

CHAPTER 5

SPECIAL CONSIDERATIONS FOR REFUGEE CHILDREN

While the principles and guidelines discussed in other chapters also apply to refugee children, there are other specific issues that should be considered when working with refugee children. Refugee children face specific forms of sexual and gender-based violence: harmful traditional practices, trafficking, child prostitution, sexual violence within the family and sexual exploitation, abuse and violence by persons having unhindered access to children.

Certain groups of refugee children are particularly at risk of sexual and gender-based violence. They are: unaccompanied and separated children, children in detention, child soldiers, adolescents, mentally and physically disabled children, working children, girl mothers, children born to rape victims/survivors, boys as victims/survivors, and child perpetrators.

When working with refugee children, be familiar with the *Convention on the Rights of the Child (1989)*, which sets comprehensive standards for the protection of the rights of all children. In addition to the Guiding Principles defined in Chapter 2, four other principles should underpin your work with refugee children: the right to life, survival and development; the best interests of the child; non-discrimination; and participation.

The *Convention on the Rights of the Child (CRC)* defines a child as a person under the age of 18, unless the relevant national laws state an earlier age of adulthood. This means that the CRC can be applied to everyone up to 18 years of age, unless it is shown that she/he is an adult under national law.

Refugee children may find themselves at particular risk of sexual and gender-based violence given their level of dependence, their limited ability to protect themselves, and their limited power and participation in decision-making processes. Because they have had relatively little experience of life, children are also more easily exploited and coerced than adults. Depending on their level of development, they may not fully comprehend the sexual nature of certain behaviours, and they are unable to give informed consent. Additional ethnic, gender, cultural, economic and social factors may also increase refugee children's risk of becoming victims of sexual and gender-based violence.

Sexual and gender-based violence has devastating effects on the development and physical and mental health of children.

As discussed in Chapter 1, sexual abuse can take a variety of forms, many of which can be targeted against children. Specific acts of gender-based violence, such as harmful traditional practices, are often perpetrated during a person's childhood. Those who perpetrate acts of sexual and gender-based violence against refugee children may be people the child knows and trusts, people performing the role of caregiver or other children. Be aware that the child's perception of events might be distorted by this fact.

When working with refugee children, familiarise yourself with the CRC. The Convention comprehensively details the basic human rights of children, everywhere, including refugee children. These rights include the right to be protected from sexual abuse and exploitation. The CRC thus offers protection to refugee children even in States that are not party to any refugee instrument. The *Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography* (2000) relates to the issues of trafficking, selling and abducting children.

Guiding Principles

The following are universally recognised principles, as spelled out in the CRC, that are particularly relevant when working with refugee children:

- **The right to life, survival and development:** This right must be guaranteed by adopting measures to safeguard life. The "survival and development" principle applies not only to a child's physical survival and development, but also to a child's mental and emotional development. Early marriage, for example, threatens the rights of both the child-mother and her baby to life and to full survival and development (Art.6, CRC).
- **Non-discrimination:** Every child within a State's jurisdiction, regardless of his/her gender and immigration status, holds all the rights of the CRC. This principle thus includes refugee children (Art.2, CRC).
- **The best interests of the child:** This important principle should be applied both to decisions relating to individual children and to broader policy matters and decisions relating to groups of children. In each and every decision affecting children, the various possible solutions must be considered and due weight given to the child's best interests (Art.3, CRC).
- In deciding policy, such as the allocation of budgets, a full analysis on how a certain course of action may affect children is required. The policy does not necessarily have to be based on what is best for children, but if any conflicts are identified, the decision-makers must make "the best interests" of children "a primary consideration".
- In determining an individual child's best interests, decision-makers need to consider both the objective standards deemed to be in the child's best interests and subjective opinions, which take into consideration the child's views. The decision about how to establish a child's best interests can often be difficult, and no single answer may be obviously and indisputably correct. There are many factors that have to be considered, such as age, sex, cultural background, general environment and past experiences of the child. Any interpretation of the principle must be made in the spirit of the CRC and must give due regard to expert advice, from both a legal and child development perspective.

- **Participation:** The significance of this article is that children have the right to influence decisions that will affect their lives, and that their views must be given “due weight”. This principle should apply in all asylum proceedings, in planning for individual children, and in overall programme planning (Art.12, CRC). The older the child the greater the weight that should be given to her opinion in making decisions that affect her.

The guiding principles are all relevant in determining what the best interests of a child are in a particular situation. In some situations, the child's best interests may not be the same as the child's stated wishes and opinions and may need to override them.

See also:

- **Action for the Rights of Children (ARC) Foundations: International Legal Standards (UNHCR, OHCHR, UNICEF, Save the Children 2002)**
- **UNHCR Resettlement Handbook (UNHCR 2002)**
- **Action for the Rights of Children (ARC) Foundations: Child and Adolescent Development (UNHCR, OHCHR, UNICEF, Save the Children 2001)**
- **Action for the Rights of Children (ARC) Critical Issues: Abuse and Exploitation (UNHCR, OHCHR, UNICEF, Save the Children Revised 2002)**
- **Action for the Rights of Children (ARC) Foundations: Resettlement (UNHCR, OHCHR, UNICEF, Save the Children 1999)**
- **Refugee Children: Guidelines on Protection and Care (UNHCR 1994)**
- **Convention on the Rights of the Child (1989)**

Groups of Refugee Children at Particular Risk of Sexual and Gender-Based Violence

- Unaccompanied and separated children.
- Children in detention.
- Child soldiers.
- Adolescents.
- Mentally and physically disabled children.
- Working children.
- Girl mothers.
- Children born to rape victims/survivors.
- Boys as victims/survivors.
- Child perpetrators.

Unaccompanied and Separated Children

The terms “unaccompanied child” or “separated child” should be used instead of “orphan”. For UNHCR, a child is an orphan only when both parents are confirmed to be dead. Labeling children as orphans requires careful verification and tends to encourage adoption rather than focusing action on family tracing and increasing community support.

- Unaccompanied and separated refugee children face a greater risk of sexual exploitation, abuse, military recruitment, abduction, trafficking and detention since they may not have a trusted adult to protect and assist them. In emergency situations, refugee children may be living with an extended family member, therefore “accompanied”, but they may still face risks similar to those faced by unaccompanied refugee children.
- Be aware that the group of unaccompanied and separated children may also include child-headed households, in which older siblings care for younger children.
- **Be aware that children orphaned by AIDS also fall within the group of unaccompanied and separated children.** Before becoming an orphan, children affected by AIDS may have to care for a dying parent. This often involves assuming adult responsibilities, abandoning school and looking after siblings. Children who are then orphaned by AIDS, especially girls, are often marginalised and stigmatised and are often denied equal access to services offered to other refugees. They are thus at particular risk of sexual abuse and exploitation. As the number of children orphaned by AIDS increases, there will likely be an increase in the number of children forced into prostitution or forced to work “in the streets” or in domestic services.

Children in Detention

Children who are detained or are otherwise deprived of their liberty may be highly vulnerable to sexual violence and abuse and must be treated in a manner that takes their age specific needs into consideration.

Sexual abuse reportedly occurs in many detention and prison facilities and institutions, especially where inmates share common cells. In such situations, children may be targeted for abuse because of their special qualities as children, for example, because of a belief that they are free of HIV/AIDS or because of the value many cultures place on virgins. It is thus essential to ensure that child detainees are separated from adult detainees unless it is considered in the child's best interests not to do so.

Child Soldiers

A child soldier is any person under 18 years of age who forms part of an armed force in any capacity and those accompanying such groups other than purely as family members as well as girls recruited for sexual purposes and forced marriage.

*United Nations Secretary-General
Report to the Security Council, 2000*

Refugee children become child soldiers in many ways: some are conscripted, some are pressganged, some join as a way to survive or to

protect their families, while others are forcibly abducted, including girls, who are taken for sexual purposes.

Recruitment often takes different forms for boys and girls: boys are used in combat and other military activities, whereas girls are more frequently used for sexual slavery and forced labour.

Children in or close to conflict zones and unaccompanied and separated children face an even greater risk of military recruitment, either by State or non-State entities. UNHCR advocates against the use of military recruitment. Sexual abuse of boys, and particularly of girls, during their military recruitment can have significant socio-cultural implications that can adversely affect prospects for family reunification or social reintegration after they are demobilised. Children, especially girls, are often overlooked in formal demobilisation procedures. It is essential, however, to advocate for the inclusion of girls in any demobilisation activities.

Adolescents

The definition of “adolescent” may change from culture to culture and should be adapted to suit the specific refugee situation. Whether an adolescent has assumed roles and responsibilities of an adult is also a reflection of the culture and the refugee situation.

The protection and assistance needs of adolescents may not be as obvious as those of children, but they are vitally important as adolescents are at particular risk of sexual and gender-based violence and their needs are often inadequately addressed.

Adolescents, especially girls, are more at risk of sexual abuse and exploitation as perpetrators may consider them to be free of sexually transmitted diseases. Hence adolescent girls and boys are also at risk of contracting HIV/AIDS and other sexually transmitted diseases. Girls may sustain unwanted and potentially dangerous pregnancies due to rape. Adolescents often have less access to information about reproductive health care than adults, as they are frequently not targeted for such information.

Mentally and Physically Disabled Children

Children with mental and/or physical disabilities are often “hidden” away by the family and they become “invisible”, unable to access existing support structures. Excluded, and often unable to escape perpetrators, they run a greater risk of suffering sexual abuse. These children require special consideration when designing programmes to prevent and respond to sexual violence and exploitation.

Working Children

Children working in domestic services, usually girls or children working and/or living on the street (“street children”), may be particularly at risk of sexual abuse and exploitation. Unaccompanied and separated children and children in child-headed households may be under pressure to seek paid work. Employers who have bought children for labour (bonded labour) often exert enormous power over the children, rendering those children particularly vulnerable to abuse and exploitation.

Girl Mothers

When working with girl mothers, it is important to maintain a non-judgmental attitude at all times.

Girl mothers are often at risk of sexual exploitation if they are unable to meet their own and their children's basic needs because of poverty. Girl mothers and girls who are pregnant as a result of sexual abuse and/or exploitation may face isolation, discrimination and stigmatisation and may not have access to basic services. All of these factors could put them at further risk of sexual abuse and exploitation.

It is important to ensure that girl mothers resume school attendance or other socio-economic activities that prevent their further exposure to other forms of sexual and gender-based violence.

Children Born to Rape Victims/Survivors

Children who are the products of rape may be mistreated, or even abandoned, by their mothers and families. These children are at particular risk of abuse and exploitation and must be closely monitored. It is important to ensure that the family and the community do not stigmatise either the child or the mother. Foster placement and, later, adoption, should be considered if the child is rejected, neglected or otherwise mistreated.

Boys as Victims/Survivors

Sexual abuse of boys is under-recognised, under-reported, and under-treated. Given certain cultural restrictions, myths or taboos concerning homosexuality, and/or extreme shame, boys are even less likely than girls to report if they have been sexually abused. Communities may refuse or be reluctant to accept that boys can be victims; boys may believe they have to "tough it out" in silence.

Child Perpetrators

Children can be perpetrators of sexual and gender-based violence since, like adults, they can take advantage of unequal power relations among themselves. Coercing an unwilling girl or boy to engage in sexual acts is a form of sexual abuse. Regardless of his/her willingness, the younger child may be unable to understand what is going on and to give informed consent. This, too, is sexual abuse.

Both the victim's trauma and the perpetrator's need for rehabilitation must be addressed. The perpetrator may also be a victim of sexual abuse and exploitation and is entitled to help and support. While it is true that most perpetrators have histories of sexual abuse, it is not true that most victims become child abusers themselves. Most of those who sexually abuse in adolescence usually don't abuse as adults if they get help when they are young.

Juvenile offenders must be protected from suffering abuse while they are in prison. This can be achieved through fast-track hearings and monitoring. They should also be assisted in their psycho-social rehabilitation. Laws and procedures that ensure proper safeguards for

juvenile offenders must be promoted where they do not exist and properly implemented where they do.

See also:

- **Inter-Agency Guiding Principles on Unaccompanied and Separated Children (Inter-Agency 2003)**
- **Action for the Rights of Children (ARC) Critical Issues: Separated Children (UNHCR, OHCHR, UNICEF, Save the Children Revised 2002)**
- **Action for the Rights of Children (ARC) Critical Issues: Disability (UNHCR, OHCHR, UNICEF, Save the Children 2001)**
- **Action for the Rights of Children (ARC) Critical Issues: Child Soldiers (UNHCR, OHCHR, UNICEF, Save the Children 2000)**
- **Optional Protocol to the CRC on the Involvement of Children in Armed Conflict (2000)**
- **Revised Guidelines on Applicable Criteria and Standards Relating to the Detention of Asylum-Seekers (UNHCR 1999)**
- **Inter-Agency Field Manual on Reproductive Health in Refugee Situations (Inter-Agency 1999)**
- **Rome Statute of the International Criminal Court (1998)**
- **Refugee Children: Guidelines for Protection and Care (UNHCR 1994)**
- **Protocol Additional to the Geneva Convention of 1949 and Relating to the Protection of Victims of International Armed Conflict (1977)**

Specific Forms of Sexual and Gender-Based Violence Used Against Children

Children can be victims/survivors of most forms of sexual and Gender-based violence discussed in Chapter 1. However, children are often victims of the following forms of violence:

- Harmful traditional practices.
- Trafficking.
- Child prostitution.
- Sexual violence within the family.
- Sexual exploitation, abuse and violence by persons having unhindered access to children.

Harmful Traditional Practices

When traditional practices are beneficial, refugee communities should be encouraged to maintain them as a way of preserving their identity and culture. However, some traditional practices are harmful to the health, well-being and development of children. These practices are condemned internationally because of the grave health risks they may entail and because they violate various human rights. Harmful traditional practices often take place during childhood, when a child is powerless to oppose these. Harmful traditional practices that affect children, mostly girls, include female genital mutilation, child marriage, son preference, dowry-related violence, forced marriages (e.g. after

the crime of rape) and belief in witchcraft (e.g. whereby sex with a child is thought to provide benefits for the family).

Trafficking

Refugee children, particularly unaccompanied and separated children, are at risk of being forcibly or deceptively trafficked, often for commercial sexual exploitation. Trafficking of a child means the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation. It is not necessary to show that force, deception or coercion was used for trafficking to have occurred.

The *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organised Crime, 2000* excludes the possibility of “consent” to trafficking by any person under the age of 18. In many cases, trafficking may involve giving payment or benefits to win the consent of the person(s) who have control over the child. Trafficked children may face serious consequences after their escape and/or upon return, including reprisals or retaliation from trafficking rings or individuals, the possibility of being re-trafficked, physical punishment or further deprivation of liberty, ostracism from the community or family, or severe discrimination.

Child Prostitution

Child prostitution means the use of a child in sexual activities for remuneration. The offering, obtaining, procuring or providing of a child for prostitution should be fully covered under the criminal or penal law of a State. By its very definition, child prostitution is sexual exploitation. Once refugee children are engaged in prostitution they are also at risk of further sexual and gender-based violence.

Poverty and social inequality put refugee children at an increased risk of sexual exploitation, particularly prostitution. Children, especially girls, are particularly vulnerable, given that their virginity, perceived innocence and physical immaturity may be highly valued by perpetrators.

Sexual Violence Occurring within the Family

Child abuse and exploitation within the family present a complex protection challenge since the person who is responsible for protecting and caring for the child, in many cases a male relative, is doing neither. Sexual violence within the family is almost always seen as a private matter that should not involve outsiders; as a result, an abused child may be blamed for the incident and be further victimised. While it is impossible to offer blanket guidance to apply to all cases, identification, confidential reporting of allegations, involving health workers, teachers and community leaders, and investigation of the incident(s) are essential for developing a protection plan for the child. It might be helpful or even necessary to work with the parent who is not abusing the child and to remove the abuser from the household while the situation is under investigation.

Even when they are not themselves directly targeted, children in families in which one or more members have survived or are

experiencing sexual and gender-based violence face other difficulties. Since children's psychological and emotional well-being may be threatened if they have witnessed such violent events, they should be offered counselling services. In addition, traumatic events can sometimes compromise an adult's ability to care for her/his children, so the parents and children in such a family should be monitored closely.

Sexual Exploitation, Abuse and Violence by Persons Having Unhindered Access to Children

When persons outside the immediate family have unhindered access to children in isolated environments, sexual exploitation, abuse and violence may occur. Such persons might include teachers, religious instructors, caretakers, humanitarian aid workers and others having access to children in schools, during after-school and religious activities, sports, day-care etc. As a first step it is important to identify these potential sources of risk. Strategies to address these risks might include close screening of employees and volunteers, reducing opportunities for spending time alone with children without any other adults being present, close monitoring and supervision, use of buildings with visibility of all spaces and increased parent involvement in activities.

See also:

- **Action for the Rights of Children (ARC) Critical Issues: Abuse and Exploitation (UNHCR, OHCHR, UNICEF, Save the Children Revised 2002)**
- **Choose With Care (ECPAT Australia 2001)**
- **Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (2000)**
- **Convention concerning the Prohibition and immediate Action for the Elimination of the Worst Forms of Child Labour, C 182 (1999)**
- **UN Declaration on the Elimination of Violence against Women (1994)**

Special Considerations in Preventing Sexual and Gender-Based Violence Against Children

In addition to the strategies to prevent sexual and gender-based violence discussed in Chapter 3, a child-centred situation analysis will help to identify particular areas of risk and resources and ensure a multi-sectoral approach. The role of the refugee community in protecting refugee children should be explored and supported.

Transforming Socio-Cultural Norms

STRATEGY:

Develop Information, Education, Communication (IEC) Campaign

- Awareness raising campaigns on the issue of sexual and gender-based violence against children should be based on the CRC and its two Optional Protocols and should target all partners, including the refugee community and military and peacekeeping forces.
- Advocacy should be based on traditional norms and values for the protection of children where these exist and should simultaneously challenge preconceived assumptions based on gender stereotypes (e.g. addressing the issue of boys as victims/survivors). Any response initiative should be based on a thorough understanding of local norms, customs and taboos related to sexual behaviour.
- Public health campaigns about “safer sex” and transmission of HIV/AIDS may help dispel myths circulating in the refugee population, such as the assumption that sex with a virgin girl cures HIV/AIDS. These campaigns should target men and boys.
- Strategies to prevent harmful traditional practices unavoidably conflict with strong cultural norms and should be highly sensitive to them. A thorough understanding of the nature and extent of the particular practice, its roots and the social consequences it entails are required. Education and information that focus on the detrimental effects on the health and development of children, rather than on the legal or human rights aspects of the practice, are more likely to succeed and should be targeted at both male and female religious leaders, traditional leaders, tribal elders, political leaders, traditional birth attendants, other health workers and refugee children, women and men. Local groups that challenge such harmful traditional practices should be supported, since they can initiate and lead community-based activities aimed at eliminating these practices. Alternative income generating activities may have to be identified for those carrying out such harmful practices, and the community's respect for them must be maintained. The importance of educating girls and women cannot be underestimated, as the incidence of harmful traditional practices is linked to illiteracy.

STRATEGY:

Engage Children and Youth

Refugee children should be encouraged to participate in developing and implementing programmes on sexual exploitation, abuse and violence. Where appropriate and after a careful consideration of their best interests, child victims/survivors could be consulted or invited to participate.

STRATEGY:

Work with Boys

Working with boys is essential to ensure that they are aware of and understand the equal rights of girls. This could include e.g. their support

of their sisters' access to education, and promoting positive attitudes and respect towards girls in the classroom and playground.

Re-building Family and Community Support Systems

STRATEGY:

Ensure Access to Education

Ensuring that all refugee children have access to primary and basic education and where possible secondary and vocational education will help reduce the risk of exploitation. Special programmes tailored to the needs of girls who have dropped out of school, will also reduce this risk. Educating children on their rights, through various forms of social and life skills training, will help young people to make better life choices and help them protect themselves from exploitation. Equal participation of girls in school should be actively promoted.

The community should be involved in recruiting and managing teaching staff and educators whom they feel they can trust, as teachers can also be sexual abusers. Specific measures to promote the recruitment of female teachers should be encouraged. Carefully selected educators should be involved in monitoring children for signs of sexual and gender-based violence. Girls should be provided with suitable clothing and sanitary materials. Furthermore, the establishment of after school clubs for girls might offer peer counselling and support.

Creating Conditions to Improve Accountability Systems

STRATEGY:

Assess Persons with Access to Refugee Children

Assessing the knowledge, attitudes, and behaviours of all people who have access to refugee children may reveal exploitation in unexpected situations, such as in schools and child-care centres. Training such staff and monitoring their work are important elements in any prevention strategy.

Designing Effective Services and Facilities

STRATEGY:

Register Each Child

Registration and documentation, including birth registration, is vital for every individual refugee, especially for unaccompanied and separated children, as they are prerequisites for securing rights and access to services. Registration also helps in identifying and monitoring groups at particular risk, supporting access to juvenile justice, preventing military recruitment and deterring traffickers.

STRATEGY:**Ensure Access to Services**

Ensure that children have access to the same food rations and services as the rest of the population and consider additional support if required, for example, by building special shelters to accommodate child-headed households.

STRATEGY:**Trace Families**

The needs of unaccompanied and separated children should be promptly addressed through family tracing, securing appropriate and monitored forms of temporary care, and family re-unification, if it is in the best interests of the child.

STRATEGY:**Include Children when Planning, Designing and Implementing Activities**

Refugee children, especially adolescents, should be consulted in planning the camp/settlement, including the location of schools and recreational facilities, and in planning housing allocations and other relevant programmes and activities.

See also:

- **Action for the Rights of Children (ARC) Critical Issues: Abuse and Exploitation (UNHCR, OHCHR, UNICEF, Save the Children Revised 2002)**
- **Action for the Rights of Children (ARC) Foundations: Community Mobilisation (UNHCR, OHCHR, UNICEF, Save the Children 2001)**
- **Action for the Rights of Children (ARC) Critical Issues: Separated Children (UNHCR, OHCHR, UNICEF, Save the Children Revised 2002)**
- **Action for the Rights of Children (ARC) Foundations: Situation Analysis (UNHCR, OHCHR, UNICEF, Save the Children 1999)**
- **UNHCR Executive Committee Conclusion on Registration of Refugees and Asylum-Seekers, No.91 (LII) (2001)**

Special Considerations in Responding to Sexual and Gender-Based Violence Against Children

A response to sexual and gender-based violence should include the actions and services described in Chapter 4. Additional issues to consider when working with children are also discussed in Action for the Rights of Children, Critical Issues: Abuse and Exploitation (UNHCR, OHCHR, UNICEF, Save the Children, 2001).

Consider the best interests of the child.

Children who are victims/survivors of sexual abuse need speedy access to medical care and psychological support. They may also need access to legal services.

All actions should be consistent with the principle of the child's best interests.

The child's own expressions of her wishes and feelings will be instrumental in determining her best interests.

Establish Child-Friendly Referral, Reporting, Monitoring and Evaluation Mechanisms

It is important to have child-friendly, visible and widely publicised reporting mechanisms run by experienced and knowledgeable staff and/or refugees. Mainstream reports of sexual and gender-based violence within reporting processes that address other violations of children's rights, rather than creating a separate process to handle reports of sexual and gender-based violence against children.

Monitoring children at risk, such as unaccompanied and separated children in temporary care arrangements, those in foster families, street children, children in detention, child mothers, and disabled children, is essential for providing protection against sexual and gender-based violence.

Interviewing the Child

The person interviewing the child should be highly skilled and well trained, able to deal with overwhelming emotion and experienced in enabling children to talk about extremely difficult issues. Understanding the culture of the child is vital; for this reason, it is preferable that those working with refugee children share the same language and cultural background.

In general, it is recommended to use interviewers who are of the same sex as the child. However, cultural and social factors must also be taken into account when determining the sex of the interviewer. In many societies, for example, boys will not speak to other males about homosexual abuse, but may be more comfortable speaking to a woman.

Creating a Safe Environment

Determine who should be present during the interview and examination. It is possible that a family member is the perpetrator, even if the child denies it. It may be preferable to have the parent or guardian wait outside during the interview and examination and have an independent, trusted person present instead. Ask the child, when no one else is present, if she/he wants a parent or guardian to be present during the interview and respect the child's wishes. For further guidance, see the sections on Interviewing Skills and Preparing and Conducting an Interview in *Working with Unaccompanied Children: A Community-Based Approach*.

Be aware that there are other ways to collect information, including through games, storytelling, drama and asking the child to draw pictures. These methods require skilled observation and analysis by specialists or staff who have received the appropriate training.

Interviewing Techniques

- Sit at eye level and maintain eye contact, if culturally appropriate.
- Assure the child she/he is not in any trouble and make every effort to ensure the child's physical integrity.
- Introduce yourself (and the interpreter) and explain carefully what the interview is about, what kind of questions will be asked and why. This is done to minimise the child's possible misperception and fear, which may distort the child's responses.
- Assure the child it is acceptable to respond to any questions with "I don't know" and to ask questions.
- Ask a few questions about neutral topics, such as school, friends, whom the child lives with, favourite activities, and let the child talk for a few minutes. This will allow time for the child to become more relaxed and enable you to listen and learn about how the child communicates.
- If a child is unable to talk about a particular event, but can answer other questions, refrain from asking about the event for a while.
- Be patient; go at the child's pace.
- Ask open-ended questions to get information about the incident in the child's own words. Ask yes-no questions only to clarify details.
- Be prepared to recognise when the child's limits have been reached.
- The interview should be concluded with a discussion about more normal present day events to restore a sense of security.

Developing a Response to the Health/Medical Needs of Victims/Survivors

NEVER coerce, restrain or force a frightened, resistant child to complete an interview or examination. Restraint, force, coercion, and manipulation are often part of sexual abuse, and if used by those attempting to help, will only heighten the child's fear and anxiety, and worsen the psychological impact of the abuse.

In addition to creating a safe and trusting environment, prepare the child for the exam and encourage the child to ask questions about anything the child is concerned about or does not understand at any time during the examination.

With adequate preparation, most children will be able to relax and participate in the exam.

It is possible that the child has pain and cannot relax for that reason. Explain what will happen during the exam, using terms a child can understand.

It is often helpful to have a doll or other toy on hand to demonstrate procedures and positions. Show the child the equipment/supplies, such as gloves, swabs, etc., and allow the child to use these on the doll.

Girls who have been abused may face health complications associated with self-administered abortions, unwanted pregnancies and miscarriages. They may also have children of their own and thus may be in need of special care. Child victims/survivors who have been demobilised may also have been infected with sexually transmitted diseases, including HIV/AIDS.

Girls who have undergone female genital mutilation need special care, especially during pregnancy, delivery and the period after the delivery.

Appropriate medical and psychological support should be given to girl mothers prior to and following the delivery, including guidance on child rearing.

Planning to Meet the Psycho-Social Needs of Victims/Survivors

A professional trained to work with children is required when responding to a child's need for psycho-social support. This professional should preferably be of the same ethnic background as the child or at least have good cross-cultural skills. The professional's role could be either to provide treatment directly to the child or to advise and support members of the family or community who will do so.

The rehabilitation of child victims/survivors, including children who have undergone military recruitment, requires particular attention. Accelerated learning and rapid education programmes are key to enabling victims/survivors to overcome the abuses they have suffered and to build new futures for themselves.

It may be necessary to offer additional assistance and psychological support to girl mothers. This can include helping the girl mother to resume her education and finding income generating activities to meet her and her child's basic needs, even if she still lives with or near her family. The other members of her family will also need advise in how to provide appropriate support to the girl mother and her child.

Developing a Security and Safety Response

A child should not be separated from family and/or community for treatment, unless it is done to protect a child from abuse or neglect.

It is crucial to be able to respond quickly when cases of harmful traditional practices are reported. In these instances, the most fundamental rights of the child, including the rights to life, liberty and physical integrity, may be violated. When the physical safety of a child is threatened, local solutions should be sought, including placing the child in the care of a shelter outside the community. If local solutions are not available, resettlement may have to be considered to guarantee the child's safety.

Establishing a Legal/Justice Response

All reports of sexual and gender-based violence against children must be investigated thoroughly. Workers must use patience and special care with these reports. The child may deny the abuse for many reasons, including fear of the perpetrator. Inappropriate or insensitive intervention can cause further distress to the child and can discourage others from seeking help. Where possible, staff should be trained in working with children. It may be useful to obtain assistance from colleagues who are more familiar with refugee children. Translators or interpreters may also be required. Ensure that the local police have staff trained in dealing with child victims/survivors of sexual and gender-based violence and child perpetrators. When cases involving

children go to trial, ensure that child-friendly judicial procedures are put in place.

Involving the Family and the Community

Services targeting the family: When children have been sexually abused, it will sometimes be necessary to counsel the family too in order to ensure that the child is believed, supported and assisted in returning to a normal life. Family members may also need help: parents may feel guilty that they have failed to protect their child. Extreme caution must be taken when the perceived loss of honour of the child might result in the family's rejection of the child. In some cultures, judicial or common law responses may require that the family force the girl to marry the perpetrator. In these cases, actions to prevent further physical and psycho-social damage to the victim/survivor should be undertaken immediately. Relocation of the victim/survivor should be considered, if necessary.

Services targeting the community: Extreme care must be taken not to stigmatise the child victim/survivor. To the extent possible, the existing community support structures and child welfare systems should provide support and protection.

Some forms of harmful traditional practices, such as early and forced marriage and female genital mutilation, happen very early in a girl's life. It is important to help develop an understanding, both among families and within the community, on the harmful consequences of these practices, both for the individual child and for the community, as a whole.

See also:

- **Clinical Management of Survivors of Rape (WHO/UNHCR 2002)**
- **Resettlement Handbook (UNHCR 2002)**
- **Action for the Rights of Children (ARC) Critical Issues: Abuse and Exploitation (UNHCR, OHCHR, UNICEF, Save the Children Revised 2002)**
- **Action for the Rights of Children (ARC) Critical Issues: Child Soldiers (UNHCR, OHCHR, UNICEF, Save the Children 2000)**
- **Action for the Rights of Children (ARC) Foundations: Resettlement (UNHCR, OHCHR, UNICEF, Save the Children 1999)**
- **Inter-Agency Field Manual on Reproductive Health in Refugee Situations (Inter-Agency 1999)**
- **Working with Unaccompanied Children: A Community-Based Approach (UNHCR 1996)**

Key Points to Remember

All interventions to prevent and respond to sexual and gender-based violence against children must be guided by the following four principles:

- The right to life, survival and development.
- Non-discrimination.
- The best interests of the child.
- Participation.

Be aware that the following groups of children are at particular risk of sexual and gender-based violence:

- Unaccompanied and separated children.
- Children in detention.
- Child soldiers.
- Adolescents.
- Mentally and physically disabled children.
- Working children.
- Girl mothers.
- Children born to rape victims/survivors.
- Boys as victims/survivors.
- Child perpetrators.

Specific forms of sexual and gender-based violence used against children include:

- Harmful traditional practices.
- Trafficking.
- Child prostitution.
- Sexual violence in the family.
- Sexual exploitation, abuse and violence by persons having unhindered access to children.

When developing activities to prevent sexual and gender-based violence against children:

- Develop information, education, communication campaigns.
- Engage children and youth.

- Ensure access to education.
- Assess persons with access to children.
- Establish monitoring mechanisms.
- Register each child.
- Ensure access to services.
- Trace families.
- Include children when planning, designing and implementing activities.

When responding to sexual and gender-based violence against children:

- Establish child-friendly referral, reporting, monitoring and evaluation mechanisms.
- Create a safe environment in which to interview and examine the child.
- Prepare the child well for the medical examination.
- Ensure that those who interview, examine and counsel the child are professionals trained in working with children.
- Involving the family and the community
- Mobilise services targeting the family.
- Support existing community structures to protect the child.