



TOOL GUIDE

FOR THE REMOTE PSYCHOSOCIAL SUPPORT
MODEL FOR REFUGEE AND MIGRANT GIRL
AND ADOLESCENT GIRL GENDER-BASED
VIOLENCE SURVIVORS:
PROMOTING AND PROTECTING THEIR RIGHTS



TOOL GUIDE FOR THE REMOTE PSYCHOSOCIAL SUPPORT MODEL FOR REFUGEE AND MIGRANT GIRL AND ADOLESCENT GIRL GENDER-BASED VIOLENCE SURVIVORS: PROMOTING AND PROTECTING THEIR RIGHTS

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GIRL GENDER-BASED VIOLENCE SURVIVORS:
PROMOTING AND PROTECTING THEIR RIGHTS



En el marco de



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1. Objectives of the remote psychosocial support model tool guide



Objectives of the tool guide:

- a) **to develop** and describe the tools;
- b) **to develop** and describe the stages and moments of remote support;
- c) **to facilitate** an understanding of the remote psychosocial support model for proper application in each country;
- d) **to provide** psychosocial support according to the needs of Venezuela girl and adolescent girl GBV survivors on the move





2. How do we ensure access to a remote psychosocial support service for girls and adolescent girls?

Two practical difficulties in implementing a remote psychosocial support service are promoting it and making it accessible. Promotion and accessibility are intertwined. The challenge is to make the service known to girls and adolescent girls through relevant and easily accessed information that does not expose them to greater risk, while at the same time recognizing that Venezuelan girls and adolescent girls in situations of gender-based violence may be isolated and hesitant to access the service and ask for support.

When planning to implement remote psychosocial support service, how to best promote the service and make it accessible to girls and adolescent girls must be considered in each unique country context.

In terms of rationale, developing a remote psychosocial support model has potentially enormous impacts on the lives and rights of girls and adolescent girls. The three scopes of action for applying the support model are the community level (the spaces and relationships closest to girls and adolescents), the national level, and the transnational level.

For the purposes of this tool guide, the community scope of action is defined as the territory, spaces and relationships that are somewhat close and figure

prominently in the daily lives of Venezuelan girls and adolescent girls on the move.

2.1. Community scope of action

Within the community scope of action, the following elements can facilitate access to the service for girls and adolescent girls:

- a)** the creation of help-seeking behaviors;
- b)** the creation of conditions for girls and adolescent girls and their caregivers to trust in the quality of the services provided; highly visible printed posters or other materials encouraging others to approach and help the girls or adolescent girls;
- c)** highly visible posters and media (radio, television) dissemination of contact numbers to access the service in places that girls and adolescent girls can easily access or frequently visit;
- d)** highly visible posters in humanitarian support service spaces and other spaces that might contribute to social inclusion and the detection of GBV situations; these posters can contain key information about public services available to

the Venezuelan population, including community actors (women’s organizations, sport or recreational activity groups, organizations that support people with disabilities, etc.);

- e) objects such as notepads and water bottles—often delivered through humanitarian assistance—which contain key information (contact numbers, what to do, where to go) and which massively reach Venezuelan girls and adolescent girls on the move;
- f) objects designed as recognizable alerts of gender violence (e.g. “The mask that can save your life”) that are readily available in pharmacies and other easy-to-access places for girls and adolescent girls; a request for the mask on the part of a girl or adolescent girl could indicate a situation of gender-based violence, and the person who provides it must collect key information to establish the first contact.

2.2. National scope of action

Actions at the national level can include:

- a) A free-access and uninterrupted service helpline to report gender-based violence; in the absence of a helpline, the 911 emergency line can receive community claims or reports from survivors which can then be referred to remote support;
- b) Text messages/virtual channel helpline (through WhatsApp, for example) with key messages about how to ask for help or how to establish the first contact; ideally, a specific uninterrupted service phone line for the Venezuelan population on the move providing confidential advice and information about accessing remote psychosocial support.

2.3. Transnational scope of action

The remote psychosocial support model has been designed for girl and adolescent girl GBV survivors in a way that it can be applied to those in transit from one country to another. A transnational support system can be organized to allow for a girl or adolescent girl to receive specialized support in one country, and if she decides to continue to another country, to easily access a contact number for psychosocial support in the destination country. To prevent revictimization, a code system can be implemented to identify if a person has previously received specialized support in response to gender-based violence.

The following table identifies some of the barriers that Venezuelan refugee and migrant girls and adolescent girls may face in accessing services and offers possible responses to be adopted at a national or transnational level.



SERVICES FOR REFUGEE AND MIGRANT GIRLS AND ADOLESCENT GIRLS		
BARRIERS	POSSIBLE RESPONSES	
	NATIONAL	TRANSNATIONAL
No help-seeking behavior	Create help-seeking behaviors	Inform about the objectives of humanitarian assistance;
Distrust about the access to services	Create conditions so that girls, adolescent girls and their caregivers trust the quality of the services provided	Explain that the availability of the service is not contingent on migratory status
Not knowing about available services	Provide information at border posts; Establish electronic contact channels (chatbox)	Chatbox (provide information depending on girl/adolescent location)
Being far from psychosocial services	Implement remote support model with enough points of reference in the territory (for articulation, access to services, referrals, etc.)	Articulation among remote support services for referral when girl/adolescent crosses the border
No access to mobile phone service	Helpline	Helpline
Not having the necessary technological requirements to access the services	Identify a partner organization that may provide internet access, mobile coverage, mobile phone, computer, webcam, etc.	
Being alone (unaccompanied)	Messaging/emergency phone line	Articulation between services to deliver information about the emergency/immediate support helpline and about remote support service in the country to which she is traveling
Not having autonomy to request the service	Application of alert indicators by service actors working in the territory	
Living with the perpetrator	Emergency/immediate support helpline; Safety measures; Close and trusted references for support	







3. The right to receive certain services



The remote psychosocial support model is directed at Venezuelan girls and adolescent girls who are not in their country, have been identified as GBV survivors, and are one of the following: on the move with their families; separated from their families and with some other adult(s); or on their own (unaccompanied).

In addition to all the rights that girls and adolescent girls hold, we recognize their right to access specific state-provided services for the protection and restitution of any rights which have been violated by gender-based violence suffered in a context of human mobility. From the viewpoint of girl and adolescent girl survivor-centered support, services must be available not only in the first stage when violence is identified, but also over time to ensure comprehensive protection until the recovery of the girl or adolescent girl and the restoration of her ability to embark on her life project.

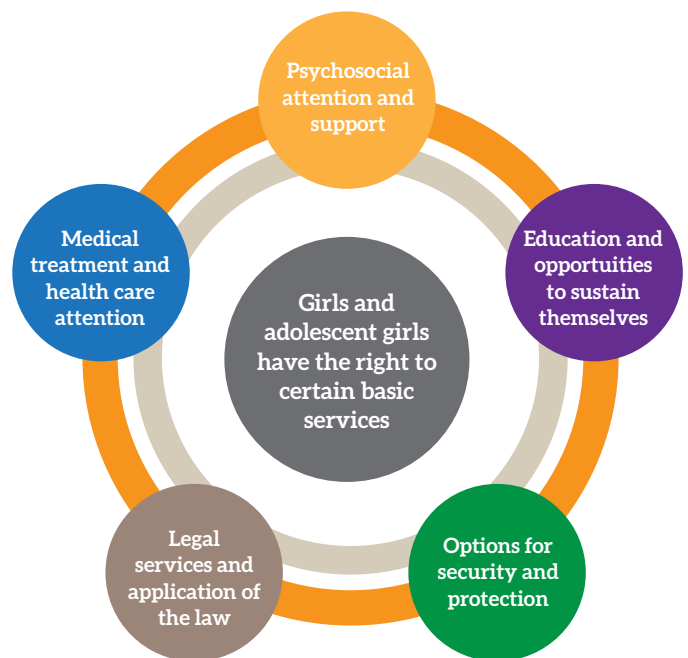
These rights-based services include:

-  **Medical treatment and health care** to address the immediate and long-term physical and mental health effects for the girl and adolescent girl GBV survivor; this might include exams, initial treatments, subsequent medical care and follow-up, mental health services, and legal services related to health, such as documentation and test-provision during judicial procedures and other processes.
-  **Psychosocial care and support** to help with the healing and recovery from the emotional, psychological and social effects of GBV; this includes crisis care as well as long-term emotional and practical support for the survivor and her family (if necessary); identification by survivor of family and friends she can depend on for support; information and legal counsel; and tools for family members to support the survivor's healing and recovery.
-  **Safety and protection options** for survivors and their families when they are at risk of experiencing further violence and wish to be protected; this might include safe houses, police or community security, relocation or—in the case of girls and adolescent girls—spaces of alternative care, especially if the girl or adolescent girl GBV survivor on the move is alone or unaccompanied.
-  **Legal services and law enforcement services** that provide information and might advise girls and adolescent girls regarding their rights, promote their enforceability, and guarantee effective protection

through judicial mechanisms; this includes investigation, criminal prosecution, legal assistance services and tribunal support.

▶ **Education and livelihood opportunities** in order to support girl and adolescent girl survivors and their families so they can live independently and in conditions of safety and dignity; this might include referral to existing state benefits available to vulnerable groups; livelihood programmes or services and initiatives for productive and/or educational endeavors; informal education options and adult learning; and specific economic interventions that might mitigate GBV risks and foster healing and empowerment.




▶ **Other protection services, including lasting solutions for displaced populations**, precisely because in situations of displacement, the lack of documentation and detention might expose survivors to a higher risk; lasting solutions, including international protection, local integration and voluntary return might significantly contribute to survivor safety.





4. Girl and adolescent girl survivor-centered support

Survivor-centered support has the following key characteristics:




-  **Acknowledges the value of the person's experience:** Survivor-centered support emphasizes the importance of communicating to the girl or adolescent girl survivor that we believe her and that we do not judge her experience or her decisions about what to do. We trust the girl or adolescent girl survivor to know her situation best.
-  **Has empowerment as a key goal:** Survivor-centered support places the girl or the adolescent girl at the centre of the support process and has the objective of empowering the person. We recognize that a GBV experience could deprive a survivor of control over her body, her mind and her emotions. Our interactions with the girl and adolescent girl survivor must be oriented towards restoring her sense of control, ensuring that she is the one making the decisions throughout the whole support process according to her age and her maturation process.
-  **Emphasizes the person's strengths.** Survivor-centered support acknowledges that girl and adolescent girl survivors have previously established ways to face and solve problems and the importance of understanding and building on the survivor's internal and external resources. For instance, a survivor will likely have prior success in coping with or overcoming the aftermath of a stressful or traumatic event. By tapping into existing resources, the professional shifts from a focus on weaknesses, problems, and what is lacking to a focus on strengths to help girls and adolescent girls recognize and build on their already present inherent resiliency.



SUPPORT
PSYCHOSOCIAL



- Health
- Education
- Protection of Rights
- Migratory Regulation
- Access to Justice
- Others

-  **Acknowledges the value of the support relationship.** Survivor-centered support emphasizes the relationship of the professional with the survivor as a starting point for healing; our meetings with the girl or adolescent girl survivor are opportunities to empathize and build connection and trust.
-  **Provides survivor-centered services.** The girl or adolescent girl survivor is at the centre of the support process, and the support is adapted to her needs, her conditions and her circumstances.
-  **Acknowledges the importance of context.** A person is influenced by her social and physical surroundings, and her experiences must be understood in this context. These surroundings are important to understand the individual experiences of violence. Understanding the cultural context in terms of the acceptance of violence or sexism, for example, is crucial.



5. Comprehensive Care Action Plan for Girls and Life Project for Adolescent Girls

Comprehensive Care Action Plan for Girls (CCAPG)

INSTRUMENT	APPLICATION
Comprehensive Care Action Plan for Girls.	<p><u>Objective:</u> the integrated development of the girl and the restitution of her rights.</p> <p><u>Focus of requirement:</u> Girls below 14 years of age.</p>

What is a CCAPG?



A CCAPG is a documentation tool aimed to guarantee the provision of support through psychosocial intervention that involves various processes carried out with a girl to promote her development and the restitution of her rights.

A CCAPG includes the principal objectives of the intervention to be carried out, the activities and strategies, the achievement criteria and the timeframe. As a documentation tool, CCAPGs must be realistic, flexible, easy to review in short periods and have measurable achievements.

Why is a CCAPG necessary?

There are several reasons why CCAPGs are needed:

- ✓ a CCAPG provides a formal documentation tool for professionals regarding the socio-educational process conducted with the girl, creating a baseline reference and contributing to the establishment of a common vision among everyone involved;
- ✓ a CCAPG makes it possible to assess the current state of the girl in terms of her physical, psychological, family and social development, guaranteeing personalized support;
- ✓ a CCAPG promotes teamwork, adding coherence to the various actions, strategies and decisions of professionals and offering the girl a continuing supportive relationship and assistance throughout the process;

- ✓ a CCAPG facilitates accountability for us and for third parties regarding the intervention carried out with the girl; timelines are important because the basic acting principle is normalization and integration in the social and family environment; this means that, whenever possible, the work is focused on the recovery of the family as the nucleus of coexistence;
- ✓ a CCAPG ensures individualized treatment; while inter-individual differences and normalization need to be balanced, every girl is unique and requires treatment adjusted to her situation.

Characteristics of CCAPG:

Individualized: There is a CCAPG for every girl, and every CCAPG should be adjusted to the specific needs of one unique girl. The girl is the main protagonist and will fully participate in her process. It is essential to talk to her and help her express her needs, fears and desires, as well as to negotiate agreements and foster responsibility.

Functional: The tool allows for the organization and planning of a series of actions that will have positive outcomes, is adaptable, and can function in various contexts.

Operative: The CCAPG must reflect realistic, achievable and specific actions to carry out after the initial assessment to help professionals understand the objectives and criterion that guides their actions in an intervention; the CCAPG describes the responsibilities and areas of intervention and clarifies and legitimizes the roles of every professional.

Integrated: The document is conceived as an instrument that guides actions related the girl; it collects personal, family and social data to provide descriptive information to help professionals to better know the girl and incorporates an evaluation section and a descriptive section specifying the interventions to be carried out.

Measurable: A CCAPG is a stable document that will be continuously under review; timelines and deadlines will be established to review the objectives and advance the process to benefit the development of the girl.



Comprehensive Care Action Plan for Girls (CCAPG) Form

COMPREHENSIVE CARE ACTION PLAN FOR GIRLS - CCAPG

Name of the girl:

Age:

Parents (references):

Ethnic background:

Cause for support:

Date of completion:

Date of next evaluation:

Name of Professional
and I.D. N°:**General Objective****Areas of Accompaniment****Personal Development**

- Cognitive - Intellectual
- Affective - Emotional
- Personal Autonomy
- Physical integrity and Health
- Social Skills
- Spiritual

Meaningful contexts

- Family
- School
- Space of welcome
- Community
- Leisure and free time



AREA:	Area Diagnosis:	
	Area Objective:	
	Area Activities:	
	Description:	
	Responsible parties:	Time:
	Evaluation:	Observations:
	Description:	
	Responsible parties:	Time:
	Evaluation:	Observations:

Global Evaluation of all areas:

A large, empty rectangular box with rounded corners, intended for a global evaluation of all areas.

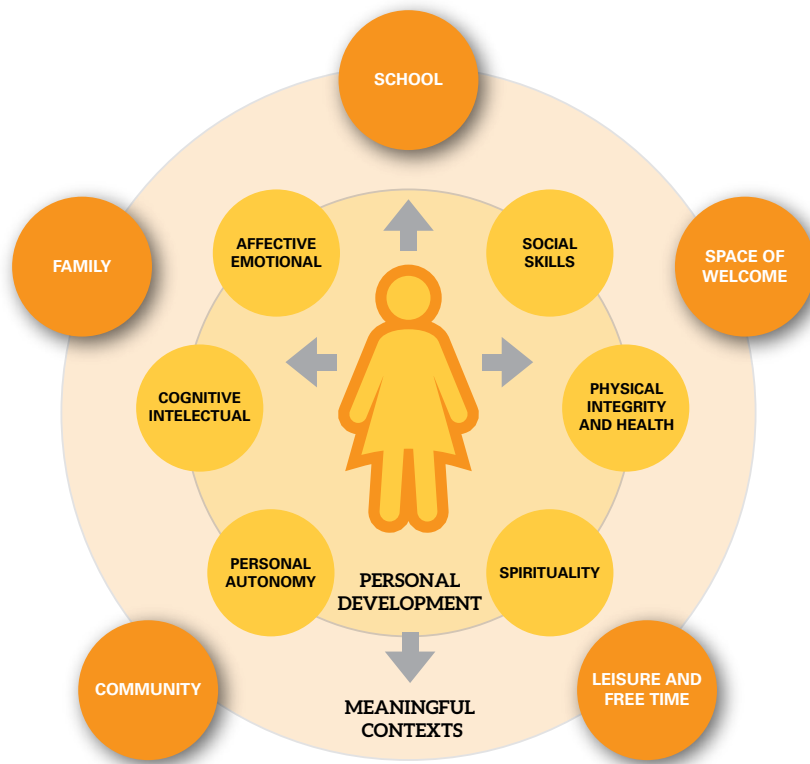
Responsible Parties:

Full Name	Role	Signature

Areas of intervention:

The **areas** that may merit intervention can be classified into two broad categories, always keeping in mind the needs of the girl:

PERSONAL DEVELOPMENT	MEANINGFUL CONTEXTS
1. Cognitive / Intellectual	1. Family
2. Affective / Emotional	2. School
3. Personal Autonomy	3. Space of welcome
4. Physical integrity and Health	4. Community
5. Social Skills	5. Leisure and free time
6. Spiritual	



INSTRUMENT	APPLICATION
Life Project for Adolescent Girls	<p><u>Objective:</u> the integrated development of the adolescent girl and the restitution of her rights and accompaniment in her transition to adult life, autonomy being the goal</p> <p><u>Focus of requirement:</u></p> <ul style="list-style-type: none"> - Adolescent girls 14 years of age or older

Life Project for Adolescent Girls (LPAG)

What is LPAG?

LPAG is a tool that documents the process of support and preparation for adolescent girls aged 14 or older who need individual educational support that is personal, integrated, compensatory, promotes their development, and guarantees their personal emancipation, autonomy and independence.

The fundamental purpose of the Life Project is for adolescent girls to learn to fend for themselves, make their own decisions, and find a job that helps them to acquire and develop their own autonomy to be able to integrate into society and gradually adapt to it—all in accordance with their age, their skills and their daily responsibilities at a personal, social and working level.



Why is LPAG necessary?

- ✓ LPAG serves as a guide for professionals and adolescent girls regarding the socio-educational process that is being carried out with the adolescent girl; it creates a permanent reference and contributes to the establishment of a common vision among everyone involved.
- ✓ LPAG makes it possible to assess the current state of the girl in terms of her physical, psychological, family and social development, guaranteeing personalized support.
- ✓ LPAG promotes teamwork; it adds coherence to the various actions, strategies and decisions adopted by professionals, offering the girl a continued supportive relationship and assistance in the advancement of the process.
- ✓ LPAG facilitates accountability—for us and for third parties—regarding the intervention carried out with the girl; the basic acting principle is normalization and integration in the social and family environment, making the timeframe of actions critically important; the work will be focused, whenever possible, on the recovery of the family as the nucleus of coexistence;
- ✓ LPAG ensures individualized treatment; although inter-individual differences and normalization must be combined, every girl is different and requires treatment adjusted to her situation.

Characteristics of LPAG:

Individualized: There is a Life Project for every adolescent girl, and every Life Project should be adjusted to the specific needs of one unique adolescent girl. The adolescent girl is the main protagonist and participates fully in her Life Project process. It is essential to talk to her and help her express her needs, fears and desires as well as to negotiate agreements and foster responsibility.

Functional: The document allows for the organization and planning of a series of actions that will have positive outcomes, is adaptable, and can function in a variety of contexts.

Operative: The LPAG document must reflect realistic, achievable and specific actions to carry out after the initial assessment to help professionals to better understand the objectives and criterion that must guide their actions in an intervention and avoid assumptions; it describes the responsibilities and areas of intervention and clarifies and legitimizes the roles of every professional.

Integrated: LPAG is conceived as a documentation tool that guides actions related to the adolescent girl; it collects personal, family and social data, providing descriptive information to help professionals better know the adolescent girl and incorporates an evaluation section and a descriptive section specifying the interventions to be carried out.

Measurable: LPAG is a stable document that will be continuously under review; timelines and deadlines will be established to review the objectives and advance the process to benefit the development of the adolescent girl.

Areas of Accompaniment	
Personal Development	Meaningful contexts
<input type="checkbox"/> Cognitive - Intellectual	<input type="checkbox"/> Family
<input type="checkbox"/> Affective - Emotional	<input type="checkbox"/> School / Training
<input type="checkbox"/> Daily habits	<input type="checkbox"/> Work
<input type="checkbox"/> Economic management	<input type="checkbox"/> Housing
<input type="checkbox"/> Physical integrity and Health	<input type="checkbox"/> Community
<input type="checkbox"/> Sexuality	<input type="checkbox"/> Friendships
<input type="checkbox"/> Spiritual	<input type="checkbox"/> Partner
	<input type="checkbox"/> Leisure and free time

Just as there may be some fundamental areas that apply to all adolescent girls, there may also be optional areas depending on the unique situation and needs of each adolescent girl. The Life Project registry can provide information indicating which areas of intervention should be prioritized.



The areas of intervention must be prioritized keeping in mind that it is inadvisable to intervene in more than four areas at one time.

An **individualized Life Project** adapted to every adolescent girl will consider each of the areas of accompaniment in combination with the following needs proposed by Fernández del Valle:

- ✓ Needs derived from the developmental stage and/or special characteristics, starting with an evaluation of every adolescent girl (physically, psychologically and emotionally) and recognizing that being 15 years old and suffering abandonment or sexual abuse in a context of mobility, for example, is not the same as suffering these things at age 18;
- ✓ Needs derived from a situation of human mobility, violence, defenselessness, acknowledging that physical, emotional and behavioral effects of such experiences require special attention: sexual abuse, abandonment and violence are not the same thing;
- ✓ Needs derived from the experience of separation and human mobility, taking into account the losses experienced in the meaningful contexts in which the adolescent girl has grown up and developed, as well as the affective bonds she still maintains;
- ✓ Needs derived from the initial investigation and diagnosis.

Life Project for Adolescent Girls (LPAG) Form

LIFE PROJECT

Name of adolescent girl:	
Age:	
Parents (or references):	
Ethnic background:	
Cause for support:	

Objective: Emancipation Family reinsertion Other

Date of completion:	
Date of next evaluation:	
Name of Professional and I.D. N°:	

Accompaniment from:

- Institutional Foster Care
- Autonomous Service
- Emancipation or Family Cohabitation Space
- Moment of departure
- Other _____

General Objective

<p><i>For the adolescent girl:</i></p>	<p><i>For the professionals in consensus with the adolescent girl</i></p>
--	---

Areas of Accompaniment

<p>Personal Development</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cognitive - Intellectual <input type="checkbox"/> Affective - Emotional <input type="checkbox"/> Daily habits <input type="checkbox"/> Economic Management <input type="checkbox"/> Physical integrity and health <input type="checkbox"/> Sexuality <input type="checkbox"/> Spirituality 	<p>Meaningful Contexts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family <input type="checkbox"/> School / Training <input type="checkbox"/> Work <input type="checkbox"/> Housing <input type="checkbox"/> Community <input type="checkbox"/> Friendships <input type="checkbox"/> Partner <input type="checkbox"/> Leisure and free time
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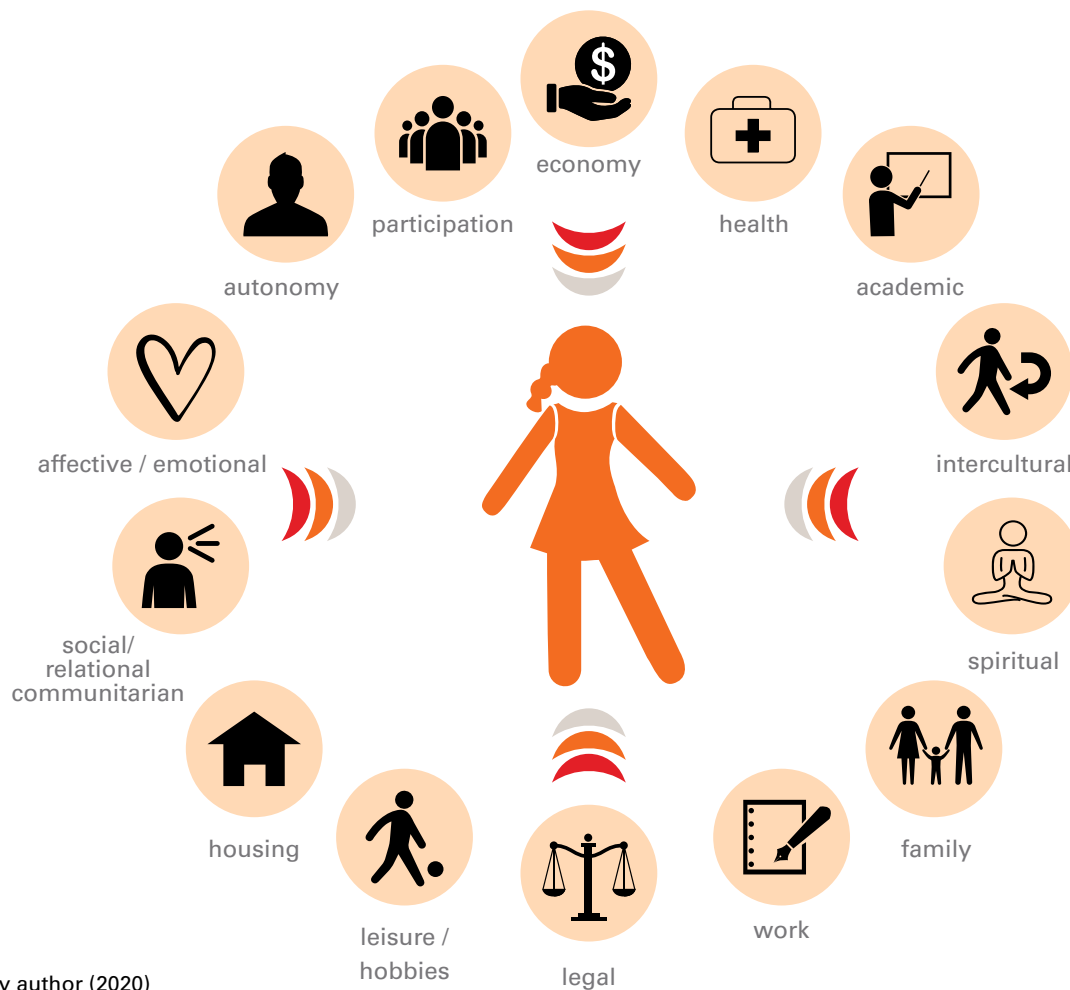
AREA:	Diagnosis:
	Area Objective:
	Requested by: <input type="checkbox"/> Adolescent <input type="checkbox"/> Educator <input type="checkbox"/> Team <input type="checkbox"/> Other _____
Activities:	
<i>Description:</i>	
<i>Responsables:</i>	
<i>Time:</i>	
<i>Evaluation:</i>	
<i>Observations:</i>	
Activities:	
<i>Description:</i>	
<i>Responsables:</i>	
<i>Time:</i>	
<i>Evaluation:</i>	
<i>Observations:</i>	

Global Evaluation of all areas:

Responsible Parties:

Full Name	Role	Signature

AREAS OF INTERVENTION:



Criteria for the development of the Comprehensive Care Action Plan for Girls (CCAPG) and the Life Project for Adolescent Girls (LPAG)

Individualized and specialized care

All decisions, proposals, initiatives and solutions directed at the girl or adolescent must be adapted to each girl or each adolescent girl in her **uniqueness**. Her age, personal traits, gender, sexual orientation, family composition, history, culture, ethnic background, urban or rural context and her conditions, including double or multiple

vulnerabilities, must all be considered when determining her protection and safety needs.

Individualized and personalized support must ensure adequate care and protection—especially regarding girls and adolescent girls who are in situations of double or multiple vulnerability—to ensure the integrated development of girls and adolescent girls on the move, recognizing that they can also be

unaccompanied or separated, refugees or survivors of violence.

Individualized and specialized care is an aspect of the principle of equality whereby differential treatment is deemed non-discriminatory when it is aimed at creating conditions that enable the effective exercise of rights. Personalized support enables the necessary flexibility to respond to the needs of the girl and the adolescent girl.

Listening to girls and adolescent girls

Recognizing girls and adolescent girls as valid counterparts, respecting them and knowing how to listen to them is crucial. Girls and adolescent girls have the right to be heard and for their opinions to be considered—especially in decision-making—in accordance with their degree of maturity.

Girls and adolescent girls have the right to be informed in their own language—according to their age, development, and ability to understand—of the actions and decisions that will be made regarding their situation and that of their family.

This principle must be manifested by the professionals in charge of the girl or adolescent girl's care in daily, specific attitudes and practices of active listening that recognize and appreciate what the girl or adolescent girl expresses.

Helping the girl or adolescent girl to understand

People who listen, guide and inform the girls or adolescent girls must make available to them all the information about the situation they are going through and the consequences of the intervention. They must do so in the girl or adolescent girl's language and with simple expressions so they can concretely and clearly understand according to their age and development.

Participation of girls, adolescent girls and their families

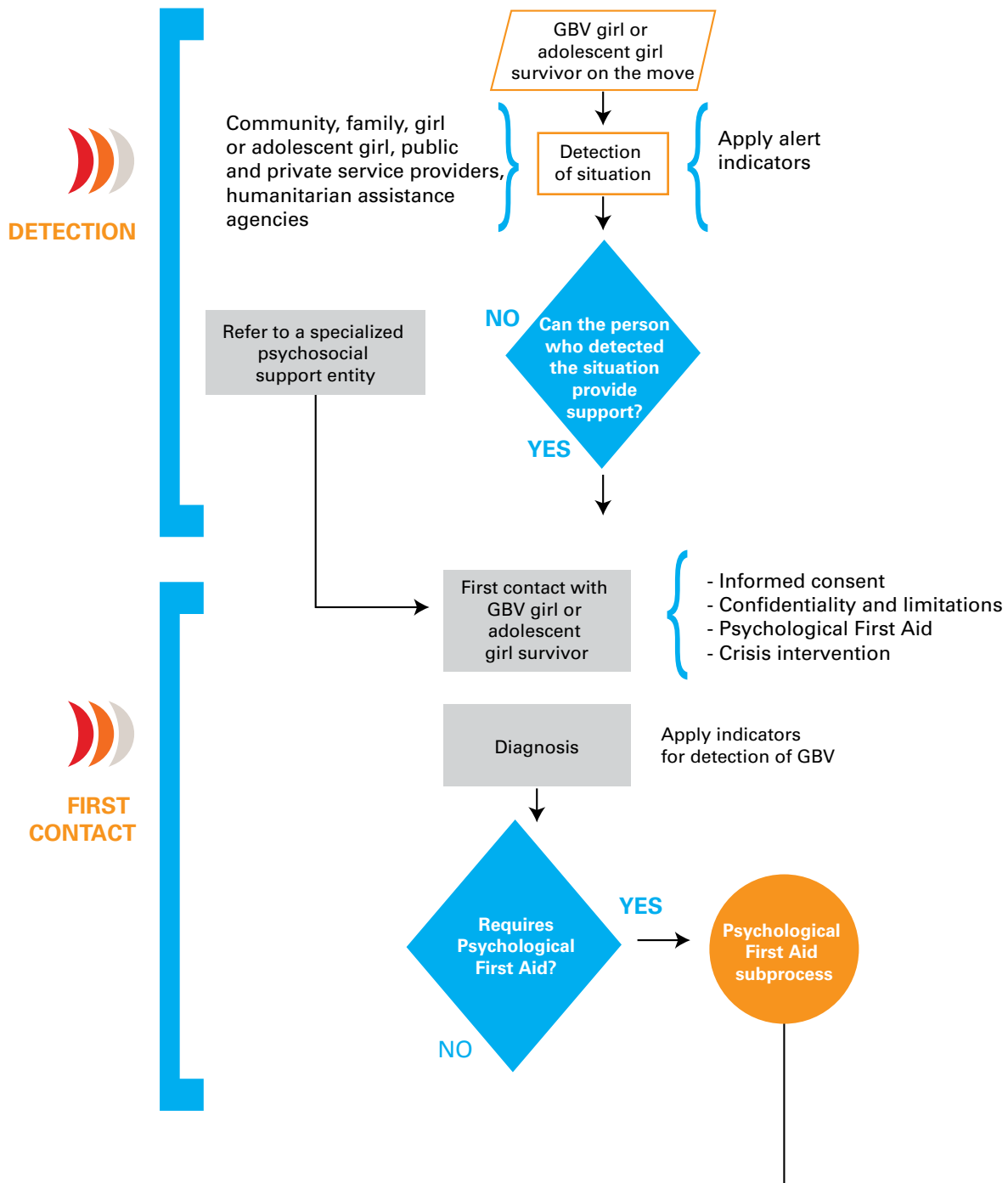
Girls and adolescent girls must have conditions that enable them to express their perspectives of the situation, and the authorities and professionals shall keep this perspective in mind whenever protection measures are adopted.

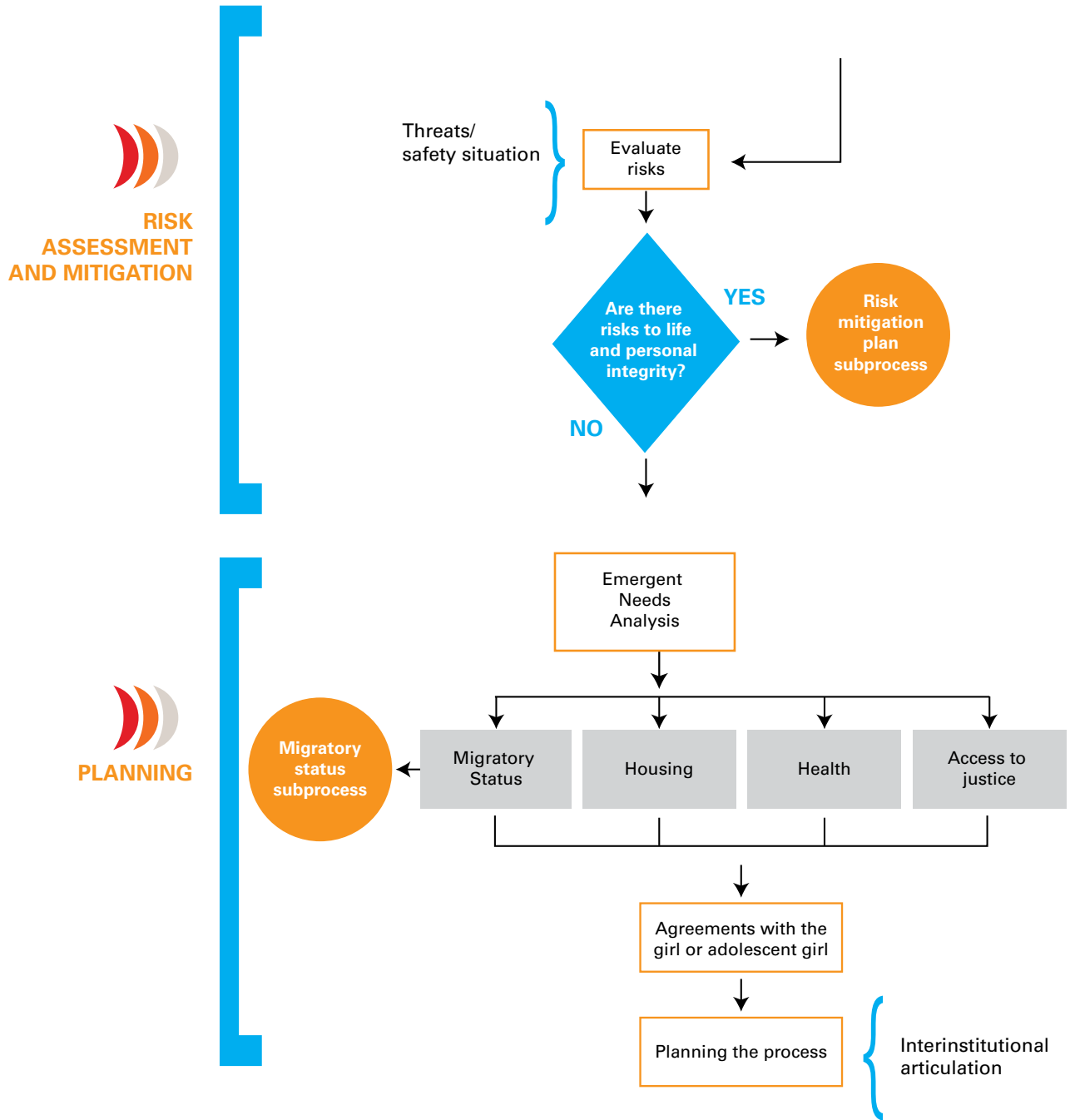
Girls, adolescent girls and their families must have a leading participatory role due to the importance these decisions have for their collective futures. We must listen to families and encourage their active participation throughout the different stages of the process. The family's demands, interests and priorities must be considered in the development, implementation and follow-up of the Comprehensive Care Action Plan of the girl or the Life Project of the adolescent girl to support their active involvement in decisions about the life of their daughter.

Confidentiality

Confidentiality is based on the proper respect for and management of information regarding the situation of girls and adolescent girls. Only the professionals accompanying the girl or adolescent girl and her family must know the entire circumstances of the GBV survivor. This excludes people in administrative roles such as institution management positions or other professionals, including psychologists, social workers or educators who are not in charge of the accompaniment process.

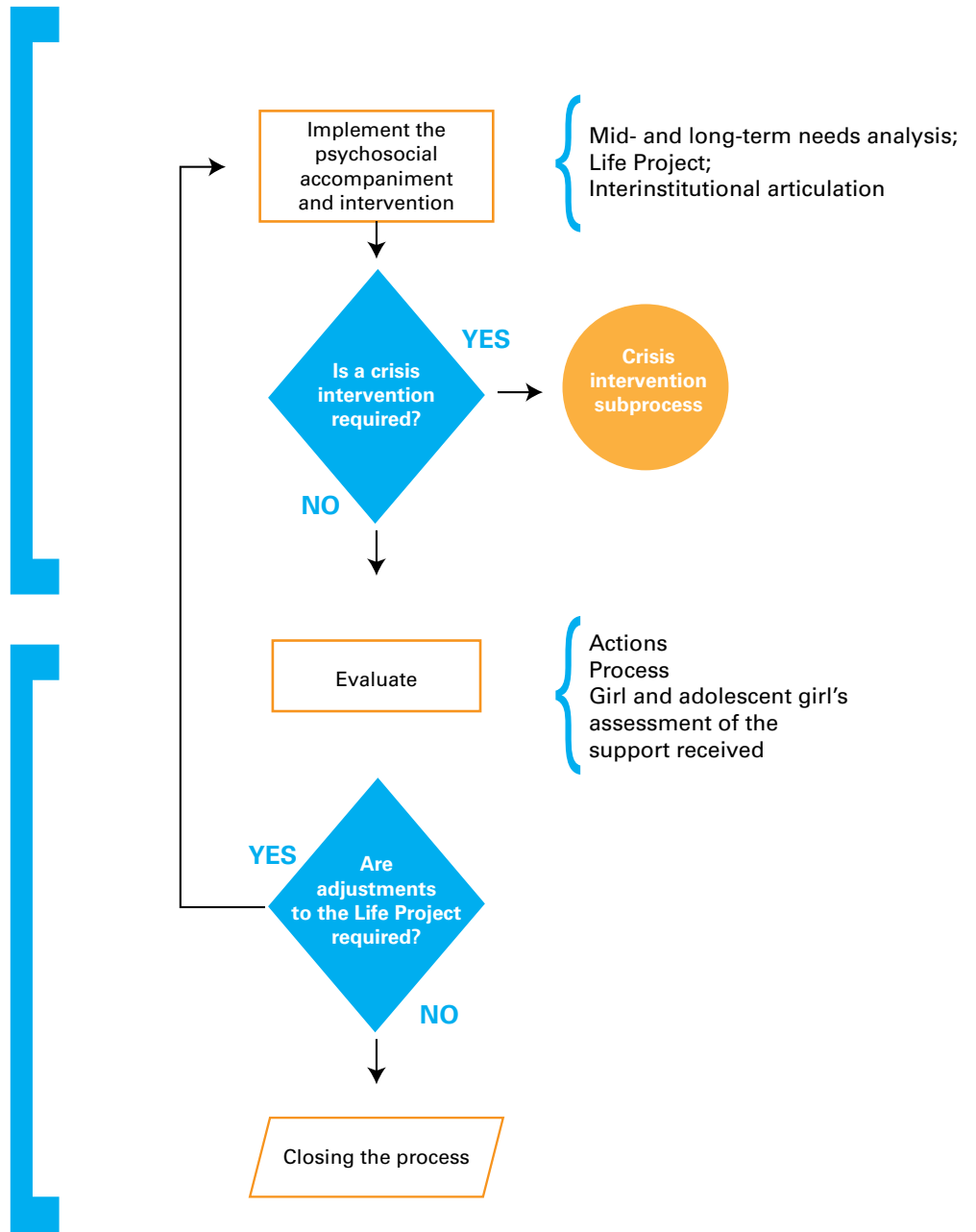
6. Flowchart of the remote psychosocial support process



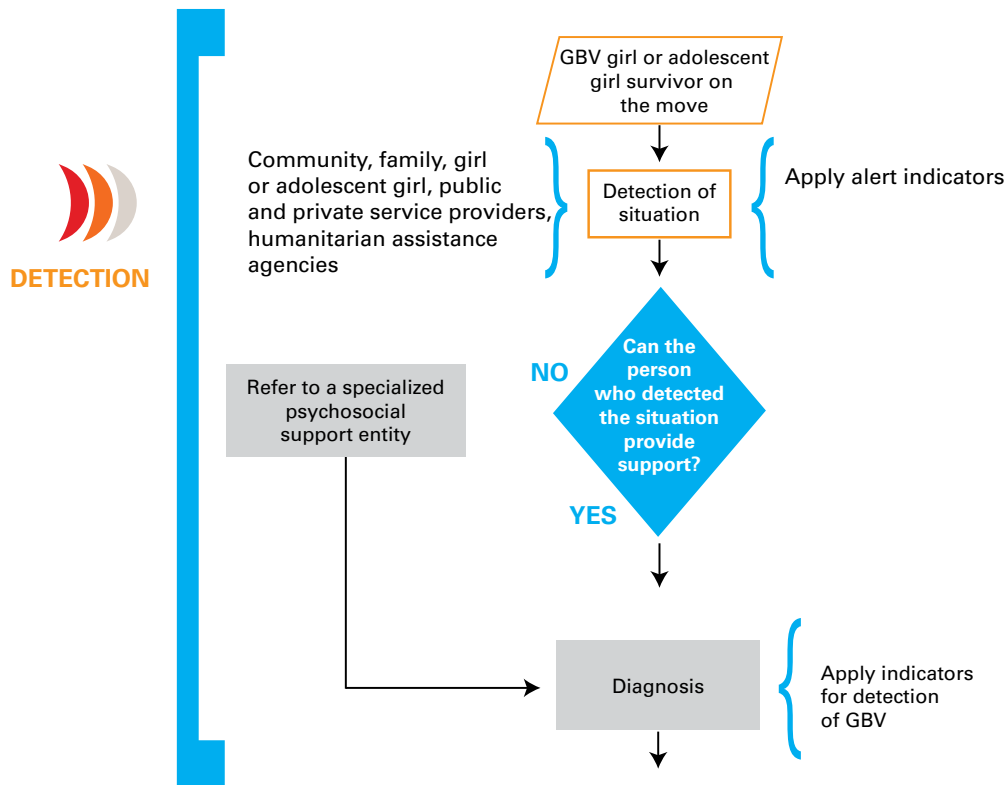



**PSYCHOSOCIAL
ACCOMPANIMENT
AND LIFE PROJECT**


**EVALUATION
AND FOLLOW-UP**



6.1. Description of the remote psychosocial support process



The first stage in the process of remote psychosocial support is the **detection** stage, with the main objective of identifying GBV girl or adolescent girl survivors on the move.

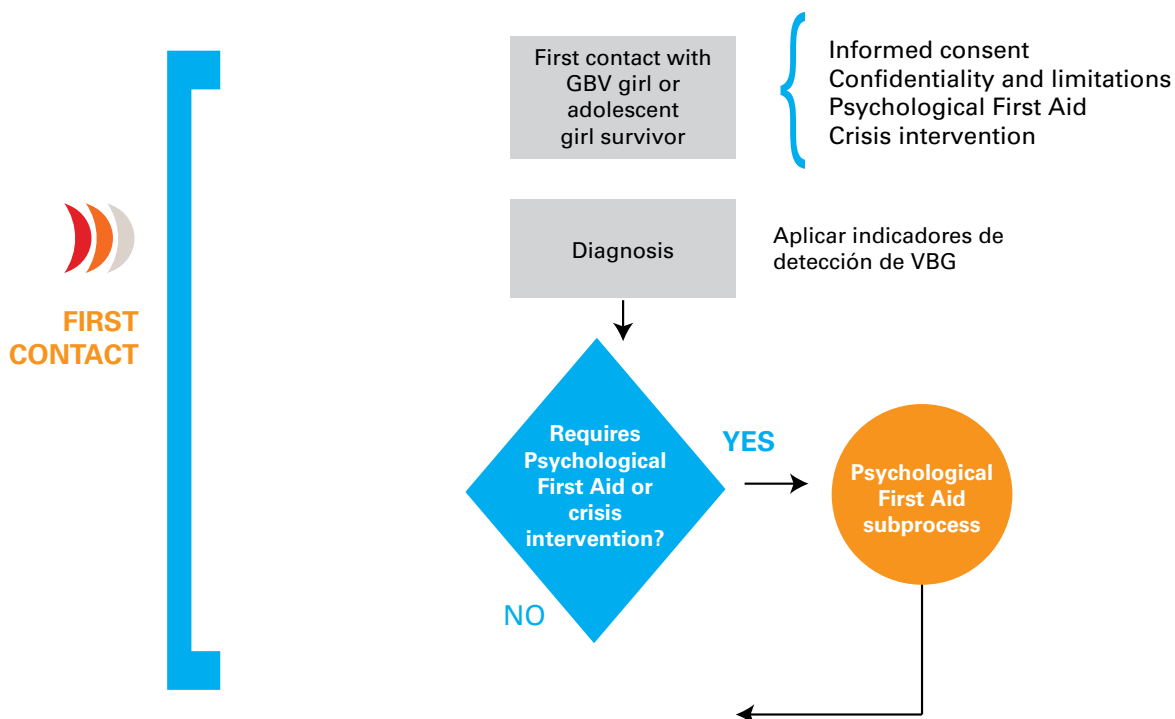
A potential GBV situation can be detected by virtually anyone, including a community member (neighbor or member of a women's association), professionals providing public or private services, or a humanitarian organization.

Specific GBV indicators in a later chapter of this tool guide are provided to help trained professionals identify parties in a potential situation of violence involving a girl or adolescent girl. In this first stage of detection,

however, "alert" indicators are used to alert us to the possible suspicion of violence by simply being aware and observing, without probing, asking questions or conducting an in-depth interview.

Detection can also originate with the girl or adolescent girl who communicates her situation during first contact. In this case, the attitude of the person who is met with a situation of violence revealed by the girl or adolescent girl is particularly important. The person receiving the information must have a respectful attitude and be careful not to invade or violate the dignity of the girl or adolescent girl, allowing her to feel trust and protection.

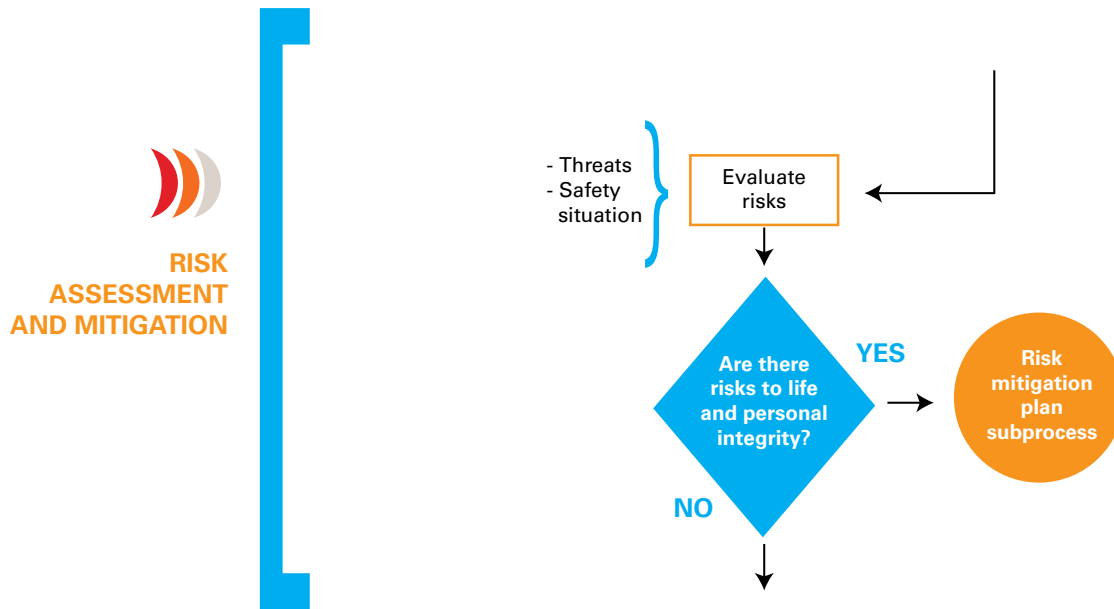
Once a possible situation of violence is detected or learnt about regarding the girl or adolescent girl, we ask ourselves if the person who detected it, whether a community member, service provider, or member of a humanitarian assistance organization, is personally and professionally able to provide psychosocial support. If the person who has detected the situation is trained to provide psychosocial support, this person will continue with the case. If he/she does not have the personal or technical skills to do so, this person will refer and accompany the girl or adolescent girl GBV survivor to a setting that provides specialized care and psychosocial support.



The second stage of remote psychosocial support is first contact, once both the professionals and the institutions that can provide care and psychosocial support have been identified. This moment is also especially crucial for the rest of the accompaniment process. It is important to generate rapport and a relationship of trust, respect and listening. The girl or adolescent girl survivor must be allowed to express herself freely, without

limiting what she wishes to say on the one hand or pressing her to reveal facts about things she might be unable to talk about on the other. Once a minimum of rapport has been established, a first diagnosis is conducted, aimed at identifying the possible situation of violence that the girl or adolescent girl is going through or has gone through. GBV detection indicators, addressed later, can be applied to verify the situation.

In first contact situations, the girl or adolescent girl may show up already in crisis or she may begin telling her story and slip into a crisis. In either case, determine the necessary intervention by identifying whether the girl or adolescent girl requires Psychological First Aid; if so, initiate the PFA process.

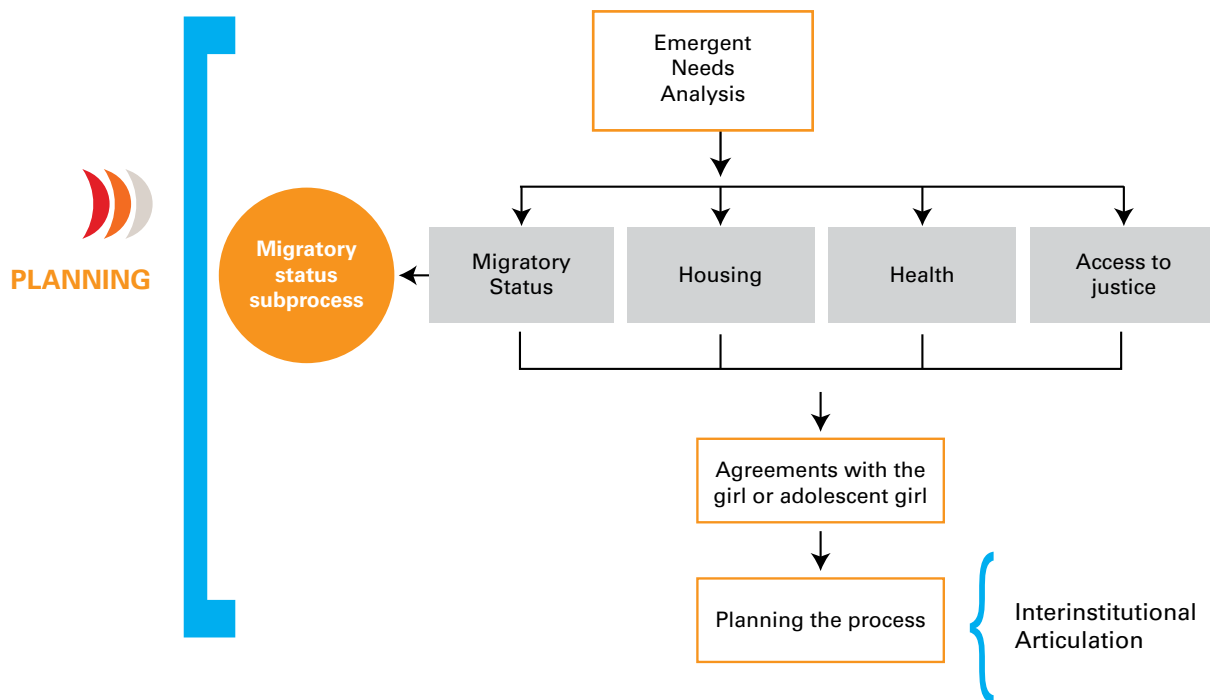


The third stage of remote psychosocial support corresponds to risk assessment and mitigation. In GBV situations, the girl or adolescent girl might be dealing with threats from a perpetrator, and her personal

integrity or even her life may be in danger. Carefully assessing the risks that every situation implies is essential to come up with a risk mitigation plan if needed.

The risk mitigation plan subprocess

contains detailed steps for developing a risk management plan that mitigates threats and puts the safety and protection of the girl or adolescent girl GBV survivor first; the process then continues.



The fourth stage of remote psychosocial support is the planning stage, comprised of four areas of action revealed in an emergent needs analysis, which identifies the girl or adolescent girl's immediate needs pertaining to health, housing, access to justice, and migratory status.

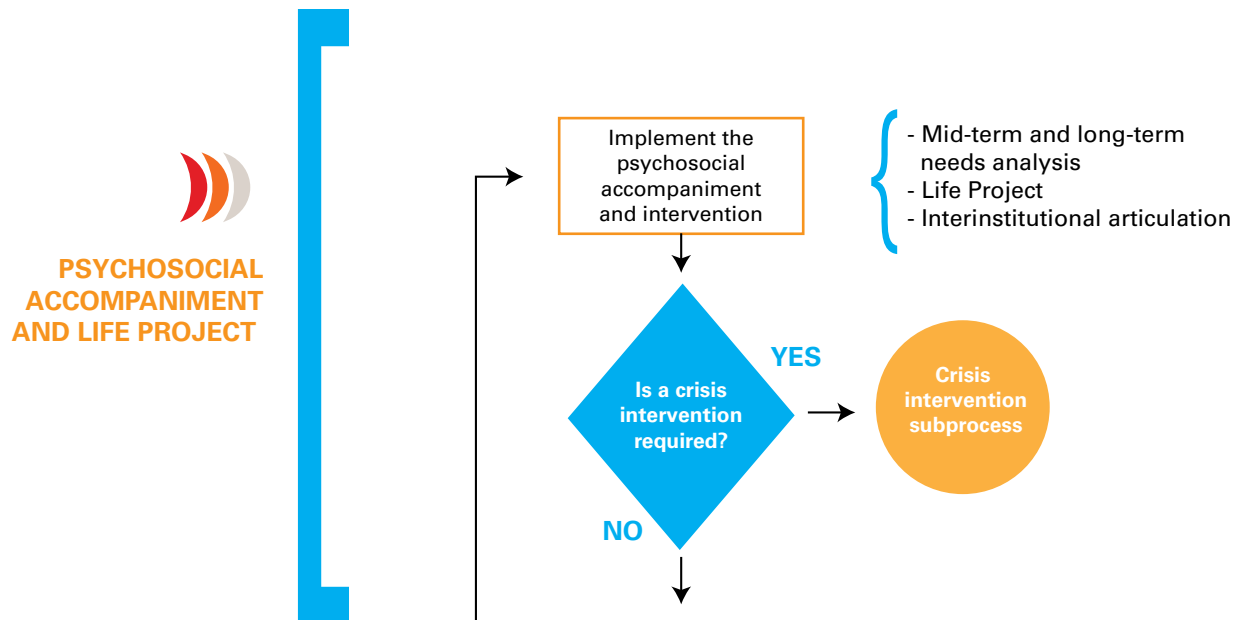
Health care and **housing** are immediate needs that may be directly linked to the event or events of violence experienced by the girl or adolescent girl. The effects of violence may require urgent medical attention, and if the girl or adolescent has been living with the perpetrator and her life and personal integrity are at risk, she may need to leave her current location immediately.

Immediate access to justice must be available whenever there is a situation of sexual violence, including protection, if required. In the case of a girl or adolescent girl on the move, it is essential to establish her **migratory status** and her needs regarding migratory regularization. A subprocess may be opened to analyze the specific migratory situation of the girl or adolescent girl to explicitly define her needs.

Once the emergent needs analysis has been carried out, minimum agreements are made with the girl or adolescent girl so that she thinks about, understands, and absorbs the answers that she might receive from service professionals, the type of support we can provide for her

and how far our intervention can go. The girl or adolescent girl must be the protagonist and voluntarily take on the commitments she has set for herself: it is her life, and she has the right to have a voice and make decisions in all areas which affect her

After immediate needs have been identified and any agreements have been reached, the planning process is conducted with the girl or adolescent girl in language that is appropriate to her age and circumstances. Because inter-institutional articulation is required to respond to the identified immediate needs, coordination and articulation possibilities with any public and private institutions can be brought in during this stage



The fifth stage of the remote psychosocial support process corresponds to **psychosocial accompaniment**. Keeping in mind the immediate needs and responses required by a girl or adolescent girl GBV survivor, psychosocial accompaniment is initiated with the objective of responding to her mid-term and long-term needs as well as providing necessary psychological care so that she may resume her life free from violence.

To achieve this, an analysis of mid-term and long-term needs is conducted jointly with the girl or adolescent girl to support her

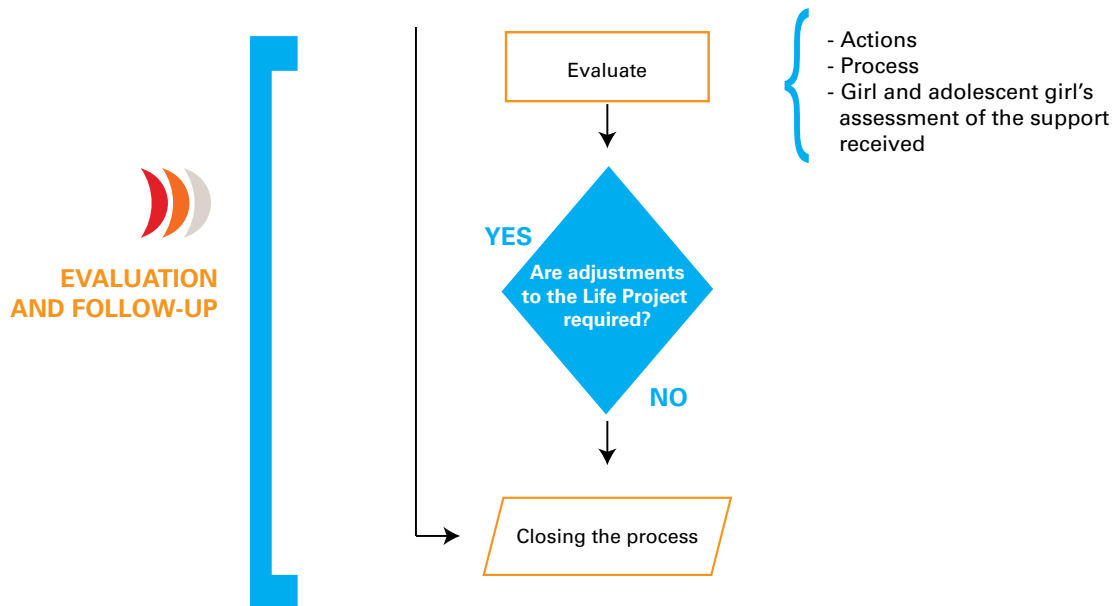
in drafting her Life Project, which is further explained in a later chapter. Appropriate public and private institution articulation is important in this process to provide a comprehensive response.

The girl or adolescent girl can enter into crisis again as she looks back on her experiences in depth and projects into the future; in this case, it might be necessary to conduct another crisis intervention subprocess.

Respecting the girl or adolescent girl's rhythms and timeframes will allow her to better incorporate the necessary changes into her

life. Professionals providing the psychosocial support must recognize that these processes are rarely linear in nature; rather, they are recursive, taking a path which may go forward and then backward, and sometimes come to a complete stop, all on the way to making necessary changes.

The flowchart gives the impression that the fifth stage of psychosocial accompaniment is the shortest stage; in reality, this stage requires the most time and energy both of the girl or the adolescent girl and of the professionals accompanying her.



The sixth stage of the remote psychosocial support process **corresponds to evaluation and follow-up**. Evaluation allows us to measure both the actions taken and the changes that occur as a result of the actions. In planning and implementing, we may find that some actions do not meet the objective of the girl or adolescent girl or that the process itself does not best match her needs. Evaluation allows us to correct, rectify, change or maintain the actions and the process according to an individual's needs.

The evaluation is comprised of three areas: evaluation of actions; evaluation of the process in its entirety; and the girl or adolescent girl's evaluation of the support process that was—or is—being conducted.

We must constantly consider whether adjustments should be made to the psychosocial support and the Life Project. If the outcome is positive and the established objectives are achieved, the psychosocial support process will be concluded. If the person

is not yet capable of resuming her life, necessary adjustments will be applied to better reach this goal. In this case, new Life Project actions will be implemented for any proposed changes.

Because the development of the Life Project and its actions are centered on the person, and because the pacing and timing are set by the girl or adolescent girl GBV survivor, the process of the Life Project is unlikely to proceed in a linear fashion.



7. Skills of the person providing the service

The **psychosocial support developed in this support model** is centered on girl and adolescent girl GBV survivors and requires the conditions of empathy to construct a relationship of trust and safety that allows the process of change to be accompanied. The service will be provided remotely, placing particular relevance on rapport and communication skills.

Keeping this in mind, the skill set of those providing the psychosocial service must include:

- | | |
|---|--|
| <ul style="list-style-type: none"> ✓ the ability to provide prejudice-free, fair and equal treatment to everyone who requires support; ✓ the ability to listen actively; ✓ the ability to show kindness and respect; ✓ the ability to ask and respect how the girl or adolescent girl wishes to be addressed (by her name, nickname, etc.); ✓ the ability to show interest throughout the session; do not interrupt the girl and the adolescent girl; ✓ the ability to offer accurate and updated information about available services; ✓ the ability to allow the girl or adolescent girl to make her own decisions (taking her age and her maturity stage into account) regarding accessing the services or not; | <ul style="list-style-type: none"> ✓ the ability to respect the decisions, wishes and rights of the girl and adolescent girl as long as doing so does not put her at risk; ✓ the ability to protect the identity of the girl or adolescent girl; ✓ the ability to protect and safeguard the personal safety of the girl or adolescent girl; ✓ the ability to refrain from writing, taking photographs or verbally sharing any personal or identity information of a survivor or anything about her experience, even in your role as supervisor: the ability to maintain strict confidentiality; ✓ the ability to put away mobile phones or computers to avoid any concerns about the voice of the girl or adolescent girl being recorded. |
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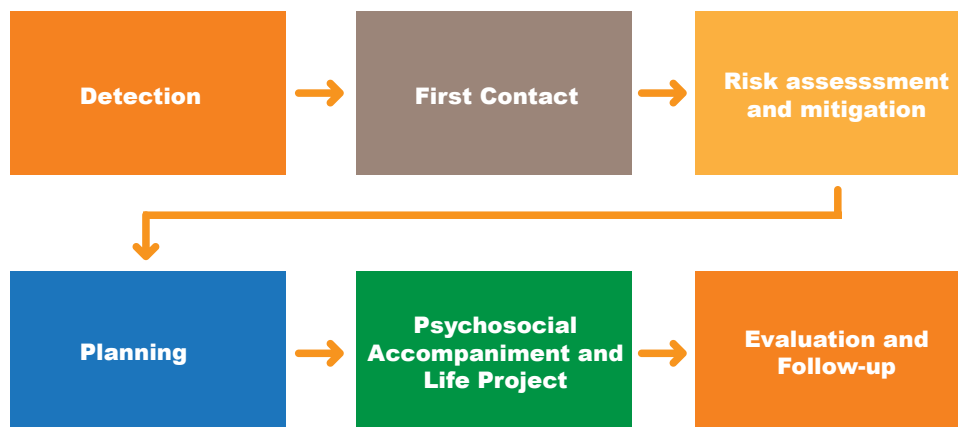


8. Stages of the remote psychosocial support process



As described in the flow chart, the remote psychosocial support model is made up of six sequential stages. This section describes the most relevant features and activities, including the subprocesses, identified by circles in the flow chart.

At the end of each stage, the specific skills needed by the person providing the remote psychosocial support service are listed.



Developed by author (2020)

8.1. Detection

The detection stage is the starting point for every support process, since in this stage, alerts of GBV against girls and adolescent girls on the move are activated, making detection possible.

During this stage, it is crucial for the community, the family, public and private service providers, humanitarian organizations and the girl or adolescent girl GBV survivor herself to take a proactive outlook.

Application of “alert” indicators

Anyone in the community can raise an alert about the suspicion of a GBV situation just by being aware of certain behavioral and relationship signs that they might encounter in a context of human mobility.

The following indicators of suspicion or alert of GBV are merely observable and do not require active searching or investigation:

Regarding mobility

- Venezuelan girl or adolescent girl with family members (since the perpetrator is usually known or even a family member);
- Venezuelan girl or adolescent girl separated from family members and in the company of an adult person;
- Venezuelan girl or adolescent girl traveling or living on her own.

Regarding relationships

- Venezuelan girl or adolescent girl who has an adult partner who is much older than her;
- Venezuelan girl or adolescent girl living with an adult person .

Regarding behaviors

- It is known that a Venezuelan girl or adolescent girl is present, but she is not seen in public spaces and never leaves her living quarters;
- A girl or adolescent girl attends school irregularly

or drops out, whether it be virtual or in-person attendance;

- A girl or adolescent girl stops coming to appointments related to humanitarian assistance.

Regarding physical and emotional signs

- Identifiable bruises, blows to the face or other parts of the body;
- Girl or adolescent girl uses sunglasses or covers her body with clothes that are not appropriate for the weather (possibly to hide signs of violence);
- Girl or adolescent girl appears sad, anxious, withdrawn, non-communicative, and fearful;
- injuries, sobbing and venereal diseases are observed by the health service;
- Early pregnancy.

Whoever detects a GBV situation can conduct the first contact if he/she has the technical skills to do so. If not, he/she must refer the girl or adolescent girl to a specialized psychosocial support entity.

At this stage, the skill set of those providing the psychosocial support service must include:

- the ability to provide prejudice-free, fair and equal treatment to everyone who requires support;
- the ability to listen actively;
- the ability to be kind and respectful;
- the ability to ask the girl and adolescent girl how she wishes to be addressed (by her name, nickname, etc.);
- the ability to display an unconditional and supportive attitude towards the person;
- the ability to be empathic;
- the ability to be consistent and authentic;
- the ability to be patience and understanding;
- the ability to be assertive;
- the ability to be non-judgmental.

8.2. First contact

The moment of first contact is the moment of introduction between the girl or adolescent girl in need and the service. The first contact moment is especially important in setting the correct conditions of safety and trust needed to establish the supportive relationship offered by the remote psychosocial support service. It is essential that first contact be focused on the needs of the girl and the adolescent girl, making sure that the tone of voice, the use of appropriate pauses, what is said and how it is said all convey the intention to provide assistance and support.

Necessary activities in this stage include:

Informed Consent

Consent is the free and informed voluntary agreement to an action based on knowledge of what that action involves. Consent must be obtained prior to any intervention by providing clear information about the significance and scope of the remote psychosocial support being offered to the girl or adolescent girl GBV survivor. Free and informed consent must be obtained prior to any intervention.

The girl or adolescent girl must be informed about her situation and the proposed remote psychosocial support in language that is understandable and in accordance with her age and her development. When a girl or adolescent girl is young, it is necessary to enquire about a trusted adult person who can support her,¹ and if there is no such person, an administrative authority must be informed who can authorize the support as a protection measure for the girl or adolescent girl.

It must be clear that the process of remote psychosocial support will be respectful of the girl or

adolescent girl's rhythms and timeframes so she feels free to communicate about any situation, including any part of the support process that may feel invasive to her.

Furthermore, the girl or adolescent girl must be informed of the specific risks that a remote support modality could entail, such as:²

Information safety:

- risk of identity theft;
- risk of other people accessing information on the girl or adolescent girl's device or on the operator's device

Risks associated with confidentiality:

- how the information is stored and protected

The girl or adolescent girl must receive basic information on the safe use of the chosen communication platform (e.g. information on how to erase browsing history) and how to protect confidentiality when using communication devices.

Explaining confidentiality and its limits

During the first contact, the confidentiality that governs the relationship of the professional must be clearly explained. The girl or adolescent girl must be assured that she will be heard with absolute respect and without judgement, and that her information will be zealously safeguarded so that nobody will be able to share it without her authorization.

However, the girl or adolescent girl must also understand that confidentiality has limits determined by her best interests and the protection of her rights. The need to share information for the purposes of a legal investigation of crimes committed against her must be specifically addressed and made apparent.

¹ According to the United Nations Population Fund (UNFPA) Technical Guide for remote specialized psychosocial care for GBV survivors, "girls from 6 to 9 years old and adolescents from 10 to 14 years old are capable of reporting experiences of violence [but] they may or may not be able to make the decision [to do so] for themselves. In these circumstances, it is necessary to support the child [or] adolescent to find an adult whom she trusts to help her with the next steps and...to provide both the child or adolescent and the identified adult with information about the available services and how to access them.... Infants and toddlers ages 0-5 will not self-report experiences of violence because they lack or have limited communication skills. It is likely that another individual (a friend, caregiver, family member, community member, etc.) would seek help on behalf of the child and in that case, this person should be informed..."

² Ibid. UNFPA.

Diagnosis

The diagnosis of the situation is done through the interview where detection indicators are applied.

Application of GBV detection indicators

In contrast to the “alert” of suspicion indicators, GBV detection indicators are much more specific and applied by professionals who are trained to determine or rule out the existence of GBV and provide support to girl and adolescent girl GBV survivors.

Regarding relationships

- it is mainly men who exert violence against women to subordinate, disempower, punish or control them;
- the gender of the perpetrator and the victim is important not only in the motivation for the violence but also in the way in the gendered way that society tolerates or responds to such violent acts;
- girls and adolescent girls are often victims of violence at the hands of people they know well, such as an intimate partner or a family member.

Regarding behaviors

- it is known that a Venezuelan girl or adolescent girl is present, but she is not seen in public spaces and never leaves her living quarters;
- a girl or adolescent girl attends school irregularly or drops out, whether it be virtual or in-person attendance;
- a girl or adolescent girl stops coming to appointments related to humanitarian assistance;
- a girl or adolescent girl appears sad, anxious, withdrawn, non-communicative, and fearful;
- a girl or adolescent girl does not have individual people or community support networks to rely on.

Regarding physical appearance

- identifiable bruises and/or blows to the face or other parts of the body are detected by the school system;
- injuries, tears and venereal disease are observed by the health service;
- if the support model has a mixed modality, a professional may observe other indicators (e.g. weather-inappropriate clothes to cover parts of the body; use of sunglasses to conceal the face, etc.)

At the stage of first contact, the professional’s skill set must include:

- the ability to reassure the person if she is anxious or fearful;
- the ability to sit in proximity to the girl or adolescent girl without touching her, especially if she is a sexual violence survivor;
- the ability to use understandable language;
- the ability to hold eye contact;
- the ability to adapt to the girl or adolescent girl’s rhythm and attend to what she considers relevant;
- the ability to reduce the emotional distance with the girl or adolescent girl in order to improve rapport, improve communication and assist in the healing process;
- the ability to focus on the present, here and now;
- the ability to explain confidentiality and its limits clearly;
- the ability to allow time for the girl or adolescent girl to explain without cutting off the conversation or asking questions;
- the ability to handle silence as an effective communication tool to convey certain emotions.

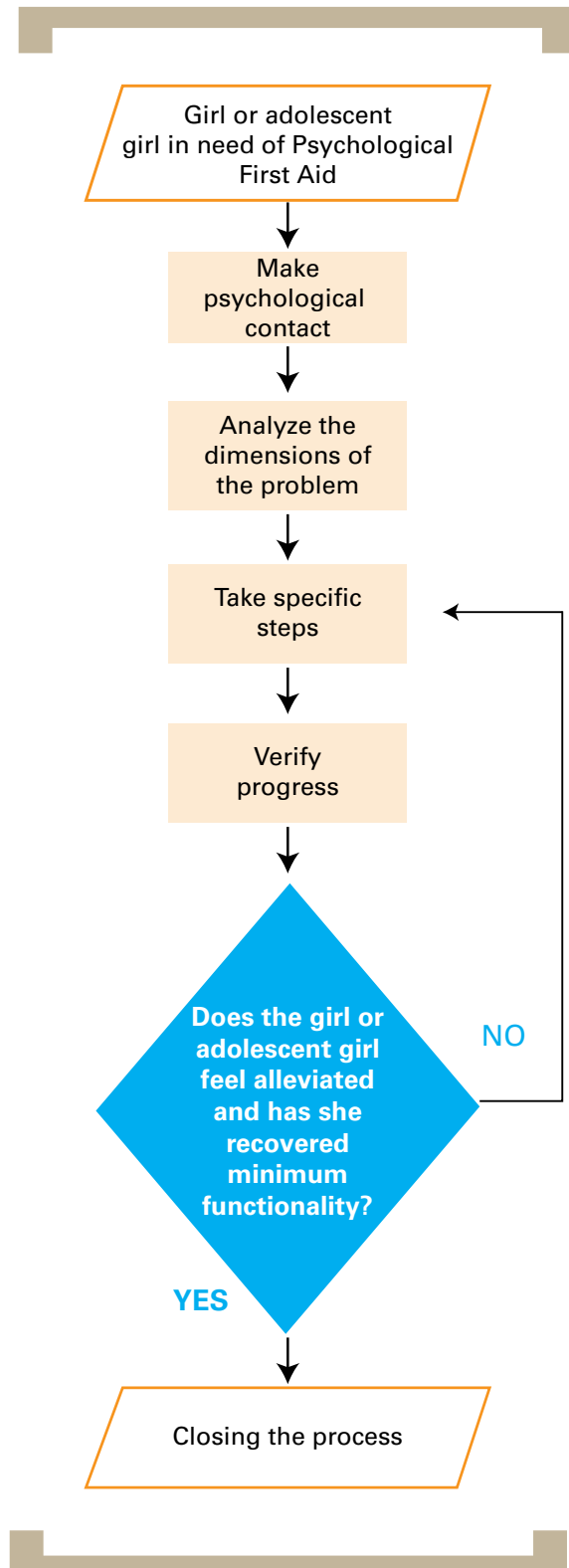
It is likely that PFA will be required during the first contact if the girl or adolescent girl GBV survivor reaches us shortly after a violent event or is in a situation of collapse. In this case, the PFA subprocess described below must be implemented.

Psychological First Aid (PFA) subprocess

PFA provided in a single session seeks immediate relief from reactive symptoms and aims to restore a level of minimum functionality (cognitive, affective, somatic, interpersonal and behavioral functionality). It involves gaining some understanding of the relevant precipitating events that led to the imbalance and identifying the help and rescue resources that may be used, such as personal, family, professional, or community resources.

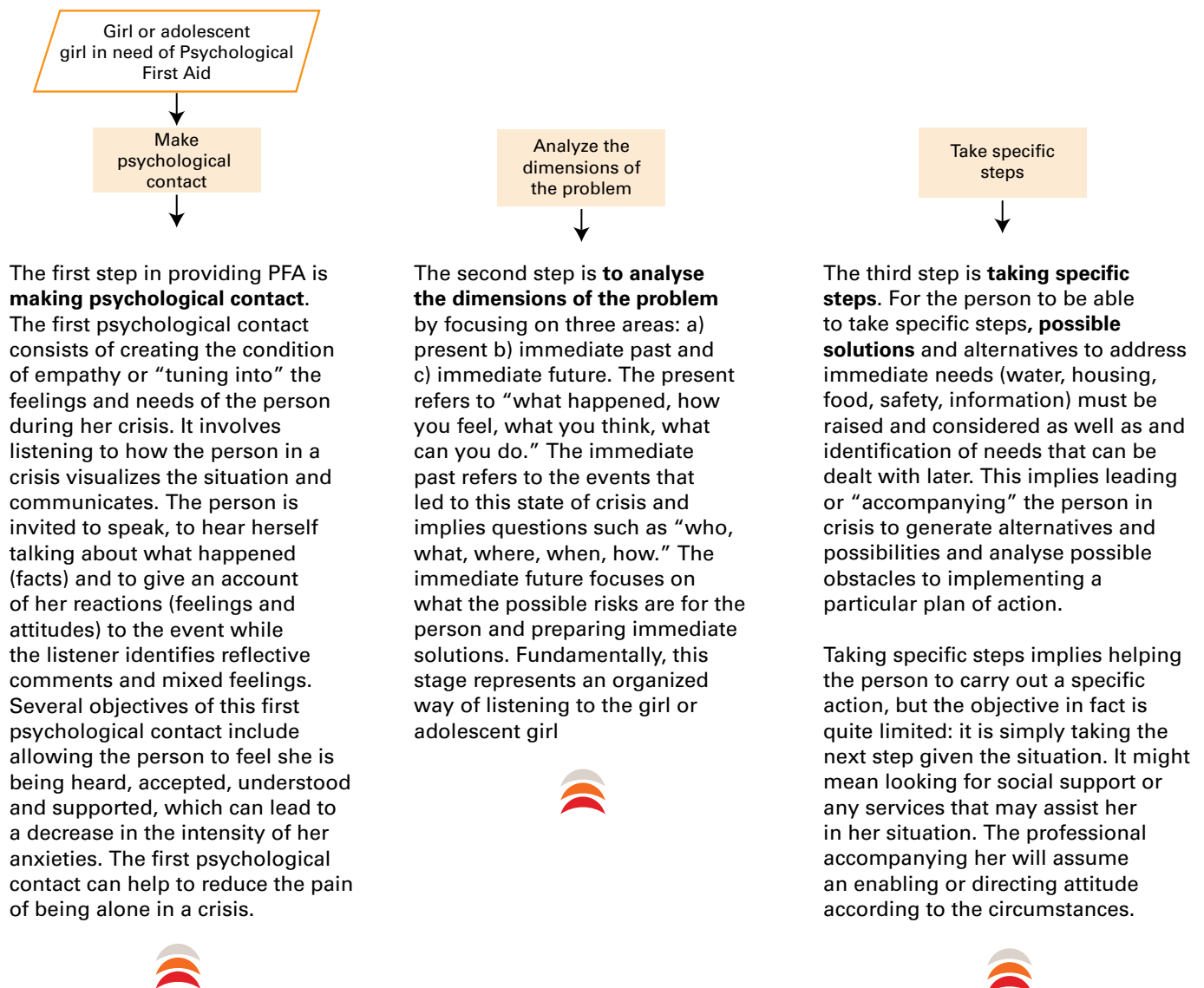
In strict terms, PFA is not considered a psychotherapeutic process in and of itself. It is rather an intervention with the objective of stabilizing the person and offering her the necessary emotional support to achieve minimum balance to cope and heal from the effects of the violent situations experienced.

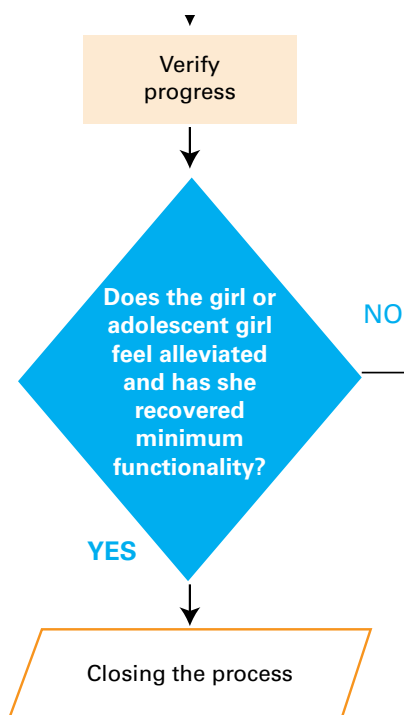
PFA focuses on establishing new ways of perceiving, thinking, and feeling about what has happened to this point and developing effective coping skills, self-esteem, assertiveness and possible solutions. There must be follow-up to the intervention or specialized support must be secured for a later stage if crisis intervention is needed.



Description of the flow chart

The start of PFA begins with the appearance of a girl or adolescent girl who has lived an experience of violence which may have occurred recently or over a period who is now going through a situation of emotional, behavioral and cognitive imbalance. The post-traumatic stress that a person exhibits after certain violent events makes it temporarily impossible for her to carry on with her life in a healthy manner and might also include the risk of her endangering her own life. The objective of PFA is to restore a certain balance to the person and provide emotional support.





Verifying progress, as the name implies, involves extracting information and establishing a procedure to follow up and verify the progress of the support provided.

This follow-up usually happens in a later face-to-face encounter or by phone or e-mail. The objective is to complete the full circuit of feedback and determine if the goals of the PFA were reached, namely to provide support, reduce mortality and establish a link to support sources.

If the girl or adolescent girl feels relieved and has a minimum level of functionality, the PFA subprocess is closed. If not, new specific steps and activities are proposed and communicated to the professionals that received the referral to conduct the crisis intervention process.



8.3. Risk assessment and mitigation

The objective of the risk assessment stage is to identify the level of risk that girl or adolescent girl GBV survivors face considering their situation in relation to the perpetrator, and if their lives or personal integrity is at risk, to define a risk mitigation plan.

Risk mitigation subprocess

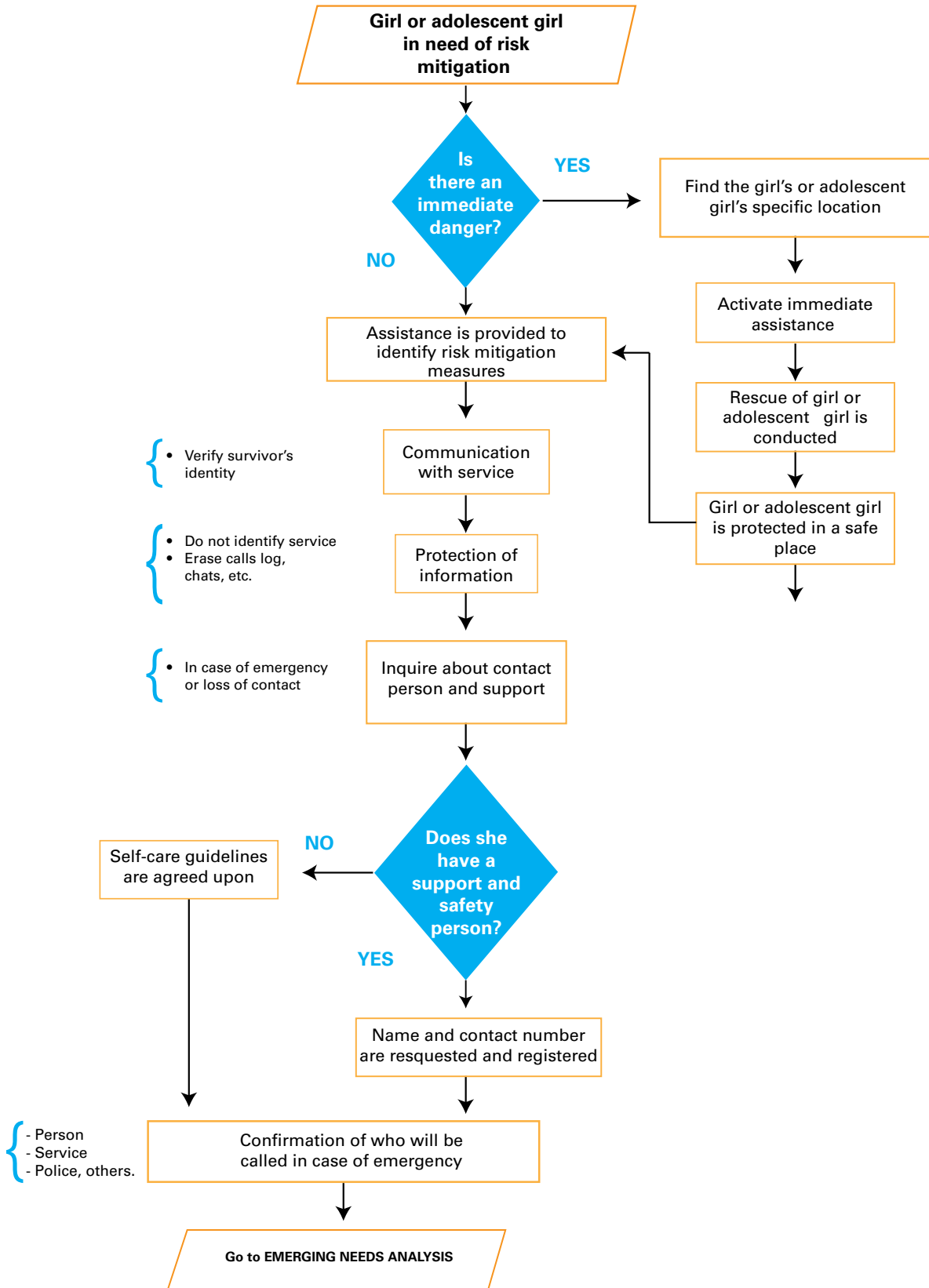
Girls and adolescent girls who have suffered GBV usually face risks to their lives and personal integrity from their perpetrator, who might go beyond threats and other expressions of psychological violence to exercise control and resort to physical and sexual violence, putting the person's life at risk. These risks can be increased if the perpetrator learns that the girl or adolescent girl has asked for help or is going to participate in a psychosocial support process.

The objective of the risk mitigation subprocess is to protect the girl or adolescent girl's fundamental right to life and personal integrity by planning and implementing specific tangible measures that mitigate risk and provide the girl or adolescent girl GBV survivor with the basic conditions of personal safety.

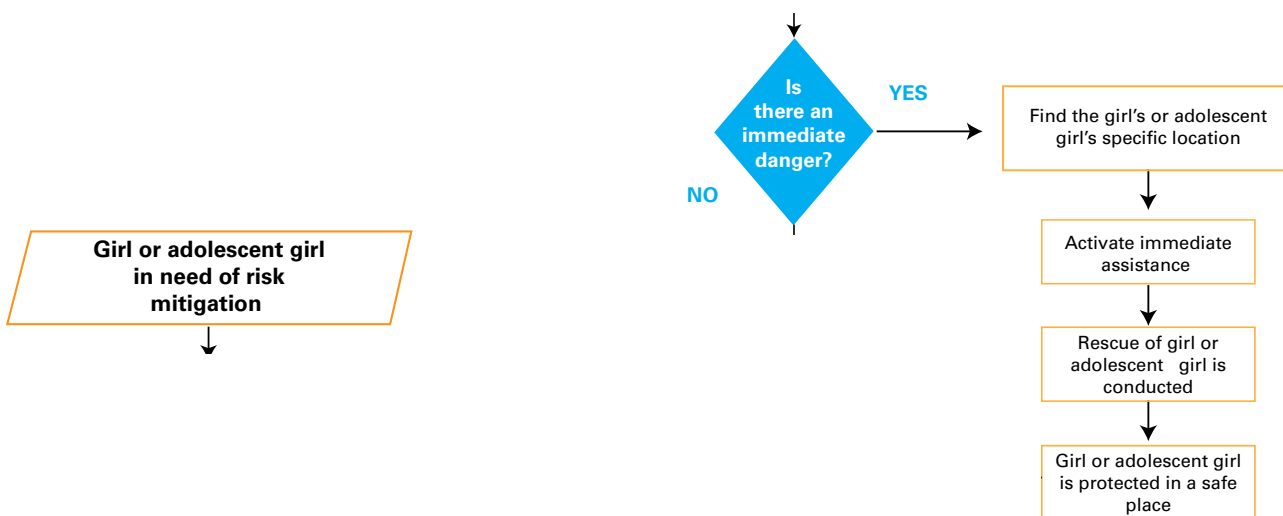
This subprocess is the central activity in the third stage of the support model; it is developed after the first contact, once PFA has been provided and a crisis intervention has been conducted, if necessary.

To define a risk mitigation plan, both physical as well as emotional signs of violence exhibited by the girl or adolescent girl are relevant. The girl or adolescent girl's perception of these signs must be considered, taking into account the possibility that she may not perceive the true dimension of risks she is exposed to or may even minimize them by assuming a submissive stance in relation to the perpetrator.

Description of the risk mitigation subprocess



Descripción del Subproceso de mitigación de riesgos



The risk mitigation subprocess starts with a Venezuelan girl or adolescent girl who has had her first contact with the remote psychosocial support service and requires a risk mitigation plan for the risks she is exposed to.

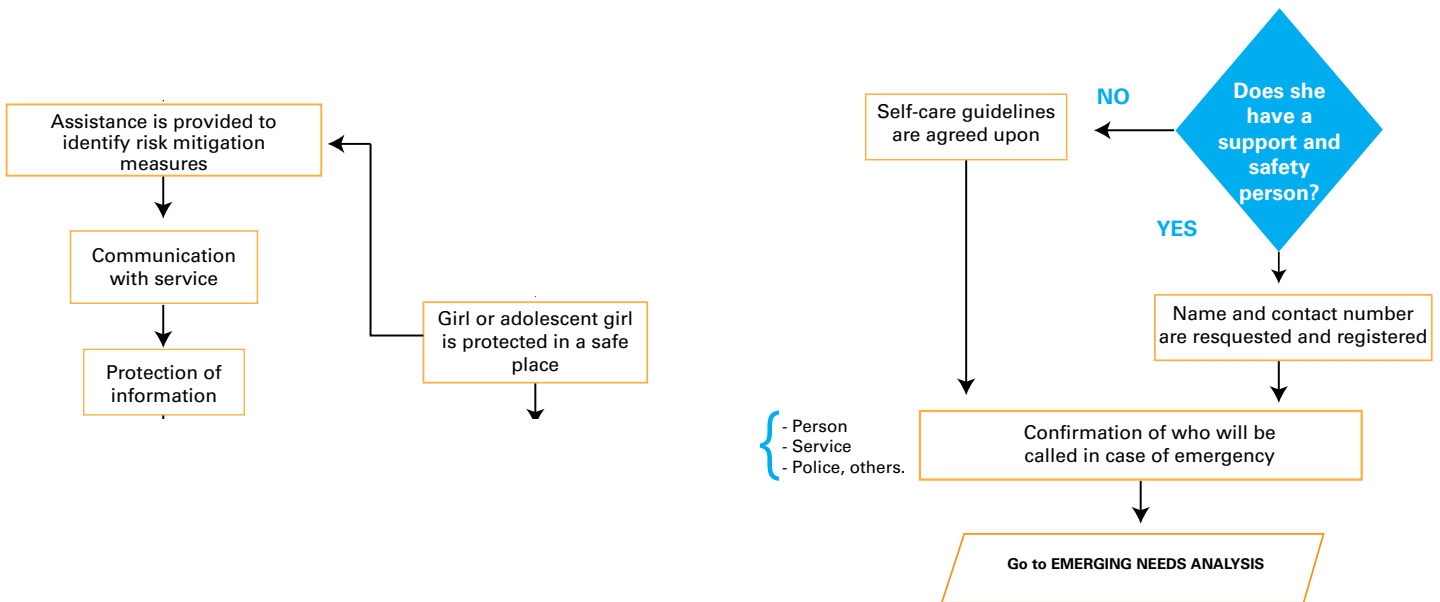


Whether or not the risk is immediate will determine the course of action. If it is an imminent risk, the girl's location needs to be determined through physical environment references such as the name of a nearby store or business or some indication of her address. This allows the corresponding entity to inform the police or other immediate assistance party available—depending on the country—to rescue the girl or adolescent girl from her location and take her to a safe place.

In the case of imminent risk, it is likely that the girl or adolescent girl will need in-person service; however, within the context of COVID-19, remote support will continue to be offered.

In the cases where there is no immediate threat to the life or personal integrity of the girl or adolescent girl, or whenever safeguarding actions have been taken for the girl to immediately attend an adequate and safe place, support can continue by identifying the risk mitigation measures.





Because this support is a direct care service, it is of extreme importance to assess the risks of the proposed communication modality for the provision of remote psychosocial support. For example, if the communication will happen via WhatsApp, we must know if the girl or adolescent girl will have a mobile phone of her own or if she shares one with the perpetrator; likewise, we must know if the girl or adolescent girl has limited internet access before planning a video call.

Decisions about specific measures for safe communication must be made with the girl or adolescent girl GBV survivor. The provider of the remote psychosocial support must explain the code system used to communicate messages without persons near to the survivor knowing. Flexibility is important to allow the girl or adolescent girl to adapt the service to her needs by choosing the best communication modality for her situation.

A common form of GBV is controlling information contained in a mobile phone or other technological devices used by a survivor. Measures must be established for the GBV survivor to protect contact information, such as saving a code instead of a professional's telephone number and deleting messages and call logs so as not to raise the suspicions of a perpetrator.

An additional safety measure when providing remote psychosocial support is to jointly decide what to do in case of an emergency or loss of contact, for whatever reason. This requires identifying people close to the girl or adolescent girl or any possible support network she can contact in case of emergency or when in need of immediate assistance. It can also include asking the girl or adolescent girl for contact information of anyone she trusts who the providers of the remote psychosocial service providers can call in case of a loss of contact.

If the girl or adolescent girl GBV survivor is willing and able to provide reference information, it will be logged, and if she is unwilling or unable for any reason, basic self-care measures will be defined.

Establishing who the girl or adolescent girl can contact in case of emergency is essential. If she does not have a trusted person who can support her, provide her with the contact information of a person providing psychosocial support or an emergency service or police number to contact in dire circumstances.

Once agreements in the risk mitigation area are confirmed, we move on to the emerging needs analysis stage of the flow chart.



8.4. Planning

Planning is the fourth stage of the remote psychosocial support model. It involves logically and coherently organizing the whole process of proposed remote psychosocial support. Experience tells us that the efficacy of an accompaniment process greatly depends on the degree of preparation and planning indicating what will be done, how it will be done, the human resources and institutions to be involved and the time frames for achievement.

Planning is carried out considering the key elements of the diagnosis and other elements concerning the girl or adolescent girl's condition, preferences and circumstances. Planning must take into account if she is with her family or not; if the adult she relies on is the perpetrator; if she has people she can go to for support; if she wishes to stay in the destination country or wishes to return to her home country; and whether the latter is safe for her or she requires international protection. Initially, the emerging needs of the girl or adolescent girl must be analysed through an emergent needs analysis regarding issues such as health care, housing, access to justice (to adopt protection measures and/or investigate crimes committed against her) and migratory status.

The following section describes the important migratory status subprocess developed as part of the girl or adolescent girl's emerging needs analysis.

Migratory status subprocess

This remote psychosocial support model is aimed at Venezuelan girls and adolescent girls on the move who have suffered GBV, and this subprocess seeks to protect the rights of girls and adolescent girls through an analysis of their migratory status.

A girl or adolescent girl's migratory status or that of her family can place them in a situation of greater risk or vulnerability. Irregularities in migratory status can be the root causes of discriminatory and xenophobic acts and barriers to social integration and the execution of the Comprehensive Care Action Plan for girls or the construction of the Life Project for adolescent girls.

It is the responsibility of remote psychosocial support service providers to be familiar with the migratory regulations of each country and ensure compliance in the protection of rights. This subprocess presents a general approach: girls and adolescent girls on the move cannot be treated as if they have committed a criminal offence and, thus, cannot be deprived of their freedom. If they enter a country irregularly, mechanisms must be sought to regularize their migratory status if they wish to remain in the country.

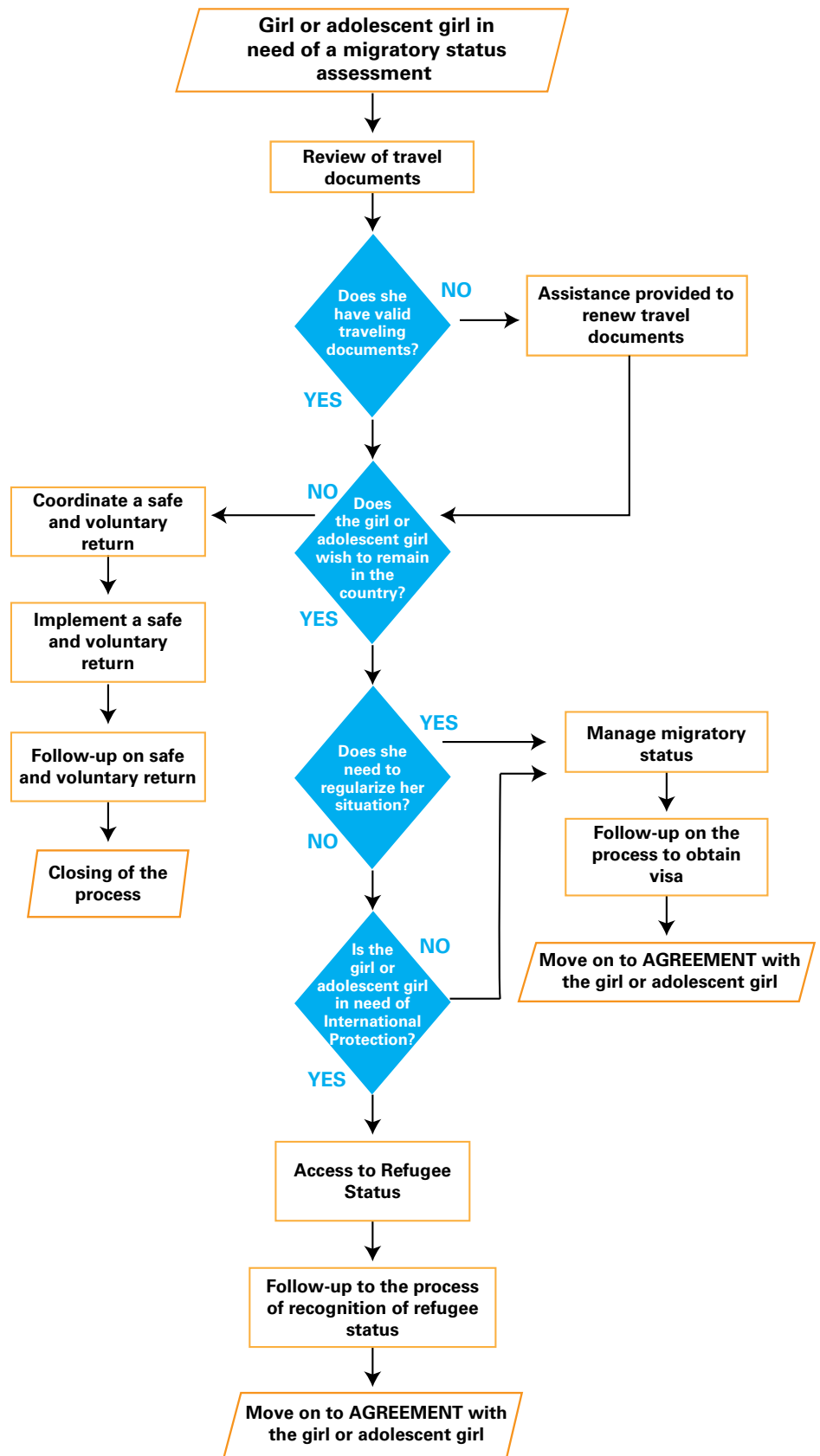
The migratory status subprocess is developed in the second stage (intervention planning) because it rests on listening to girl or adolescent girl's desires to either remain in the country or return to her country of origin, as well as to ascertain if she requires international protection. These various options have psychosocial support and accompaniment implications within the framework of the Comprehensive Care Action Plan for the girl or the implementation of the Life Project for the adolescent girl.

The subprocess is characterized by an objective element and a subjective element. The objective element includes establishing the validity of travel documents; analysing the conditions for the girl or adolescent girl regarding her safe return to her country

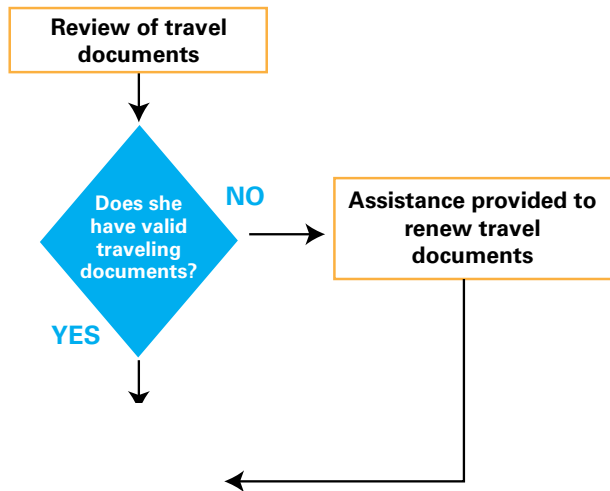
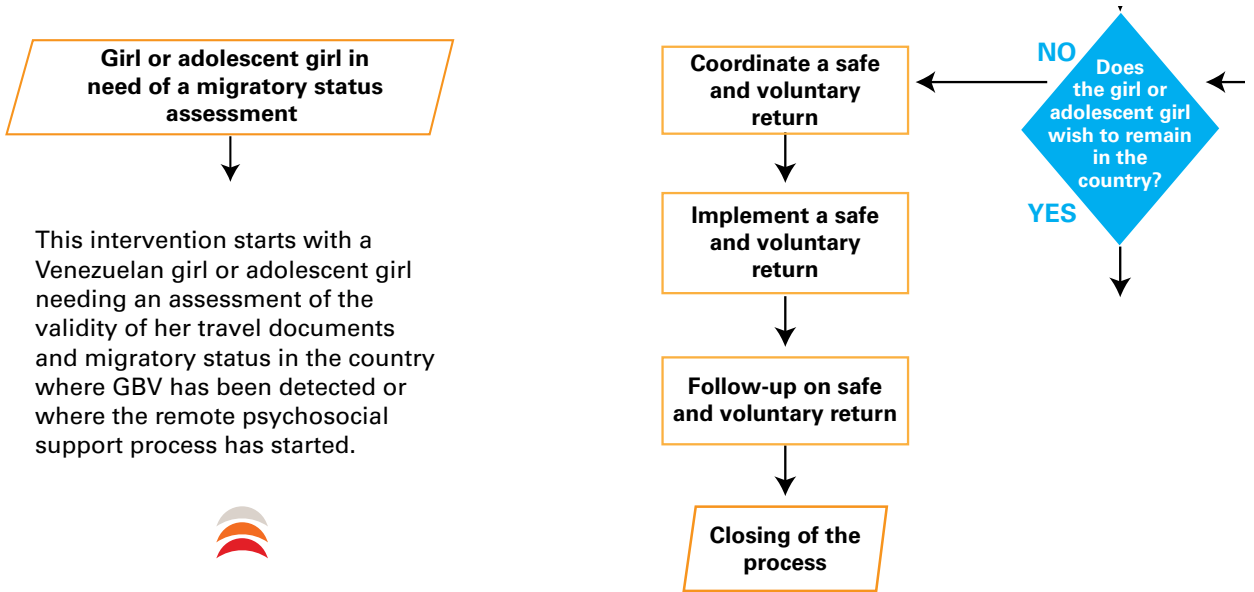
or her need for international protection; and ensuring compliance in protection of the rights of the girl and adolescent girl in the application of restrictive migratory measures. The subjective element, in contrast, consists of actively listening to the opinions and desires of the girl or adolescent girl regarding her desires in terms of a place of residence.

An analysis of both objective and subjective elements is essential for decision-making. The girl or adolescent girl's desire or will to return to Venezuela must be considered within the context of the objective conditions of the country to avoid putting the girl or adolescent girl at risk. Returning must be both voluntary and safe.

Most of the migratory subprocess activities involve administrative authorities, and response times for regularizing migratory status or granting refugee status can be very long. For this reason, it is important for support providers to consistently follow up in efforts to speed up the process, hoping to provide the girl or adolescent girl with a certain level of emotional balance in a timely way to carry on with her life

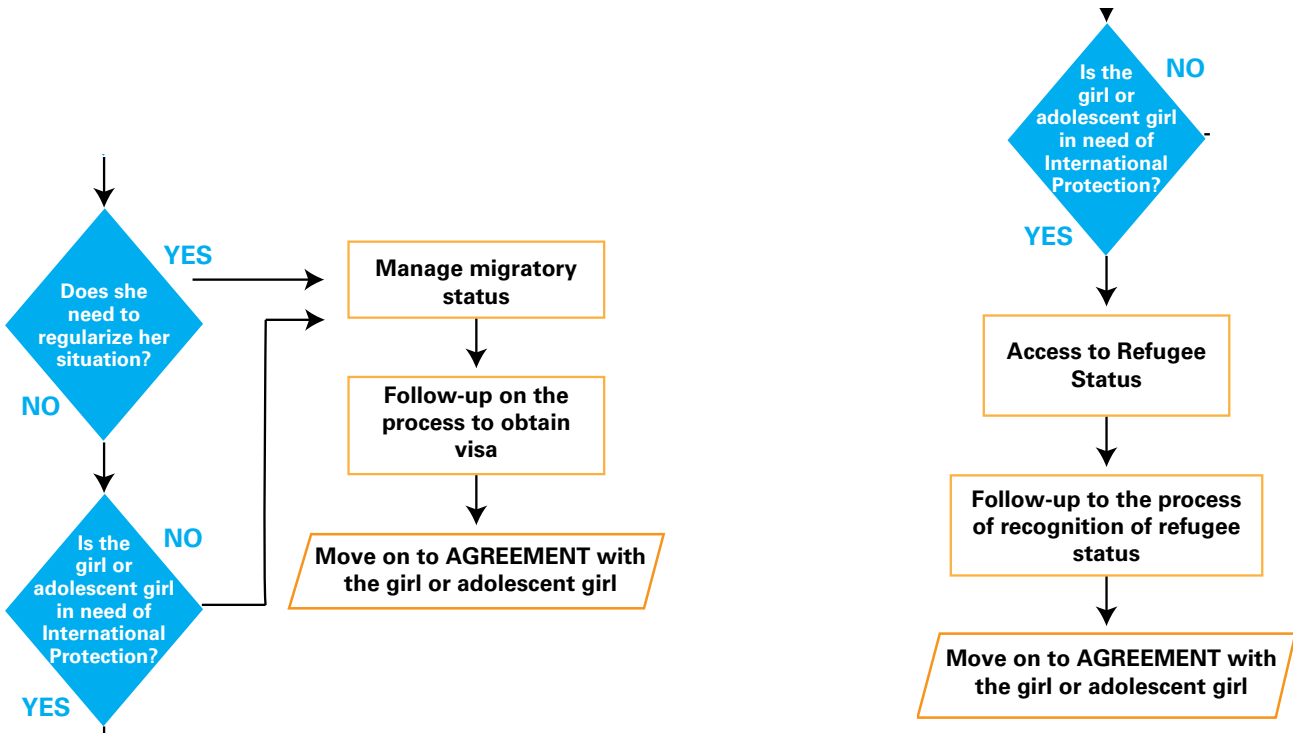


Description of the migratory status subprocess



The review of travel documents determines their validity and the girl or adolescent girl's migratory status, which is the basis of actions that will follow.

Whether travel documents are valid or not, the girl or adolescent girl will be asked about her wish to remain or not remain in the country she is in. If she does not wish to stay in the country, a risk analysis will be conducted to determine if there are appropriate and safe conditions for her voluntary return. Based on this analysis, the return of the girl or adolescent girl to her country of origin will be coordinated. Accompaniment will be provided to the girl or adolescent girl until she travels and arrives to her country, which will require coordination with migratory authorities in the country of destination for her reception, thus closing the process. If the analysis concludes that the conditions for her return are dangerous, the situation must be explained to the girl or adolescent girl before continuing with the option of permanence in the country or the need for international protection.



If the girl or adolescent girl **wishes to stay** in the country, an analysis will be conducted of her migratory status to determine whether she needs regularization. If she needs to regularize her stay in the country, this will be arranged before the immigration authorities of the country and the process will be followed up until a visa granting her regular migratory status is obtained. Once the regularization process is submitted, follow-up is conducted until the corresponding visa is issued. At this point, the remote psychosocial support process is resumed and we can move on to the agreement with the girl or adolescent girl.



If migratory regulation is not required, it should be determined whether the girl or adolescent girl needs international protection to facilitate access to refugee status recognition. The refugee status process will be carefully monitored, after which the remote psychosocial support process will be resumed with the girl or adolescent girl.

During the planning stage, listening to the girl or adolescent girl is essential to learn about her expectations, opinions and wishes regarding the process and to reach agreements within the framework of support that are focused on her.

Planning will provide answers that will guide the remote psychosocial support and accompaniment process which requires considering the means to implement such processes. At this stage, it is essential to integrate into the planning all those who are responsible for service access and others who might contribute to achieving the proposed objectives. Comprehensive psychosocial support requires many actors coordinating different activities, such as access to the specialized services to which girls and adolescent girls are entitled.



The remote psychosocial support professional's skill set is at this stage must include the:

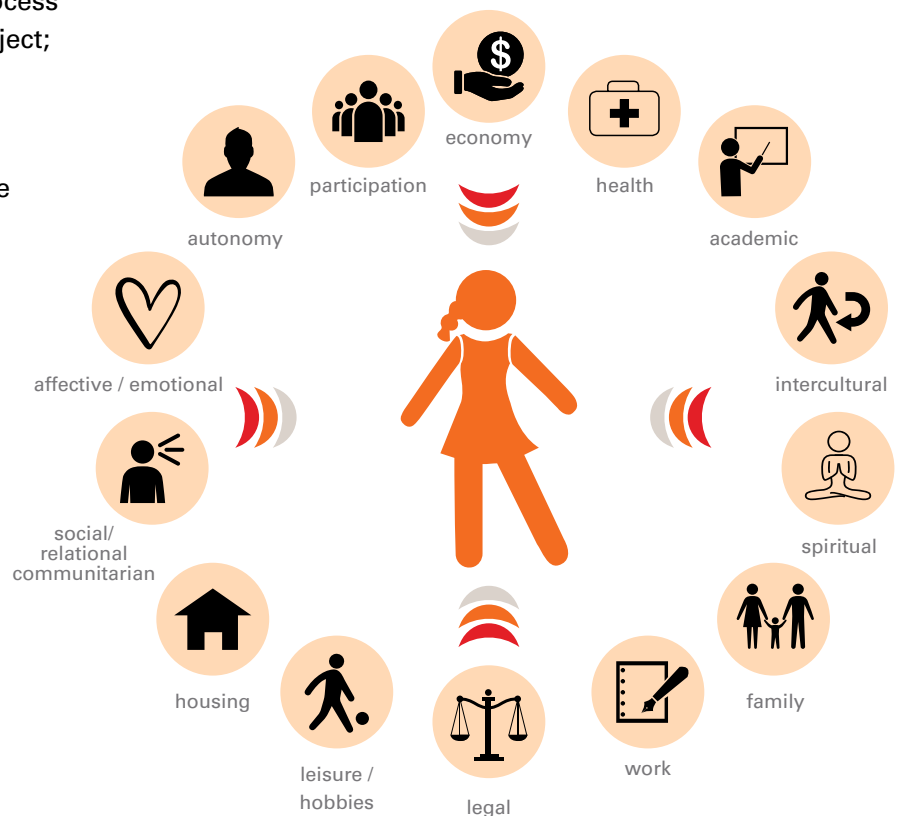
- ✓ ability to empower survivors to make their own decisions about what is best for them;
- ✓ ability to adjust any expectations of the girl or adolescent girl to her reality;
- ✓ ability to direct the conversation and focus a person's attention;
- ✓ ability to reinforce positive attitudes and behaviors;
- ✓ ability to be flexible in the implementation of actions and activities;
- ✓ ability to reinforce the achievements and fulfilled commitments, however small;
- ✓ ability to ensure the girl or adolescent girl's participation throughout the whole process and in the development of her Life Project;
- ✓ ability to solve problems;
- ✓ ability to control emotions and manage stress.

8.5. Psychosocial accompaniment

The psychosocial accompaniment stage implements the set of planned actions with the purpose of helping the girl or adolescent girl survivor overcome the trauma produced by GBV so she may develop in every dimension to strengthen her abilities and build her long-term Life Project.

When the time comes for the development of the Life Project, a comprehensive approach is essential, keeping in mind all the dimensions of the girl or adolescent girl to truly achieve her recovery/healing as well as her personal and social integration.

The Life Project is a tool for working with girls and adolescent girls to create a projection of their lives as well as to provide personal, comprehensive and compensatory support, all with the objective of empowering them to develop a healthy, autonomous life.



Developed by author (2020)

The fundamental purpose of the Life Project is to develop skills to foster autonomy and to make their own decisions. These skills can then be integrated and gradually lead to their becoming the protagonists of their own lives according to their age and their abilities at a personal, family, community and societal level.

At this stage, the crisis intervention subprocess may be conducted to address any difficult situations that may arise for the girl or adolescent girl in the comprehensive process of the Life Project.

Crisis intervention subprocess

A crisis state can emerge when a person's emotional balance is strongly impacted by an unexpected and potentially dangerous event or a difficult life transition. A dramatic change can completely upset both a person's internal balance and external balance in terms of her surroundings, generating disharmony and chaos. While a certain level of stress is continuously present, a crisis is often initiated by a dramatic one-off event. Every crisis generates a certain stress load depending on the circumstances of the triggering event and the person's resources.

Crises are often neither predictable nor expected, and it is the fact that they are unexpected that intensifies the reactions they provoke. When we experience a crisis, we lose the perceived control and dominance we have over ourselves and over the course of life.

Terms commonly used to describe the results of a crisis include disequilibrium, disorientation and disruption. Some of the most common responses are apathy, depression, feelings of guilt and loss of self-esteem.

When we speak of a crisis, we are referring to the person's emotional reactions to a certain situation, not to the situation itself. Professionals who intervene in crises therefore work with the perceptions and evaluations of people in crisis rather than the events themselves.

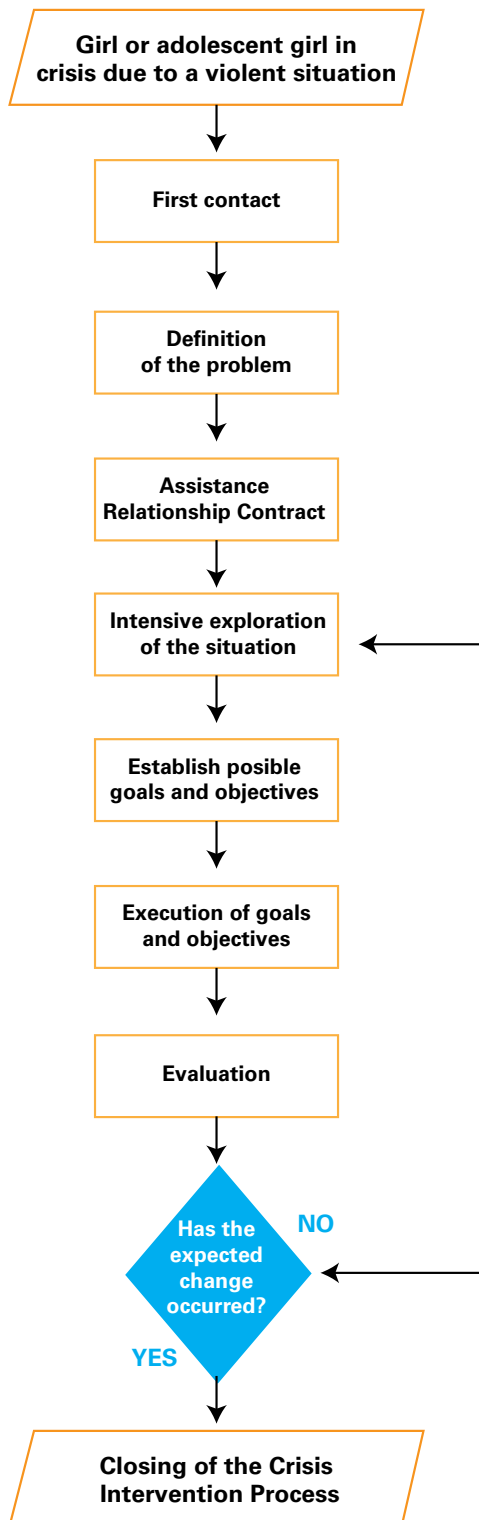
The first stage of crisis includes a series of symptoms or reactions that manifest themselves immediately (during the first hours) upon the impact of the event: bewilderment, fear, automatic action, crying, screaming, mental confusion and dissociation.

The second stage includes post-traumatic stage symptoms, most commonly generalized anxiety, agitation, tremors, difficulty concentrating, sleep disorders, and fear that the event will repeat itself. During this stage, other symptoms appear, such as anger, rage, guilt and mental images of the event.

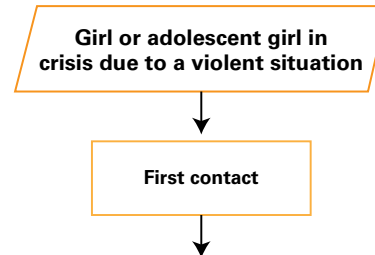
This document addresses traumatic stress crises that are the result of stressful situations from an external source, are impossible to control, and which emotionally overwhelm the person. Examples include the sudden loss of work or social status, the sudden onset of an illness, the sudden death of a loved one, rape, aggression, accidents and war.

Skills needed by the remote psychosocial support service provider include:

- ability to identify problems and needs related to providing care for a survivor;
- ability to solve problems related to providing care for survivor.



Description of the crisis intervention subprocess



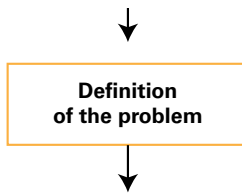
The crisis intervention subprocess begins with a girl or adolescent girl who has lived through a situation of violence, whether a single event of violence or systematic violence experienced over time, who is in a state of emotional imbalance and is unable to find stability to carry on with her life in a sustainably balanced way.

Again, the **first contact** with the girl or adolescent girl survivor of violence who is in a state of crisis is of extreme importance, since it sets the conditions for the rest of the intervention process. Empathy, trust and active listening will help the girl or adolescent girl express herself freely about both the facts and her emotions.

Once rapport is established, first contact focuses on three important actions:

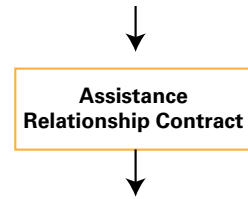
- evaluate the cognitive, affective and behavioral relations that have provoked the incident or incidents and the impact on the identity of girl or adolescent girl violence survivor;
- explore the most significant relational systems (family, work, peers, neighbors, community);
- present the girl or adolescent girl with opportunities to express her emotions (such as anger, fear, anxiety or sadness) along the way.





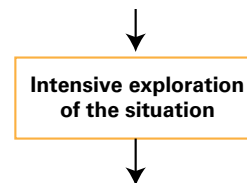
Next is a **definition of the problem** to achieve an initial assessment of the crisis. The following six dimensions of analysis guide this process:

1. evaluate the most important variables of the person's surroundings (e.g. where and how the person can receive social, physical, economic and emotional support);
2. determine the girl or adolescent girl's perceptions of her personal strengths and weaknesses;
3. determine the precipitating events (significant changes or losses) that have caused the crisis, especially those occurred in the last 24 hours;
4. determine the reason why the person has sought help precisely at certain moments or at this moment;
5. determine the coping and problem-solving strategies that the girl or adolescent girl GBV survivor has tried to put into practice to face the crisis (confrontation, avoidance, immobility);
6. assess the crisis: is the girl or adolescent girl a danger to herself or to others?



The **assistance relationship contract** informs the girl or adolescent girl what the therapist can and cannot do to help her to recover her self-esteem, confidence and efficacy.

This is the time to obtain informed consent, which is explained in detail in the tool section of this document.



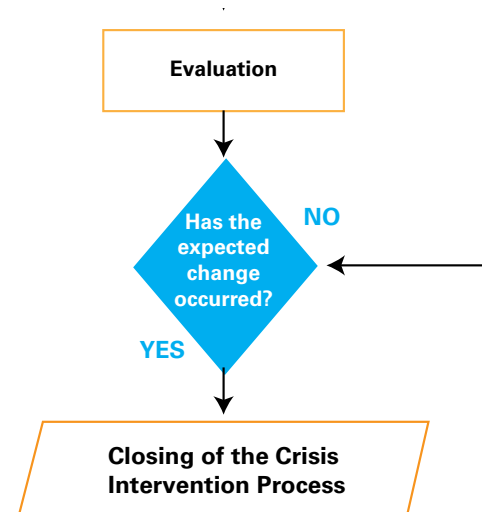
Next is an **intensive exploration of the crisis** to investigate the situations that triggered the crisis and the reactions to it





The next step is to **establish possible goals and objectives**. This involves maintaining the focus on the problem, reaffirming the time limits of the intervention and deciding how to use other resources and people. In this step, we clarify which actions the girl or adolescent girl will be responsible for and which will be the responsibility of the therapist or of other people living with or accompanying the girl or adolescent (e.g. in case of requiring medication, contacting support people, etc.)

Once the goals and objectives are established, their execution begins. To achieve this, we must define who is responsible and how much time the person requires to achieve every goal and objective.



Evaluation: of the crisis intervention takes place along with the girl or adolescent girl to determine whether she feels her situation has changed and if she feels capable of coping with her healing process. Her emotional health and balance are evaluated along with her ability to carry out specific tasks to ensure that she has regained a certain necessary equilibrium and functionality to direct her life. The reference point for this evaluation is the intention to prevent the occurrence or reoccurrence of any of the situations that put her life or integrity in danger.

If the evaluation is positive, the crisis intervention process is closed. If the evaluation reveals that the crisis situation has not yet been adequately resolved, new goals and objectives are established once more with the purpose of solving the initial crisis.



The following are the most relevant skills for providers of the service at this stage of the process:

- ✓ ability to adjust expectations of the girl or adolescent girl to her reality;
- ✓ ability to direct the conversation and focus a person's attention;
- ✓ ability to reinforce positive attitudes and behaviors;
- ✓ ability to be flexible in the implementation of actions and activities;
- ✓ ability to reinforce achievements and fulfilled commitments, however small;
- ✓ ability to ensure the girl or adolescent girl's participation throughout the whole process and in the development of her Life Project.

8.6. Evaluation and follow-up

The last stage of the remote psychosocial support model refers to the evaluation and follow-up that must be conducted by both the service providers and the girl or adolescent girl herself regarding discreet actions taken, the overall process, and the outlook of the girl or adolescent girl.

The following characteristics guide the process of evaluation and follow-up:

- evaluation of self-reflection
 - evaluation of self-criticism
 - evaluation of level of autonomy and flexible and creative thinking
 - evaluation of problem-solving
 - evaluation of decision-making
 - evaluation of ability to search for solutions and self-control
 - evaluation of self-knowledge
 - evaluation of self-confidence
 - evaluation of self-esteem.
-



9. Prepare to implement the remote psychosocial support model in each country

Each country will implement the remote psychosocial support model within the framework of its protection system, recognizing the need for the service as well as the difficulties it presents in the context of the COVID-19 pandemic. In spite of potential challenges, the remote psychosocial support model's main strength is its broad flexibility, allowing it to be easily adapted to institutional realities of each country.

This section contains strategies and minimum conditions for the remote psychosocial support model development and some necessary tools to ensure adequate operation.

Specific resources for the implementation of the remote psychological support model:

Essential technological resources must be analyzed:

- o Venezuelan girl and adolescent girl access to mobile phones, internet, computers, webcams and other technological resources;
- o availability of digital platforms and technological resources to provide uninterrupted and simultaneous support to multiple users if needed.

Safe and appropriate use of technological resources:

Based on the technological resources available, define how to provide support to girls and adolescent girls with access to mobile phones without risking their personal integrity by establishing, for instance, communication spaces, schedules or codes to prevent the intervention from becoming a factor of greater vulnerability for the girl or adolescent girl.

Human resources:

It has already been established that the service must be provided by professionals trained in the interdisciplinary fields of Psychology, Social Work or other related areas to ensure comprehensive care. These professionals must have the specific skills to establish a relationship of trust that incorporates the principle of confidentiality while providing remote support accompaniment.

States must guarantee not only the professional profiles of the remote psychosocial support service providers but also a sufficient number of professionals to provide uninterrupted service to respond to the demand and meet time needs required by every girl and adolescent girl in their intervention process. These are essential conditions for the service to meet its objectives.

Training process for remote psychosocial support technical teams:

The remote psychosocial support model contains basic training support and topics for professionals who will be part of a remote support team. The topics are aimed at developing the relationship and communication skills of professionals and take an in depth look at the remote psychosocial support process, including registry and follow-up tools.

Material resources:

Material resources refer to the tools that the remote psychosocial support team must develop for timely and adequate provision of the service. These include mapping exercises as a prior condition to service implementation and informed consent. The training pack includes material resources for registry and follow-up.

Coordination, articulation and referrals:

The remote psychosocial support model is based on placing the girl or adolescent girl and her holistic protection at the center. It is a complementary service inserted into services already provided by the protection system of every country. The model therefore requires coordination and articulation with all relevant institutions to make referrals and to carry out a process of support and accompaniment.

Adequate interinstitutional coordination and articulation requires updated service mapping

to be completed during the preparation stage or immediately after the service has opened. Mapping will reveal the services in the territory that may be closer and more accessible to girl and adolescent girl GBV survivors (access to health services, education, housing) and the services provided by national bodies (migratory regulation, voluntary return, international protection). Mapping should also reveal organizations providing humanitarian assistance and complementary services and community support agencies.

Updated service mapping consists of a matrix that identifies the services potentially required during the provision of remote psychosocial support that both the organization and the girl or adolescent girl might access to provide complementary support, specific information and other required services.

While organizations that plan to run the remote psychosocial support service may already have a mapping document, updating it is recommended so that the information is current. The COVID-19 pandemic has caused many changes, limiting access and availability to certain services due to reduced hours of service and reduced types of support provided. The mapping document should show updated and relevant information about the remote support modalities being used in the COVID-19 pandemic context along with the name and contact number of the person in charge.

A contact person is a crucial way of getting up-to-date information regarding changes of service modalities and/or requirements for accessing the service.

Before beginning the remote psychosocial support service, the quality of the services that the girl or adolescent girl GBV survivor will be referred to must also be assessed so that the planned intervention contains solid advice about where to go.



10. Remote psychosocial support service implementation modalities

The remote psychosocial support model is a specific measure implemented as a ***new service carried out in the COVID-19 context in favor of girl and adolescent girl GBV survivors on the move***. It may also be implemented as a complementary service modality for in-person services that have had to adapt to a COVID-19 context due to mobility restrictions and social isolation.

The implementation of a remote psychosocial support service for girl or adolescent girl GBV survivors rather than a face-to-face service requires the consideration of many factors—in the country, in the organizations that provide the support, and in communities. It also requires that certain activities be carried out by the people responsible for the service prior to its provision. The following table offers advice to be considered within the framework of national regulations to facilitate the implementation of remote psychosocial support.

SUPPORT in the CONTEXT of COVID-19		
Keep in mind	New Service	Modality Change
Country	<p>Include remote psychosocial support modality in public policy and public services.</p> <p>Authorize the operation of the service, if necessary.</p>	<p>Inform citizens of the measures taken due to COVID-19 and their implications for services (change in modality, service hours, access requirements (such as getting an appointment, use of a masks, etc.)</p> <p>Authorize / register the change of modality (if needed).</p>
Organization	<p>Know the country's regulations on the rights of girls and adolescent girls, access to services and specific COVID-19 regulations.</p> <p>Establish service hours or make them more flexible, taking into consideration the needs of the girls and adolescent girls and their limitations to internet access due to power outages, living in rural areas, etc.</p> <p>Develop/update service mapping with available benefits and a contact name and number.</p> <p>Include information about service hours in the service mapping, as well as access conditions (appointment), online modality and any other relevant information.</p> <p>Establish spaces for conversation that allow privacy during the provision of the service to protect the confidentiality of the girls and adolescent girls as well as that of the professionals.</p> <p>Ensure that the professional in charge of the remote psychosocial service provision meets minimum requirements to guarantee confidentiality (e.g. has a mobile phone and a computer; the service is provided in a private space free of interference from other people who live with the professional and might listen to the conversations).</p> <p>Keep technological support continuously updated to protect the privacy of the girl and adolescent girl GBV survivor information and prevent breaches of confidentiality.</p> <p>The professionals who use internet for providing the remote psychosocial support must periodically assess the safety of their web pages and computers to avoid any type of intrusion that compromises confidentiality.</p>	
Community	<p>Inform community actors about the service and how to access it.</p> <p>Provide contact details.</p>	<p>Inform the community about the change of modality and indicate who will be responsible for providing the service.</p> <p>Service hours Access conditions (appointment, use of a masks, etc.)</p>

The **change of modality** from a face-to-face to a remote psychosocial support service must be planned out of respect for girls and adolescent girls who are already participating in a support process to ensure a safe and adequate transition in their best interest.

The following table identifies aspects of administrative policies and technological and specialized human resources which must be considered to ensure that the support provided guarantees and protects the rights of girl and adolescent girl GBV survivors.

ITEMS TO CONSIDER transition processes from a face-to-face to a remote service provision		
Administrative policies	YES	NO
In selection processes for new hiring, beliefs on issues such as gender equality, sexual orientation and GBV are verified.		
Psychosocial support tools are adapted to remote communication means.		
There is an action protocol for cases of emergency .		
Service hours are made more flexible to ensure access, especially when there are difficulties or limitations with internet or electricity.		
Secure data collection and storage practices for remote support are updated and/or implemented.		
A coded data collection system is developed for support and case monitoring, with safeguards for the information in digital files.		
Technological resources	YES	NO
Sufficient technological equipment is available for the provision of the remote support service.		
There are several means for remote communication to access the service (phone call, video call, WhatsApp, SMS, e-mail, etc.).		
The technology of available electronic devices is appropriate for the implementation of the service.		
Technological support has a programme for the protection of information / data to protect confidentiality.		
Specialized staff	YES	NO
Specialized personnel is available for providing psychological support to girl and adolescent girl GBV survivors.		
In case of a negative response, organizations have specialized staff to handle referrals.		
Translators are available to provide support to indigenous girls or adolescent girls or to those who speak sign language if necessary.		
Staff have the communication skills for remote service provision.		
Staff have relationship skills.		
There is a staff training process for the implementation of remote psychosocial support.		

Furthermore, in the best interest of girls and adolescent girls that are or have already participated in face-to-face support and accompaniment processes, the following guidelines will aid in the transition to a remote psychosocial support modality:

- ✓ inform the girl or adolescent girl GBV survivor of the change to a remote support model;
 - ✓ confirm the technological means that the girl or adolescent girl has to receive remote support as well as her updated contact information;
 - ✓ inform the girl or adolescent girl of the adaptations to be made to the support and their implications and obtain her informed consent before proceeding with the new modality;
 - ✓ request that the girl or adolescent girl save the remote psychosocial support contact number under a pseudonym
- and refrain from storing information using the name of the organization or any words that may put them at risk by identifying the service, such as “psychologist” or “gender-based violence services”;
- ✓ identify the level of risk for the case as high, medium or low. Remote psychosocial support service is not recommended for high risk cases, such as when a GBV survivor lives with the perpetrator. In high risk cases, it is preferable to provide the service in person, if at all feasible.
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11. Annexes: Forms



SERVICE MAPPING

Date of completion:	Completed by:
Date of update:	Updated by:

Service/Sector	Specific Benefits	Name and place of service: public institutions, private institutions, humanitarian aid organizations, etc.	Office hours	Contact Person/E-mail/ Mobile number
Protection	Housing Shelter			
Administrative protection measures	Protection measures			
Police	Safety and immediate assistance			
Health				
Education	Access to education system			
Human mobility	Immigration regularization Voluntary return Protection			
Justice	Defense and sponsorship Filing complaint (Prosecutor's office)			
Women's organizations	Support Meeting spaces Support networks			
Recreation and sport				
Other community services				
Other				

DETECTION FORM

Place and date of detection:	Case File Number:
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1. PERSONAL DETAILS OF GIRL OR ADOLESCENT GIRL:

General details:			
Names and surnames:			
Unaccompanied <input type="checkbox"/>			
Separated <input type="checkbox"/>			
With Family <input type="checkbox"/>			
Travel document:		Nationality:	
Place and date of birth:		Age:	
Marital status:		Level of instruction:	
Place of residence:		Address/Phone and/ or E-mail:	
Occupation:		Address/Phone and/ or E-mail:	

2. DETAILS OF THE PERSON / INSTITUTION THAT REPORTS A THREAT OR A VIOLATION OF RIGHTS OF THE GIRL OR ADOLESCENT GIRL:

Name of the person and/or institution:			
ID or passport number:			
Address: Phone and/or E-mail:			
Requested through protection measure:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Judicial <input type="checkbox"/> Administrative <input type="checkbox"/>
	Information about the measure: _____		

3. CASE DESCRIPTION**Background and Facts**

--

Typology of violence and/or violation of rights

--

Requested support

Area	Description
Assistance <input type="checkbox"/>	
Social work <input type="checkbox"/>	
Psychology <input type="checkbox"/>	

2. INFORMATION ABOUT SERVICE AND INFORMED CONSENT

Information Provided	Informed consent for girl or adolescent girl
Information is provided on the special protection rights of the girl and adolescent <input type="checkbox"/>	Girl or adolescent girl understands her rights <input type="checkbox"/>
It has been indicated what the services consists of <input type="checkbox"/>	Girl or adolescent girl understands the purpose and scope of the service <input type="checkbox"/>
Necessary security measures are explained (codes) <input type="checkbox"/>	Girl or adolescent girl agrees to use a code to identify professional and service <input type="checkbox"/>
Deleting call logs, and chat messages, among other measures, is recommended for her safety <input type="checkbox"/>	Girl or adolescent girl understands safety rules and agrees to delete call logs, messages, among other measures <input type="checkbox"/>
The confidential nature of the service is explained <input type="checkbox"/>	Girl or adolescent girl understands that the information she shares will be confidential <input type="checkbox"/>
It has been clarified that there are exceptions for which confidentiality can be waived and ask for permission <input type="checkbox"/>	Girl or adolescent girl understands the exceptional circumstances that justify waiving confidentiality <input type="checkbox"/>
It has been indicated that personal details and information shared will be stored safely <input type="checkbox"/>	Girl or adolescent girl knows that her information will be stored safely <input type="checkbox"/>
Information about access to emergency assistance services has been provided <input type="checkbox"/>	She agrees with emergency assistance <input type="checkbox"/>
Register pseudonym she wishes to use /code to address service professionals	

3. IMMEDIATE NEEDS

--

4. DETAILS OF FAMILY OR ADULT REFERENCE CONTACT

Name:	Name:
Age:	Age:
Travel document:	ID or passport number:
Address: Phone and/or E-mail:	Address: Phone and/or E-mail:
Occupation: Address and/or phone numbers:	Occupation: Address and/or phone numbers:

5. PROFESSIONALS RESPONSIBLE FOR THE CASE

Social worker:	
Psychologist:	

Person in charge of intake:**Position:****Place and date:****Signature:**

RISK ASSESSMENT AND RISK MITIGATION MEASURES¹

Case File Number:	Date of intake:	Date of risk assessment:

1. IDENTIFICATION DETAILS:

Names and surnames of the girl or adolescent girl who receives the service:		
Travel document:		Age:
Condition of vulnerability:	Which?	
Reason for coming to the service (violated rights):		
Professional who carries out the risk assessment:		

2. RISK IDENTIFICATION:

For the identification of risks, the information of the girl or adolescent girl is essential.

CRITERIA	RISKS	MITIGATION AGREEMENTS/MEASURES
Remote support and identification	Girl or adolescent girl identity theft	Code to verify the identity of a girl or adolescent Code: _____ <input type="checkbox"/>
Communication with the service	Increased violence if the perpetrator finds out Control by the perpetrator Hindering of psychosocial support Loss of contact with girl or adolescent girl	Use of codes (if she is free to speak or not) <input type="checkbox"/> Key word: _____ <input type="checkbox"/> Never mention the professional or the service <input type="checkbox"/> Contact or trusted person in case of loss of contact <input type="checkbox"/> Contact person: _____ Number: _____
If the service were face-to-face support	Distrust; fear on the part of the girl and adolescent girl	Do not record sessions. Do not take photos.
Cell phone or other means of communication	Difficult access No access of her own Shared use Perpetrator could trace call	Save non-identifiable service contact (it must not generate alarm in the perpetrator, for instance, name of a friend) <input type="checkbox"/> Delete call log <input type="checkbox"/> Do not record messages <input type="checkbox"/>

¹ The purpose of this form is to assess any risk to the girl or adolescent girl's life or personal integrity as well as any risks she may face due to the remote support service and to establish measures for risk mitigation.

Personal integrity	Threats or violence	Define what to do in an emergency: where to go / who to call
		Develop capacities to respond to violence
Share room with perpetrator	Greater degree of control and surveillance de control y and surveillance Perpetrator is present during support sessions	Sessions: Indicate most convenient days/time for service provision. Choose a day/time when perpetrator is absent. Register: Day _____ Time: _____ Length of session: _____
Degree of autonomy to fend for herself	She does not have autonomy	
Support	Isolation Has no support reference adult Has no support network	Identify trusted person who she can ask for help <input type="checkbox"/> Establish what to do in case of emergency Name: _____ Know where to go for help Name: _____
Emotional state	Loneliness Depression Anxiety disorders Has expressed her intention to kill herself Says she has cut, burnt, hit herself, etc. to alleviate emotional pain; has self-mutilated Has ingested poison	Agreements on the application of techniques to strengthen resilience, decrease stress or self-care <input type="checkbox"/> Describe: _____ <i>In the event a suicide risk is identified, a referral should be made for immediate support without ceasing to provide the service.</i>

3. RISK MITIGATION MEASURES FOR REMOTE SERVICE

Information Provided	Informed consent for girl or adolescent girl
She is informed about identified risks <input type="checkbox"/>	Girl or adolescent girl understands the risks of getting support <input type="checkbox"/>
She is informed about the need to implement safety and risk mitigation measures	Understand the need to implement safety and risk mitigation measures
The reason for each of the proposed measures has been explained <input type="checkbox"/>	Girl or adolescent girl understands the reason for each of the measures <input type="checkbox"/> Girl or adolescent girl expresses her agreement with the measures and commits to implement them <input type="checkbox"/>
Observations:	

REASSESSMENT OF RISKS				
Case File Number:		Reassessment date:		Reassessed by:
	Yes	No	Describe	Additional measures or adjustments
There are new risks for the girl or adolescent girl				
There are safety issues that the girl or adolescent girl faces in her community				
Other: _____				

CLOSING FORM**1. GENERAL INFORMATION**

Case File Number:		Date of intake:		Date of closing:	
Names and surnames of the girl or adolescent girl receiving the service:					

2. CAUSE FOR CLOSING

Completed process: <input type="checkbox"/>	Objective reached: <input type="checkbox"/>
Inaccurate information: <input type="checkbox"/>	Actions taken to gather the information:
Withdrawal from service ¹ <input type="checkbox"/>	Case referral ² <input type="checkbox"/>
Abandonment / Lack of interest of the person <input type="checkbox"/>	Describe circumstances:
Other <input type="checkbox"/>	Which?

3. FULFILLMENT OF THE OBJECTIVE

High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>
Observations:		

2.- PROFESSIONALS WHO INTERVENED

Social worker Psychologist Other

¹ Withdrawal letter must be attached.

² Referral letter must be attached.

**3.- BRIEF SUMMARY OF THE NUMBER OF SUPPORT SESSIONS CONDUCTED
AND OF THE ARTICULATION WITH OTHER INSTITUTIONS**

--

SIGNATURES:

	Names and surnames	Signatures
Name of the girl or adolescent girl receiving the service:		
Name of social worker:		
Name of psychologist:		

REFERRAL FORM

Case File Number:	Date of intake:	Date of referral:

1. PERSONAL DETAILS OF GIRL OR ADOLESCENT GIRL

Names and surnames of the girl or adolescent girl receiving the service		
Travel document		Age:
Condition of vulnerability	Which?	
Reason for coming to the service (violated rights):		
Professional who makes the referral:		

2. INSTITUTION AND REASON FOR REFERRAL

Institution for referral	
Professional receiving case	
Contact details of institution	
Reason for referral and current need for protection /support	
Specific request to the Institution receiving the case	

3. INFORMATION ABOUT REFERRAL AND INFORMED CONSENT

Information Provided	Informed consent for girl or adolescent girl
The need for referral is informed Method used _____ <input type="checkbox"/>	She understands the objective of the referral <input type="checkbox"/>
The objective of the referral is explained <input type="checkbox"/>	Does the girl or adolescent girl understand the effect of the referral? <input type="checkbox"/>
The effect of the referral is explained (service for girl or adolescent girl is closed)	Does the girl or adolescent girl express her agreement to the referral? <input type="checkbox"/>
If the girl or adolescent girl has not been informed about the referral, explain why	

4. REFERRAL REPORT ATTACHED

Social <input type="checkbox"/>	Psychological <input type="checkbox"/>	Others <input type="checkbox"/>	
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References

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