



### Capacity Building Guardians and Foster Carers to Identify and Respond to Symptoms of GBV in Asylum-Seeking, Refugee and Migrant Children

**Query:** Please map the existing resources that are available on best practice in the field of capacity building of guardians and foster carers to identify and respond to symptoms of gender-based violence in asylum seeking, refugee and migrant foster adolescent boys and girls, including a focus on sexual violence.

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#### Overview

This rapid research query maps the resources available in relation to capacity building of guardians and foster carers to identify and respond to symptoms of gender-based violence (GBV) in asylum seeking, refugee and migrant foster adolescent boys and girls. In general, there were few resources identified and where this was included in manuals and guides it tended to be brief. Virtually all documents reviewed were gender-blind, meaning that GBV was not identified as a particular risk. Trauma and protection issues tended to be considered without consideration of the many ways in which boys and girls experience them differently.

Due to the limited literature available, and in order to understand lessons learned from other programming for foster carers in relation to children who might have experienced trauma including GBV and sexual violence, this short research query has therefore also included reference to:

Training for foster carers recommended in documents in relation to programming on unaccompanied and separated children (UASC) in humanitarian emergencies.

Mental health and psychosocial support (MHPSS) training for caregivers of children affected by trauma in humanitarian emergencies.

### **Key findings**

#### **Training for guardians of UASC**

Little information could be found in relation to training for guardians for UASC. A 2015 report by the European Union Agency for Fundamental Rights (FRA) looking at the guardian system in relation to children deprived of parental care in EU member states found that inductions and training for guardians was unsystematic, especially in relation to specialised training on identification, protection and assistance to child victims of trafficking. Where such courses are offered, they tend to be run by NGOs. It also found that training material and courses are often developed on the topic of trafficking in general, without a particular focus on the role of guardians.

#### **Findings in relation to training for foster carers**

The literature in relation to training for foster carers to support children who may have experienced violence and trauma appears to be limited. At a global level, guidelines such as the Inter-agency Working Group on UASC's Field Handbook on UASC (2017) or the Toolkit on UASC (2017b) do not cover training of foster carers. In addition, a recent independent systematic review, commissioned by the Humanitarian Evidence Programme (2017) found that the state of the evidence of what successful UASC interventions look like is limited and that there is a clear lack of high quality evaluations, particularly in relation to interim care and MHPSS (Williamson, K. et al, 2017).

However, in Europe a small selection of relevant work was identified as ongoing. Similar training and support is currently ongoing in the UK through End Child Prostitution and Trafficking (ECPAT) UK and the Refugee Council and in addition, the International Organization for Migration (IOM) UK and CoramBAAF and Coram Children's Legal Centre are in the process of developing new material in the UK in relation to fostering for UASC. The project is also supporting similar work in Austria, Belgium, Greece, Luxembourg and Poland. A small-scale training for foster carers and relevant professionals also took place in Serbia between 2016 and 2018 conducted by Save the Children (see section 2 for further information/ resources).

In addition, a number of relevant projects are/have been implemented within the EU for example the Fostering Across Borders (FAB) Project (currently being implemented in Austria, Belgium, Greece, Luxembourg, Poland and the UK); the Alternative Family Care I and II projects implemented in Netherlands, Belgium, Greece, Italy, Croatia and Cyprus; and Appropriate Care and Protection for UASC: Building Capacities for Specialised Fostering of UASC in Serbia.

In the UK, a recent mapping of training provision for foster carers and social workers conducted by IOM UK, Coram BAAF and Coram Children's Legal Centre in 2018 found that the majority of the 27 local authorities that responded to the question on training content, cited that the most common topics for training for foster carers were understanding the context of migration/children's experiences, and protection and

safeguarding including missing children. Only 5 respondents mentioned training being available on GBV specifically. Please see table below for the full list.

Topic	Respondents (27)
Understanding the context of migration/child experience	18
Protecting and safeguarding including missing children	16
Educational needs	16
Health needs including sexual health	15
Modern slavery and trafficking	15
Immigration and Asylum process	14
Radicalisation	14
Identifying support services for UMC	13
Assessing overall needs/care planning	11
Identity needs– gender, 'race', culture, language, religion, sexuality, disability	11
Psychological/mental health needs	10
Rights and entitlements	10
Age assessment	9
Supporting carers working with UMC	9
Building professional partnerships/networking	5
Gender based violence	5
Transition to adulthood	4
Family reunification	1

However, in terms of priorities, local authorities primarily suggested more was needed to help foster parents understand the child's migration experience (27/54 respondents). Supporting asylum seeking, refugee and migrant foster children's mental health needs and supporting them to access services were also ranked highly. Only one respondent suggested more training was needed on GBV.

This rapid research could find few evaluations to support the success of the trainings and resources reviewed. An independent evaluation of a four-hour training conducted by ECPAT UK and the Refugee Council for foster carers in the UK were found to be successful with 99% of participants saying that the course had assisted them in their role in looking after these children (cited in the UK Government's Safeguarding Strategy: Unaccompanied asylum seeking and refugee children<sup>1</sup>). The training has subsequently been continued and further places have been made available in the UK in 2019.

### **Training of caregivers/foster carers on MHPSS in humanitarian emergencies**

As this is a large area of work within the humanitarian sphere this research has only scratched the surface of the trainings and tools available in relation to MHPSS. There are a number of guides and resources available to support training on MHPSS and psychological first aid (PFA), which would still be relevant for foster carers of UASCs. The next section summarises selected relevant guidance documents, in order to provide a 'flavour' of the content of such materials. In general, these tend to support professionals or caregivers to:

<sup>1</sup> This review was not able to find the actual evaluation.

Understand children’s reaction to stress and trauma.  
 Identify children in need of PFA, and more specialist mental health support.  
 Develop techniques to communicate with children in distress.

**Image 1: General PFA tips for professionals working with children (Save the Children, 2017b)**

<p><b>General tips:</b></p> <ul style="list-style-type: none"> <li>• Do not probe</li> <li>• Be sensitive and focused</li> <li>• Primary focus is the child, but always include and empower the caregiver when possible</li> <li>• Provide accurate, age-appropriate information</li> <li>• Help children and families access services and social support</li> <li>• Remember to take care of yourself and your colleagues</li> </ul>	<p><b>How children react depends on:</b></p> <ul style="list-style-type: none"> <li>• Age and developmental stage</li> <li>• How others react (especially parents and caregivers)</li> <li>• What they have experienced</li> <li>• Past experiences such as abuse, family violence and neglect</li> </ul>
<p><b>Common reactions to critical events:</b></p> <ul style="list-style-type: none"> <li>• Fear that the event will take place again</li> <li>• Worry that their loved ones or they themselves will be hurt or separated</li> <li>• Reactions to seeing their community destroyed</li> <li>• Reactions to separation from parents and siblings</li> <li>• Sleep or eating disturbances</li> <li>• Crying</li> <li>• Anger and irritability</li> </ul>	<p><b>When to worry about a child: Who needs more than PFA?</b></p> <p>Children may need more support if they:</p> <ul style="list-style-type: none"> <li>• Remain very distressed</li> <li>• Maintain dramatic changes in personality and behavior</li> <li>• Cannot function daily in their lives</li> <li>• Feel threatened</li> <li>• Are at risk of doing harm to themselves or others</li> </ul> <p>NB! If a child is severely distressed, avoid leaving him or her alone. Stay with the child until the reaction has passed or until you can get help from others.</p>

## Gender in the documents reviewed

There appears to be a particular gap in the literature reviewed in relation to gender and age. Generally, there was very little consideration for gender in any of the guides reviewed across the different thematic areas, with little reference to particular support that might be needed by girls or boys or in relation to age (such as teenagers). There was also little reference to GBV or sexual violence. Only one manual, the Nidos produced Alternative Family Care manual, provided some further guidance on girls and their behaviour following arrival in host countries. It suggested that girls may display overly sexualised behaviour during the first period after the migration which can put them at increased risk of experiencing further abuse. However, the guide’s recommendation for how to support girls with this type of behaviour unfortunately included the advice to suggest a foster family or other adults supporting this child “will have to resist this behaviour and try to change it” (p. 35).

## Mapping of resources

This section summarises relevant guides, reviews and trainings which support foster carers or guardians to support asylum seeking, refugee and migrant foster adolescent boys and girls. It also contains some resources in relation to working with foster carers on training and supporting caregivers to deal with children that have experienced trauma.

### **Manuals and guidance documents**

**Nidos et al (2016) Alternative Family Care: Manual for Staff Working with Reception Families and Unaccompanied Children Living in Reception Families**  
<file:///C:/Users/Ann/Downloads/Manual-ALFACA.pdf>

This manual and the complimentary e-learning (Alternative Family Care (ALFACA) training) have been developed for professionals working with reception families and the unaccompanied children living with them, but are also relevant for guardians (professional, semi-professional or voluntary), social workers, mentors, staff at reception facilities. The manual is divided into two modules. The first outlines the general approach for supporting unaccompanied children, with a focus on the particular situations these children are in, support needed by these children, and on working in an intercultural environment, while the second module provides specific information on recruiting, screening and matching families, and on placing a child in a reception family.

The issue of trauma amongst separated children is covered in module 1. The manual suggests that a good practice is to support children back into a daily routine as soon as possible after traumatic experiences in order to allow them to experience safety in the present, which reduces the stress of having been in danger. It also advises that trauma debriefing brings with it the risk of children being traumatised again and should therefore be done as little as possible. For caregivers or guardians, it suggests:

Traumatised refugee children who are not capable of recovering themselves should be referred for specialist care. It is important to address this because it can also impact on the asylum request should a child not be able to make a statement about their traumatic experiences.

Children should be offered a suitable (daily) routine as soon as possible.

Traumatic experiences should only be discussed with children who have made it clear that they are willing to do so.

Caregivers/foster carers need to acquire knowledge on processing trauma and trauma-related symptoms.

If symptoms persist amongst a child, it is important s/he is offered professional care.

Ensure the lawyer and the interviewer that support the child during the asylum process are aware that trauma may prevent correct answers being given during an interview for the asylum procedure.

The manual also highlights the issue of sexual violence that children and teenagers may have experienced during the migration. It suggests that sometimes girls in, particular, can display overly sexualized behaviour during the first period after the flight, making them vulnerable to further abuse. The guide suggests a foster family or

other adults supporting this child “will have to resist this behaviour and try to change it” (p. 35). Little further advice is available in relation to supporting separated adolescent girls.

The second module, which is focused on foster parents, does not go into detail about the type of training they should have in order to support a separated child who is dealing with trauma as a result of GBV or sexual violence.

**Save the Children, (2017a) Specialised Foster Care for Unaccompanied and Separated Children in Serbia, Case Study**

[https://resourcecentre.savethechildren.net/sites/default/files/documents/specialised\\_foster\\_care\\_for\\_unaccompanied\\_and\\_separated\\_children\\_in\\_serbia.pdf](https://resourcecentre.savethechildren.net/sites/default/files/documents/specialised_foster_care_for_unaccompanied_and_separated_children_in_serbia.pdf)

This case study document documents the process and training developed to build the capacity of foster carers to support UASCs in Serbia following the rapid increase in migration from Syria, Afghanistan, and Iraq in 2016 and 2017 supported by Save the Children and IRC. In order to prepare the training for new foster carers, Save the Children reviewed previous foster care placements which showed that “effective foster care for UASC would require improved cultural sensitivity, additional support and training for professionals and foster families to be able to adequately support the complex needs of UASC” (p. 1). Subsequently a two-day training (16 hours) was developed designed to be delivered to 20-25 participants with the following aims:

Motivate foster families to provide foster care for UASC.

Build capacities of foster families and professionals from social welfare system to adequately support UASC.

Link foster parents and professionals into a support network focused on the child’s well-being.

The training aimed to help foster carers develop empathy for UASC, support foster carers to better understand their strengths and specific needs, and develop the skills to create an environment for children that provides feelings of safety, enables recovery and encourages integration into a new social environment. This rapid review could not find the actual training material used, but the graphic below outlines the content of the 7 modules of the training, one of which specifically focuses on how to support UASC to deal with trauma.

<b>Introduction: Foster care and UASC in Serbia</b>	<ul style="list-style-type: none"> <li>• Understanding the need for the programme</li> <li>• Overview of standards of foster care in Serbia and how they apply to UASC</li> <li>• Overview of legal framework for protection of UASC in Serbia</li> <li>• Wider picture: understanding the Balkans route and the migration flows</li> <li>• Main characteristics of UASC in Serbia: who they are, where they come from, why they left their homes, what they have been through during the journey</li> </ul>
<b>Multiculturalism</b>	<ul style="list-style-type: none"> <li>• Understanding what defines cultural identity</li> <li>• Prejudice, stereotypes, discrimination</li> <li>• Decentration and empathy – practical techniques for overcoming prejudices</li> </ul>
<b>Cultural characteristics</b>	<ul style="list-style-type: none"> <li>• Intercultural communication and behavior</li> <li>• Language barriers</li> <li>• Importance of non-verbal communication</li> <li>• Specific cultural habits</li> </ul>
<b>Strategies for working with children who have been exposed to traumatic experiences</b>	<ul style="list-style-type: none"> <li>• Difficult experiences – traumatic stress, types and development of trauma, uncomplicated and traumatic grief</li> <li>• Traumatic experience of UASC</li> <li>• Resiliencies and their development</li> </ul>
<b>Role of foster parent in development of resiliencies and recovery of UASC from difficult experiences</b>	<ul style="list-style-type: none"> <li>• Structuring a day of an UASC in a foster family</li> <li>• Every day communication – sending the message of security</li> <li>• Establishing rules, setting boundaries</li> <li>• Resilience mechanisms - their recognition and support for their further development</li> </ul>
<b>Creating safe environment along with cultural specificities and specific experiences of a child</b>	<ul style="list-style-type: none"> <li>• Daily routines (nutrition and sleeping), habits and cultural patterns in countries of origin of UASC as a basis for security</li> <li>• Physical comfort zone in countries of origin</li> <li>• Supporting UASC in coping with trauma triggers</li> </ul>
<b>Supporting UASC to integrate into a social environment</b>	<ul style="list-style-type: none"> <li>• How a child / young person perceives and experiences discrimination</li> <li>• Fostering UASC: How foster parents can cope with pressure from the social environmental</li> <li>• Vicarious trauma of care-givers</li> <li>• Inclusion of UASC in the education system in Serbia</li> </ul>

**United Nations Children’s Fund (2018) Operational Guidelines on Community Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered Support for Children and Families (field test version), New York: UNICEF, available at: <https://app.mhpss.net/?get=138/unicef-cb-mhpss-guidelines1.pdf>**

The community based MHPSS operational guidelines are designed to help UNICEF staff and partners support and promote safe, nurturing environments for children’s recovery, psychosocial wellbeing and protection in emergencies. It has specific guidance for how to work with parents and caregivers around the mental health of children that may have experienced trauma or have any other mental health needs.

The report is structured around four layers of interventions:

Layer 1: Social considerations in basic services and security

Layer 2: Strengthening family and community

Layer 3: Focused care to address psychosocial distress and protection challenges

Layer 4: Specialised care

Under layer two the guide suggest that parents and caregivers may benefit from information and initiatives that build their skills in responsive caregiving, such as

information about stress reactions of children at different ages and developmental stages and strategies to support them. This could help parents establish a sense of their own effectiveness as parents in challenging situations. It also recommends support groups for parents/caregivers of children with mental, neurologic and substance abuse disorders, developmental disabilities or serious distress in order for them to share resources, information and strategies. Parents and caregivers also need to have access to information about specialised services. Capacity building activities for parents/caregivers under this layer is primarily envisaged in relation to positive parenting and information about protection risks for children and how to address them.

Layer three is aimed at providing focused care to children and families who have specific emotional, social, health or protection needs such as GBV survivors or those in acute distress due to recent exposure to serious stressors such as violence, abuse or disaster. It suggests that children and adults in acute distress following a recent stressor may benefit from PFA (a form of basic psychosocial support). It promotes humane, supportive and practical assistance in ways that promote the recipient's safety, dignity and rights, and involves:

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

The guide also suggests that caregivers (and other support workers) might benefit from psychosocial competence training. Topics for this might include:

- The conditions for optimal child development.
- How children of different ages respond to and understand stressful and traumatic events.
- Skills training in active and empathic listening.
- PFA.
- Knowing one's limits and how and when to refer.

### **Save the Children (2017b) Psychological first aid training manual for child practitioners**

[https://resourcecentre.savethechildren.net/sites/default/files/documents/pfa\\_1-day\\_manual\\_web\\_enkeltside\\_0.pdf](https://resourcecentre.savethechildren.net/sites/default/files/documents/pfa_1-day_manual_web_enkeltside_0.pdf)

This training manual is designed to be delivered over one day to support child protection practitioners to deliver PFA. There is also an abbreviated 90 minute course available on Kaya.<sup>2</sup> While it is not designed with UASCs in mind, the advice and handouts remain relevant for guardians and foster carers of asylum seeking, refugee and migrant foster children.

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<sup>2</sup> <https://kayaconnect.org/course/info.php?id=781>



The guide is divided into six sessions:

Welcome and introduction  
What is PFA for children?  
Children's reactions to crisis  
Identifying children in need of PFA  
PFA techniques – communicating with children in distress  
Wrap-up

In relation to identifying children in need of further support, the guide suggests that a child should be immediately referred to specialised mental health services if s/he:

Experienced severe mental health problems in the past and starts to show signs of reoccurrence.

Talks about hurting or killing themselves, or hurting others, or tries to hurt themselves.

Has extreme fears that interfere with daily functioning or in other ways cannot function daily in their lives.

Shows signs of dependency on alcohol or drugs.

Has hallucinations or delusions.

Experiences prolonged apathy (lack of enthusiasm and emotional emptiness) or remains very distressed.

Maintains dramatic changes in personality and behaviour.

**Family for Every Child (2015) Strategies for delivering safe and effective foster care: A review of the evidence for those designing and delivering foster care programmes**

[https://www.familyforeverychild.org/wp-content/uploads/2015/02/Strategies\\_for\\_delivering\\_safe\\_and\\_effective\\_foster\\_care.pdf](https://www.familyforeverychild.org/wp-content/uploads/2015/02/Strategies_for_delivering_safe_and_effective_foster_care.pdf)

This document sets out the evidence in relation to effective fostering at a global level. While the report does not look specifically at fostering of UASC or asylum seeking, refugee and migrant foster children, it provides advice on specialist support that might be needed for marginalised groups of children being fostered such as those with disabilities, children that have lived on the streets, those in conflict with the law or children with severe behaviour problems. The review found that studies have shown that one “of the core components of providing high quality foster care is ensuring that the child welfare workforce and foster carers have the skills, knowledge and tools to provide these services” (p. 19) and that building such capacity will greatly improve the quality of fostering and lead to better outcomes for children.

The report also highlights that training is not the only way to build capacity, and that other methods such as community-based mentorship, apprenticeship support and direct supervision, especially for particularly at-risk children such as those with disabilities, those in conflict with the law or children with severe behaviour problems can also be effective. There are promising practices on this from the United States and Canada.

Evidence also suggest that capacity building is more effective if done at a local level in small groups on a regular basis, in order to enable carers to meet each other and share experiences in a controlled environment in order to also develop a valuable support mechanism to enhance carers' learning.

### **Training currently being delivered**

**Training for existing foster carers in the UK, ECPAT and Refugee Council**

[https://www.refugeecouncil.org.uk/training\\_conferences/training/current\\_training\\_courses/5335\\_caring\\_for\\_separated\\_trafficked\\_children](https://www.refugeecouncil.org.uk/training_conferences/training/current_training_courses/5335_caring_for_separated_trafficked_children) and the Safeguarding Strategy: Unaccompanied asylum seeking and refugee children for reference of success of training (page 11) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/656425/UASC\\_Safeguarding\\_Strategy\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656425/UASC_Safeguarding_Strategy_2017.pdf)

ECPAT UK and the Refugee Council has been delivering training to foster carers and support workers of UASC since 2016. The interactive course is delivered by experts with experience of working with UASC and is aimed at those working with UASC and trafficked children. The course is four hours long and aims to help foster carers:

Better understand and recognise the signs and risks of exploitation, including trafficking and radicalisation.

Explore how to build trust in order to prevent them from running away from a safe placement.

Understand and respond to the particular needs and vulnerabilities of this group of children.

Understand when and how to refer children to the right agencies, or to support them to access the right help.

An independent review of the training (cited in the UK Government's Safeguarding Strategy: Unaccompanied asylum seeking and refugee children) found that 99% of participants said that the course had assisted them in their role in looking after these children. Initially the training reached 1,230 individuals but the demand for the training exceeded the number of places available and therefore further training places have been made available.

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[https://resourcecentre.savethechildren.net/sites/default/files/documents/specialised\\_foster\\_care\\_for\\_unaccompanied\\_and\\_separated\\_children\\_in\\_serbia.pdf](https://resourcecentre.savethechildren.net/sites/default/files/documents/specialised_foster_care_for_unaccompanied_and_separated_children_in_serbia.pdf)

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### **The GBV AoR Help Desk**

The GBV AoR Helpdesk is a technical research, analysis, and advice service for humanitarian practitioners working on GBV prevention and response in emergencies at the global, regional and country level. Managed by Social Development Direct on behalf of the GBV Area of Responsibility, the Helpdesk is staffed by a global roster of GBV experts. Any view or opinions expressed in reports do not necessarily reflect those of the GBV AoR Helpdesk or any of the contributing expert.

The GBV AoR Helpdesk is available 9.30 – 17.30 GMT, Monday – Friday. We will respond to you within 24 hours.

You can contact the Helpdesk by emailing us:  
[enquiries@GBViEHelpdesk.org.uk](mailto:enquiries@GBViEHelpdesk.org.uk)