention strategy and an action plan of how you could put this into place when you return to work. Be creative with the exercise and you can draw the strategy or write it down as a plan.

Identified Risk	
Selected Mitigation Strategy	
Implementation Plan	
Step 1	
Step 2	
Step 3	

Please be prepared to present your ideas and strategy to the larger group.

Action Plan

What are the key action plans that you can complete when you return to your workplace to:



Prevent GBV Risk

- 1.
- 2.
- 3.

Implement a Survivor Centred and Strengths Based Approach

- 1.
- 2.
- 3.



Handout 2.7: End of Day 1 Reflections

At the end of Day 1, please write:

Feelings during the day 	Any stress or challenges? 	How did you manage the stress? 



Handout 2.8: Responding to GBV

Guiding Principles for Working with Child/Youth GBV Survivors⁴⁶

The first step to working with a child and youth GBV survivor is to ensure a survivor centred approach that includes:



1. Promote the Child's/Youth's Best Interest

A child/youth's best interest is central to good care. A primary best interest consideration for children and youth is securing their physical and emotional safety—in other words, their wellbeing—throughout their care and treatment. All actions should ensure that the children and youth's rights to safety and ongoing development are never compromised.

2. Ensure Safety & Comfort

The safety, security and comfort of the survivor is the number one priority. Children and youth who disclose GBV require comfort, encouragement and support from service providers.

3. Ensure Appropriate Confidentiality

Information about a child/youth's experience of abuse should be collected, used, shared and stored in a confidential manner. In some places where service providers are required under local law to report child abuse to the local authorities, mandatory reporting procedures should be communicated to the children and their caregivers at the beginning of service delivery. In situations where a child's health or safety is at risk, limits to confidentiality exist in order to protect the child.

⁴⁶ Adapted from IASC GBV Guide and the IRC Guide Caring for Child Survivors of Sexual Abuse

4. Decision-Making

Children and youth have the right to participate in decisions that have implications in their lives. The level of a child's participation in decision-making should be appropriate to the child's level of maturity and age.

5. Non-Discrimination and Inclusiveness

All children and youth should be provided equal and fair treatment.

6. Respect

We should provide respect to children and youth at all times.

Goal = Strengthen Child and Youth Resilience

When working with children and youth, we need to have the key belief and attitude that they are resilient individuals. By implementing the above principles, we can build on each child and youth's unique capacities and strengths and the capacity to heal. It is the responsibility of service providers to identify and build upon the child and youth's natural strengths as part of the recovery and healing process.

Core Child and Youth Friendly Beliefs and Attitudes

Before working with children, we need to ensure that we have the right attitudes. These include children and youth have the right to:

- ✓ Healthy development.
- ✓ Care, love and support.
- ✓ Be heard and be involved in decisions that affect them.
- ✓ Live a life free from violence.
- ✓ Information being shared in a way they understand.

In addition, there are specific beliefs that are absolutely vital for service providers to have when working with GBV survivors. They include the belief that children and youth:

- ✓ Tell the truth about GBV.
- ✓ Are not at fault for being survivors of GBV.
- ✓ Can recover and heal from GBV.
- ✓ Should not be stigmatized, shamed, or ridiculed.

Adults, including caregivers and service providers, have the responsibility for helping a child or youth heal by believing them and not blaming them for GBV.

Working with Different Cultures

When we work across culture, it is important to:

• **Attend to practical issues and basic needs – food, clothes etc.** This can be a helpful and concrete way of engaging and developing trust with different cultures. In many cultures, the giving of food and hospitality is a sign of respect.

• **Think carefully about body language, tone of voice etc.** For example, try not to look stern and unfriendly and avoid standing together in groups as it may be difficult for people to approach. Remember that in many cultures physical contact between men and women who are not related is not considered appropriate. Also think about dress and appearance and how this might be misinterpreted.



- **Try to ensure there are signs in local languages and pictures.** Having pictures (for example of clothes, food, buses etc.) can help communicate with people where there are language problems and a translator is not available.
- **Pay attention to the social order.** Often it is important to identify who are the key people within the group who need to be consulted with or attended to first in order for other members to talk. For example, an older female or the male head of household.
- **Work with translators** – Don't just ask translators to pass on messages but accompany them so you are included in the discussion. This helps to develop rapport and build trust. Translators should also be involved in training.
- **Be proactive** - don't always wait for people to approach for help. Going up and asking is often understood intuitively as a desire to help.
- **Remember that people who are different (from you, the workers) are not necessarily the same (as each other)** - avoid assuming that all people from the 'same' country, family or local culture follow the same rules of behaviour, preferences etc. Make sure you ask people what they want and respect their choices.
- **Be 'clumsy' rather than 'clever'** - although you may be concerned about insulting or upsetting children and families because of a lack of understanding, it is safer to ask than be ignorant of the meaning of things. Questions such as 'Can you help me understand why this is important to you?' may help with building a positive working relationships with those from a different cultural /ethnic background as this can be seen as a way of wanting to understand rather than judge.
- **Remember that culture should never be used as an excuse for abuse** – do not presume that a particular behaviour is a cultural practice and thus sanction it as being acceptable. If in doubt seek guidance from a co-worker / supervisor or a specialist children's agency.
- **Work in an open and transparent way** – if in doubt ask! Discuss your ideas, assumptions and challenges with colleagues and managers so that they give support.

Creating a Safe Space Where Children and Youth can Speak

It can be extremely difficult for children to talk about GBV and it's essential that we create a space where children's emotional and physical safety is protected.

In the area where you work, what could you do to create a safe space for children and youth?

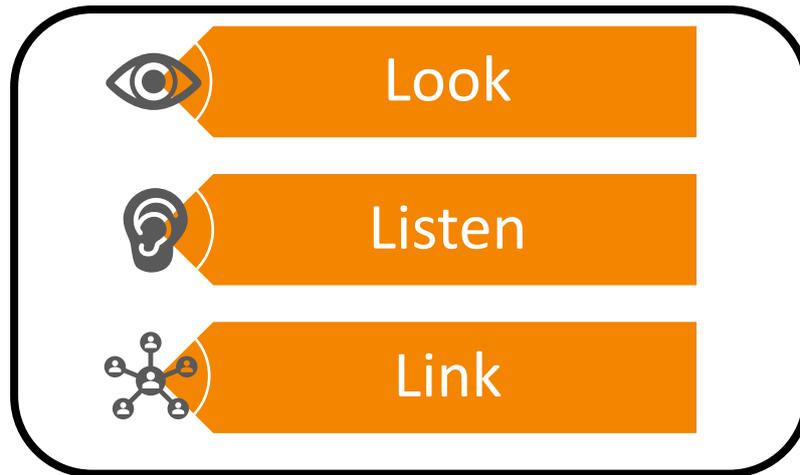


Handout 2.9: GBV Disclosure Principles⁴⁷⁴⁸

The information below focuses on how to best support a child or youth who discloses GBV to you. There may be cases where you suspect that GBV is occurring or GBV has been reported to you by someone else. In these cases, discuss the disclosure with a supervisor and follow mandatory reporting guidelines in the area where you work.

Supporting a Child or Youth who Discloses GBV

The following guidance is based on Psychological First Aid principles as well as the guidance from the IASC on How to support survivors of gender-based violence.



- Address immediate needs, such as medical attention. Child and youth survivors of GBV may also need clothing after an assault in order to feel safe or regain a sense of dignity. Sometimes just offering a glass of water or a tissue can be a great comfort.
- Pay attention to non-verbal communication, or body language of the child/youth.
- Ask yourself if the child/youth appears scared or anxious.
- Ask yourself if the child/youth appears to be in pain or injured.
- Pay attention to your own non-verbal communication and body language. If you say you are calm, but your body is exhibiting signs of distress and anger, the child will be less likely to feel safe.

⁴⁷ Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings, IRC, 2019.

⁴⁸ How to support survivors of gender-based violence when a GBV actor is not available in your area.



Listen

Communication Skills

How we communicate with children and youth is fundamental to ensuring that they feel safe to disclose GBV and then supported once they make the disclosure. We need to communicate immediate belief, care and empathy in order for the GBV survivor to be willing to engage further, thus helping the provider to offer appropriate care and treatment.

The guiding principles when talk to children and youth are:

Be Nurturing, Comforting and Supportive & Reassure the Child

- Stay as calm as possible. Allow the child to share and speak as much as they want.
- Always let the child finish their sentence before you respond, even if you are very worried about them.
- Use open ended questions in order to let the child use their own words to describe their experience.
- Avoid yes/no questions and multiple-choice questions.

Use healing statements such as:

- ✓ I believe you
- ✓ It's not your fault
- ✓ I'm glad you told me
- ✓ You are very brave to talk with me

Do NO Harm

Do not become angry with a child, force a child to answer a question that he or she is not ready to answer, force a child to speak about the GBV before he/she is ready, or have the child repeat her/his story of abuse multiple times to different people.

Speak So Children and Youth Understand

Be aware of the talking to children and youth based on their age and developmental stage.

Pay Attention to Non-Verbal Communication

Pay attention to signs that the if the child or youth is becoming distressed by the conversation. Stop the conversation if the child or youth is in distress and the child/youth should be respected if they no longer wish to speak.

Empower the Child/Youth

- ✓ Respect the child/youth's opinion, beliefs and thoughts
- ✓ Respect the child's right to stop speaking with you at any time. If a child wishes to end the conversation, make sure they know how to contact you and/or provide them with information on available support resources.
- ✓ Avoid making promises you can't keep



- ✓ Explain to the child/youth that you may need to share some of the information in order to keep them safe



Link

NOTE: Based on their age and ability to make decisions, children should be involved in the decision making around what happens next after a disclosure. The weight of the views of the child should be made on a case by case basis depending on age, level of maturity, developmental stage and cultural, traditional, and environmental factors.

If an adult or caregiver was not present during the conversation, ask the child/youth if there is an adult they trust. Bring that person to the child/youth or accompany the child/youth to that person to continue the conversation and discuss what will happen next. If there is no protective adult or someone they trust, follow the social care guidelines around immediate protection of the country where you are working. Always keep the safety and the best interests of the child in mind.

Follow the reporting guidelines of your organization and country where you are working.

If the child/youth asks for services or indicates that they may require assistance you cannot personally give, use your GBV Response Resource Guide created in Module 6 to provide relevant, up to date information on appropriate resources available. You may refer the child/youth and/or caregiver to these resources with their consent.

After your conversation, make sure that the child/youth stays with an adult they trust or involved child protection services if needed. Do not leave them alone.

Care after Disclosure

It may not be your role to provide care to the child or youth after a disclosure, but it can be helpful to know what a child/youth may need. After immediate protection needs are addressed, they may need longer-term:

- ✓ Psychological Support
- ✓ Support for social needs such as ensuring they go back to school or participate in community and family events
- ✓ Care such as safe home if they can't return to their current home



Handout 2.10: Case Study

Ana Maria had been working at a centre that offered activities during the day for child and youth on the move for some time. The centre had worked very hard to create safe spaces where children and youth could come during the day and participate in a variety of activities.

One day, a girl, named Aisha, who had been coming to the centre for a few weeks approached Ana Maria. She was a child on the move from Syria, age 12, and she has been travelling with her older brother as her parents weren't able to leave Syria. Aisha asks if she can speak to Ana Maria. Ana Maria takes Aisha to a room that is quiet, and away from the rest of the group. As they sit down, Ana Maria offers her a cup of tea or a drink of water. Ana Maria notices that Aisha looks extremely nervous and that she also looks physically unwell. Her clothes are very dirty, and it looks like she hasn't showered in some time.

Ana Maria makes sure that they are sitting in a comfortable place, at equal height and at a distance that feels safe and appropriate.

Ana Maria says:

Thank you for asking to talk to me and my job here is to keep you safe and listen to anything that you may wish to talk about. Is there something that you wanted to share with me today?

After some hesitation, Aisha begins to tell Ana Maria that she's in a very difficult situation and she doesn't know what to do about it. She also says she doesn't know if Ana Maria will even believe her because it's about men from Ana Maria's country. She and her brother don't have enough money to survive and they were approached by a man who said he can 'help' them. A few nights ago, he arrived at the place where they are sleeping and asked Aisha to come with him. He took her to an apartment a few streets away where there were many men who appeared to have been drinking. Aisha didn't want to go in, but the man forced her. Once inside the apartment, one of the men took her into a separate room and forced her to have sex with him. As she tells the story, Aisha begins to cry and says she can't talk any more.

Ana Maria tells Aisha that she has been so brave to tell her and that she believes everything that Aisha has said. She tells her that she's sorry this has happened to her and that it's not her fault.

Ana Maria then tells Aisha that in order to keep her safe, she'll have to tell someone who can help her. They work in the next office, so Ana Maria can go and get them right away. She explained that they could then help Aisha and help her to stay safe. Aisha agrees. Ana Maria also asks if there is an adult that Aisha trusts that they could call to come and sit with Aisha. Aisha says that there is a woman they have been travelling with who has become like a second mother to her and she would like to call her.

In your group discuss

1. What did Ana Maria do well in this situation?
2. Did she follow Look Listen Link?
3. What else could she have done?



Handout 2.11: Role Plays

We are now going to practice how to talk to a child or youth who is disclosing GBV. In your group there will be three roles:

1. **Observer:** Observe the role play and provide feedback to the person being disclosed to. Have they used Look Listen Link and used effective communication skills?
2. **Child/Youth:** Play out the role as per the information given.
3. **Person the GBV is being disclosed to:** Provide support to the child/youth based on the materials that we have just learned. Provide Links to services based on the mandatory reporting laws of your country and the guidelines of your organization.

You will have a chance to play each role. Please spend about **15 minutes on the Role Play and then 5 minutes** debriefing with the comments from the Observer.

Role Play 1

You are a 15-year-old boy from Afghanistan named Abdul and you have travelled here unaccompanied. Your journey was extremely difficult, and you witnessed a great deal of violence along the way. When you arrived in Italy, you were put into a detention facility where 'bad things happened to you'. You were able to move on from the facility to the country where you are now, but you have experienced these 'bad things' again.

You decide to approach the worker at a day centre where you go for food as you feel that they may be a safe person to talk to. You are extremely hesitant to talk about what has happened to you and you remain silent at the beginning. Eventually, you share that while you were in Italy, a man from the detention centre snuck you out of the centre one evening and took you to his home. He forced you to have sex with him. You managed to leave the detention centre and continued your journey. You don't have any money, however, and a man in the apartment where you are staying told you, you could earn some easy money. You are now being sent out every night onto the streets and being forced to work as a sex worker. You feel extremely ashamed and are worried that someone in your community will find out and tell your family back home.

Role Play 2

You are an 8-year-old girl from Iraq named Rania and you have been travelling with your mother, father, two siblings (ages 6 and 4) as well as a family friend you call your uncle. You attend an after-school club after school that has been set up for children on the move and you enjoy going to the club. There is one person in particular that you feel safe and comfortable with and enjoy talking to her. Your home life has been extremely difficult since you left Iraq and your parents are often fighting and shouting at each other. Your father has been saying that he doesn't want you to attend school anymore as it's too much of a burden and you should be at home helping with the children. You are very worried as you love school and don't want to stop attending.

You decide to talk to the woman you trust about it. As you talk, you decide to share some other things that have been happening at home. Your father has been beating both you and your mother regularly. Your mother says it's because he's frustrated and angry with the situation and he used to be so much kinder back home. He often punishes you by withholding food and he makes you work long hours when



you're not in school. You also decide to talk about your uncle. When no one is home, he touches you in ways that make you feel uncomfortable. He rubs your back, tries to touch your private parts, and says that once you're 'old enough', he'll ask your father to marry you.

You are extremely worried that the woman from the after-school club may call your family. You do have an aunt who has just arrived, and you feel that she is someone who can help you.

Role Play 3

You are a 12-year-old girl from Nigeria named Chinara and you attend a programme at a local community centre for youth on the move. You have migrated from Nigeria with your mother, father and younger sister, age 7. Your family has met up with other Nigerian migrants in the city and have become a part of the community. Your father has also been able to find his sister and they have been reunited.

You are in a great deal of pain and are having a hard time walking easily. You are worried that you may need to see a doctor, but you are terrified of going because of what has happened to you. You decide to talk to one of the workers you trust at the community centre.

You are extremely hesitant to talk about what has happened and keep saying that you're not sure if you can 'talk about it'. You decide eventually to share that a week ago, some members from the community were brought into the house and they performed FGM (female genital mutilation) on you. It was extremely painful. You were told at the time to not tell anyone or you would 'get into trouble'. You're worried that by disclosing you'll be in danger or something even worse will happen to you. Your father and aunt were the ones who organised the FGM and your mother wasn't aware until after. She was extremely angry but has been kind and supportive of you.

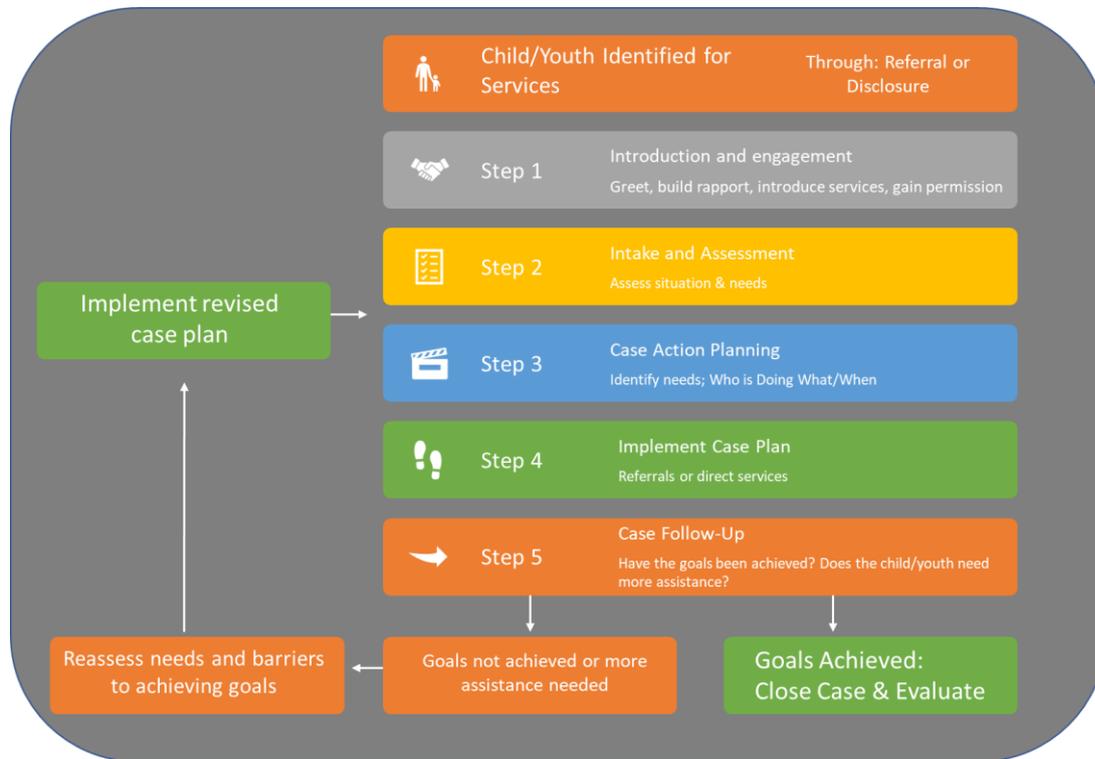
Handout 2.12: Case Management, Referrals & Reporting

Case Management

Exact definitions of case management vary slightly across the humanitarian aid field. The definition of social work case management, which is the primary model adapted by the GBV sector in humanitarian aid contexts and used by the U.S. based National Association of Social Workers, is as follows:

“Social work-based case management is a method of providing services whereby a professional social worker assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the specific client’s complex needs.”⁴⁹

The Process of Case Management⁵⁰



⁴⁹ National Association of Social Workers

<https://www.socialworkers.org/LinkClick.aspx?fileticket=acrzqmEfhlo%3d&portalid=0>

⁵⁰ Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings, IRC, 2019.



Handout 2.13: Services Mapping

This is a tool for you to take back to your workplace to begin mapping all services that are relevant to working with child and youth on the move.

Child Protection services	
Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	

Health Services	
Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	

Heal Sexual and Reproductive Health Services	
Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	



Where to go for non-food items such as dignity kits, clothing

Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	

Shelter

Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	

Services & Organisations for Adolescent/Youth on the Move

Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	

Food and nutrition

Name	
Phone Number	
Relevant services provided	



What happens after a referral is made?	
What is the journey of the child?	

Services for people with disabilities	
Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	

Services for child or female-headed households	
Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	

Services for LGBTQ	
Name	
Phone Number	
Relevant services provided	
What happens after a referral is made?	
What is the journey of the child?	



Handout 2.14: Vicarious/Secondary Trauma and Self Care

Vicarious and Secondary Trauma

Your wellbeing is essential for you to manage stress and build your resilience. For those working in environments where you are exposed to highly traumatic stories, images or materials, secondary traumatic stress and vicarious trauma are real risks. You may experience trauma symptoms on the same scale as if they had directly experienced the event, creating challenges for both you and your work. The impact of this can be feeling cut off from yourself and the world around you, work related nightmares, feelings of despair and hopelessness and a more negative world view. By having a strong Wellbeing Plan, however, we can begin to mitigate some of the impact of the stress that we face.

Wellbeing Plan

What is good stress?

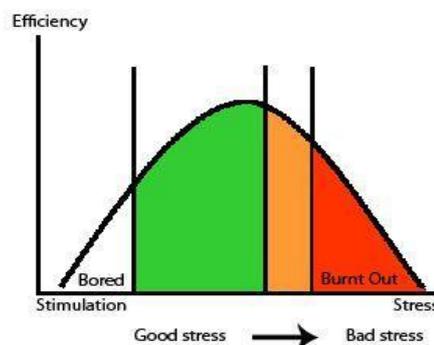
Stress isn't always negative. Sometimes pressure can be good. It can push us to engage and achieve. We may need this pressure or stress to motivate us. When stress helps us to challenge ourselves and to be active, it can be positive, keeping us in our **green zone**.

What is bad stress?

When we have too much stress in our lives, we can feel overloaded, overwhelmed and over-exhausted. This threatens our capacity to cope. We can start to feel depleted (instead of energised) with any the following pressures:

- Heavy increase in workload
- Further heavy increase in workload
- Working late, especially past midnight
- Tensions in the team
- Departure of a key colleague
- Loss of funding
- Worrying about people at home
- Repeated illness or injury

When this is prolonged, without suitable adjustments, our ability to cope diminishes, and this can lead to unpleasant and even frightening symptoms. Ultimately it can leave us burnt out and ill, pushing us into the **red zone**.





Answer these questions to build a picture of yourself in the **green zone**.

Question	Answer
What gives me energy is:	
What relaxes me is:	
I take care of my body by:	
What I most enjoy about work is:	
I switch off from work by:	

Answer these questions to get a picture of yourself in the **amber zone**.

Question	Answer
What really makes me start to get stressed is:	
The last time I was really stressed was:	
When I'm starting to get stressed, I change in these ways:	
In the way I think:	
In my body:	
In what I do:	
In my feelings:	
The warning signs that stress is getting bad for me are:	
When I'm stressed, I change towards other people in these ways:	

If you get into the **amber zone** you need to do something about it now. Do not wait until you get into the **red zone** where it is much more difficult to recover.



Answer these questions to get a picture of yourself in the **red zone**.

Question	Answer
Have you been experiencing any of the following signs of stress in the last 6 months or more?	
Feeling cynical, pessimist and having a negative attitude towards life, yourself and others.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feeling unproductive and ineffective, with the feeling that your work is not making any difference at all.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feeling like you have stagnated in all areas of your personal and professional life.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Treating people who you were affectionate towards with indifference or disregard often.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waking up in the morning feeling tired and exhausted even though you had what can count as enough hours of sleep (7-8 hours).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Feeling disconnected from real issues that in the past could have caught your attention.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Finding yourself avoiding people you would have enjoyed spending more time with before.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you think that you have or are experiencing a period of burnout?	
What signs of burnout do you think you have experienced?	

If you are concerned that you might be experiencing these signs, please speak to a line manager or a counsellor about the kind of support that you might need.



If you find yourself in the **amber zone** or **red zone**, the following are some strategies to help you get back on track:

Do:

- Get some rest – sleep if you can, but if that is difficult at least rest
- Eat healthy food – make a point of it.
- Play some sport, do some exercise, or take the time to walk where you can.
- Keep in touch with family and friends.
- Be realistic about your expectations. Are they too high or too low?
- Check out any areas of uncertainty. Clarify as much as possible.
- Confront work-related causes of stress and get some solutions in place. Tell your line manager clearly that you want to discuss things.
- Look at the picture of yourself in the green zone and reinstate the things that are good for you. Take pleasure in good things again.
- Take some time off work if it will help as soon as you can without causing unfair strain on your colleagues. Do not leave it until you must take time off sick.
- Seek appropriate help from those around you. If your health or wellbeing is deteriorating consult a doctor or other health professional.

Do not:

- Use drugs or alcohol as a way of coping.
- Blame others.
- Take unnecessary or ill-advised risks with yourself or your colleagues.
- Breach security protocols.
- Neglect personal hygiene.
- Withdraw from people who could support you.
- Allow the signs of stress you identified in the amber zone to become entrenched into habits that heighten the risk of burn-out, depression or other.



Resilience Plan

Name	
Date	

Our resilience is enhanced when we take good care of ourselves, in all aspects of our life. It is also enhanced when we have a strong self-awareness about our mental health, our triggers, our coping mechanisms and what supports us to stay healthy.

Please answer the following questions and keep it on-hand for times when you need a reminder about how to look after yourself and what support you may need to seek from others.

Activities I'll commit to in order to stay in the green zone are:	
When I'm in the Amber zone I will...	
When I'm in the Red zone I will....	
What support do you need?	

Handout 2.15: Resources

General Resources

Child Protection Hub

<https://childhub.org/en>

The Child Protection Hub is an interactive platform for professionals where they can exchange experiences and knowledge, learn from each other, offer and receive support. There are a wide range of resources on children and youth on the move, gender-based violence and protection.

Resources on Child and Youth Migration

Alone and Unsafe

<https://media.ifrc.org/ifrc/document/alone-unsafe-children-migration-sexual-gender-based-violence/>

This study seeks to improve understanding of the risks and types of sexual and gender-based violence faced by children who migrate on their own, as well as the unfortunate and widespread gaps in protection and assistance for these children.

Harrowing Journeys

https://www.unicef.org/publications/files/Harrowing_Journeys_Children_and_youth_on_the_move_a_cross_the_Mediterranean.pdf

Children and youth on the move across the Mediterranean Sea, at risk of trafficking and exploitation

Data on Children on the Move

<https://www.unicef.org/eca/emergencies/latest-statistics-and-graphics-refugee-and-migrant-children>

This site provides up to date statistics and data for children and youth on the move.

Destination Unknown

<https://destination-unknown.org/>

Destination Unknown is an international campaign to protect children on the move led by Terre des Hommes and implemented by campaign members.

Resources on GBV

IASC GBV guidelines

<https://gbvguidelines.org/en/>

The purpose of the Guidelines is to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of GBV across all sectors of humanitarian response.

Gender-Based Violence Area of Responsibility

<http://gbvaor.net/>

The Gender-Based Violence Area of Responsibility (GBV AoR) is the global level forum for coordination and collaboration under the cluster approach on GBV prevention and response in humanitarian settings. This site has a comprehensive selection of resources on GBV.



Terre des hommes

Helping children worldwide.

Caring for Child Survivors of Sexual Abuse

https://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf

Best practice guidelines on caring for children who have disclosed GBV and sexual abuse.

GBV Prevention and Best Practices

SGBV Prevention and Response Training Package

<https://www.unhcr.org/583577ed4.pdf>

The Training Package is designed to help facilitators deliver introductory, interactive training on the prevention of and response to sexual and gender-based violence (SGBV)

News and stories on refugee and migrant children in Europe

<https://www.unicef.org/eca/news-and-stories-refugee-and-migrant-children-europe>

This site provides stories and best practice resources for supporting children and youth on the move.

GBV Tools for Assessment and Prevention

<https://www.womensrefugeecommission.org/gbv/resources/1353-urban-gbv-tools>

These tools help practitioners to assess and respond to urban refugees' risks of gender-based violence.

Youth Facilitator

Life-Skills, Leadership and Limitless Potential (LlIp) 3-Day Youth Facilitator Training

<https://childhub.org/en/child-protection-online-library/life-skills-leadership-and-limitless-potential-llip-3-day-youth>

The documents contain step-by-step guidance and methodological notes for a 3-day youth facilitator training and 12-session life skills and leadership programme for young people who have experienced or are at risk of experiencing sexual violence.

Child Protection

A Child is a Child

https://www.unicef.org/publications/index_95956.html

Among the millions of children on the move worldwide, many – including hundreds of thousands of unaccompanied children and adolescents – undertake dangerous journeys. This report shows how the lack of safe and legal pathways for refugee and migrant children feeds a booming market for human smuggling and puts them at risk of violence, abuse and exploitation. Building on recent UNICEF policy proposals, it sets out ways that governments can better protect these vulnerable children.

Child Protection in Emergencies

<https://spherestandards.org/resources/minimum-standards-for-child-protection-in-humanitarian-action-cpms/>

The Minimum Standards for Child Protection in Humanitarian Action - drafted with inputs from 400 individuals from 30 agencies in over 40 countries - are aimed at those working in child protection or related areas of humanitarian action.

Refugee & Migrant Crisis: Child Protection Response

<https://childhub.org/en/child-protection-online-library/refugee-migrant-crisis-child-protection-response>



This capacity building package was developed in the frames of the UNICEF Regional Office for Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS) initiative, implemented by the Child Protection Hub for South East Europe and Terre des hommes Regional Office for Central and South East Europe (Tdh) in its role as coordinator of the ChildHub.

Terres des homme Safeguarding Policy

<https://www.terredeshommes.org/child-safeguarding-policy/>

Terre des Hommes' Child Safeguarding Policy provides best practice guidance on keeping children safe and protecting them from all forms of harm and abuse.