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ALTERNATIVAS

Secretaría de la Integración Social Centroamericana
Por una Región SICA con inclusión, bienestar y equidad

SICA
Sistema de la Integración Centroamericana

Psychosocial Support for Children, Adolescents, and Youth in Vulnerable Conditions and at Risk of Irregular Migration

Module I

Psychosocial Support for Children, Adolescents, and Youth in Vulnerable Conditions and at Risk of Irregular Migration

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Acronyms

UNHCR	UN Refugee Agency
ALTERNATIVAS	Program for the Integration and Reintegration of Children and Youth at Risk of Irregular MigrationCentro de Estudios de la Mujer
CEDEM	Center for Women's Studies
ECLAC	Economic Commission for Latin America and the Caribbean
ECAP	Community Studies and Psychosocial Action Team
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (German Agency for International Cooperation)
GOPA	Gesellschaft für Organisation, Planung und Ausbildung mbHGesellschaft für Inter-
IASC	Agency Standing Committee
LGBTI+	Lesbian, Gay, Bisexual, Transgender, Transexual, Transvestite, Intersexual and Queer
IOM	International Organization for Migration
WHO	World Health Organization
SICA	Central American Integration System
NTCA	Northern Triangle of Central America

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Introduction to training modules

ALTERNATIVAS Programme

Migratory flows with its own dynamics have always existed in the Northern Triangle of Central America – Honduras, El Salvador, and Guatemala-which are in constant change due to a diversity of factors. These three countries are also origin, transit, and destination countries for migrant populations, as well as, countries where a great amount of people returns, which generates a unique complexity related to human mobility. This context evidences what families go through and how exposed these families are to vulnerability conditions, mainly within children, adolescents, and youth.

Some psychosocial risk factors related to irregular migration in the NTCA can be classified in three large groups:

(a) **Socio-economic exclusion and violation of rights.** Inequality or absence of access to social support services to guarantee basic rights such as: food, housing, medical care, adequate clothing, and other basic social services. The violation of the right to education, both in terms of guaranteeing access and permanence of students in the school system. Violation of the right to work, in terms of access and dignifying conditions, in accordance with labour regulations. Absence of social and institutional support networks for individuals and families in vulnerability conditions.

(b) **Domestic violence.** Negligence in the physical and emotional care, family fragmentation, dysfunctional families. Difficulties to manage problems in non-violent manners. Violent relational and communication patterns, distant or abusive relationships at the emotional, physical, psychological, and verbal level that may or not include sexual violence. Emotional, physical, and economical responsibility overload and the absence of social and family related support networks, within single-parent families. Family systems with detachment potential, and/or unemployment of the caregivers. Another risk factor is the necessity, expectation and actions related to family re-unification. These factors sometimes generate expulsion factors in the family unit, which, by their effects, become conditions that potentiate the migration risk.

(c) **Social Violence.** The exposure to common violence situations that are generated by gangs in areas with high violence levels. Extortion or threats made by gangs towards them and their families. Being forced or "recruited" to take part in delictive acts (with marked gender differences), to reside in a territory controlled by one gang and that also shares gangs' limits. These factors limit their freedom of movement and the full development of children, adolescents, and youth, exposing them to physical, economic, psychological, and sexual violence.

The ALTERNATIVAS target group is children, adolescents and youth exposed to the above-described conditions, who besides facing psychosocial risks along the migratory route, also face them at the moment of their return. The target group that is exposed to these experiences may get to experience consequences, such as, emotional distress (fear, anxiety, sadness, and depression). Due to the absence of adequate psychosocial support, these effects can generate a lack of clarity regarding their life projects, facing discrimination and stigmatization as well as suicidal risk, stress, anxiety, or other emotional disorders that at the same time may intensify without an adequate response.

Based on this reality, the Regional Programme "Integration and Reintegration of Children and Youth in Risk of Irregular Migration in Central America -ALTERNATIVAS" which is implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, and the Central American Social Integration Secretariat (SISCA) at the request of the German Federal Cooperation Ministry (BMZ) in determined communities in Guatemala, Honduras and El Salvador, have deemed pertinent to offer comprehensive response that provides children, adolescents, youth, and their families and communities with tools for the recovery and coping of individuals, families, communities and society, placing them at the forefront of their own process of transformation.

The objective of the ALTERNATIVAS Regional Program is for children, adolescents and youth who are at risk of irregular migration in selected municipalities in El Salvador, Guatemala and Honduras to make use of enhanced options for their own social, educational and work integration, and that they develop prospects to remain in their places of origin.

The Program consists of four components: (1) Psychosocial support and differentiated information offers; (2) Education and vocational training; (3) Cooperation for professional training and employment; and (4) Multilevel cooperation for the reintegration of returned children, adolescents, and youth. The components are mutually complementary, combining local and national level measures, targeting the reduction of the immediate causes and psychosocial risk factors associated with irregular migration. The program specifically targets vulnerable and returnee children, adolescents and youth at the local level. The program specifically targets vulnerable children, adolescents, and youth and returnees.

ALTERNATIVAS contributes in a fundamental way to good governance at the local, national and regional levels, in that it strengthens networking among a variety of key stakeholders, fostering dialog among them, and strengthening their capabilities for planning and implementation at the local level. Additionally, its contributions include training options for children, adolescents and youth, and it makes long-term contributions to the reduction of poverty. The program also contributes to protecting the rights of children, adolescents and youth, emphasizing the right to education, the right to physical and mental health; additionally, includes special considerations to provide girls and young women with equal access to education and vocational training.

Training Modules Starting Points

"Regional Assessment of Psychosocial Support and Competencies Options"

ALTERNATIVAS has created a proposal for a local approach to psychosocial support, based on the "regional assessment of options for psychosocial support and competencies" undertaken with different professionals who carry out actions for psychosocial support or care in seven program target municipalities.

This assessment was carried out in early 2019, through 148 semi-structured interviews with psychologists, social workers, physicians and other professionals in 88 institutions and organizations; 10 focus groups; 7 local planning workshops, and a series of sessions with a variety of local authorities and technicians in institutions in Honduras, El Salvador and Guatemala.

Assessment conclusions include the following:

1. Institutions/organizations that provide psychosocial support have highly disparate theme-based profiles and areas of specialization (ex., health and rights-based approach, migration, psychology, community work, etc.).
2. A wide range of professionals and stakeholders are undertaking local-level psychosocial support actions, and they are often unaware of this, or the actions they undertake are not deliberate, instead they respond to specific demands.
3. Very few institutions consider that they are acting in areas that have to do with the issue of migration, and very few works in that area (ex., actions to reduce push factors).
4. The understanding of the psychosocial approach needs to be strengthened, putting beneficiary care at the center, coordinating processes and promoting the principles of the psychosocial approach.
5. This requires strengthening the structure of psychosocial care, with an emphasis on improving local measures and options for psychosocial care in the municipalities.
6. Most organizations involved in delivering support to at-risk irregular migrant populations, or returned migrants, lack methodologies or established guidelines for psychosocial support.
7. Different stakeholders need to be provided with techniques, which, given the different forms of care they provide, can be strengthened and applied in their contexts, tailored to beneficiary age.
8. It is important to include game-based and experiential approaches, empowering the impact of the intervention.
9. Training processes need to be provided for a multidisciplinary group to deepen their understanding of the psychosocial model and making it possible to strengthen coordination among organizations and the variety of services each delivers in the municipalities.
10. Some organizations do not have support processes for their own technical teams. It is therefore necessary to have spaces to prevent burnout or vicarious trauma, and to process the emotions of the services.

In sum, the assessment helped to find three fundamental elements that form the basis of the capacity development strategy to improve local psychosocial support services:

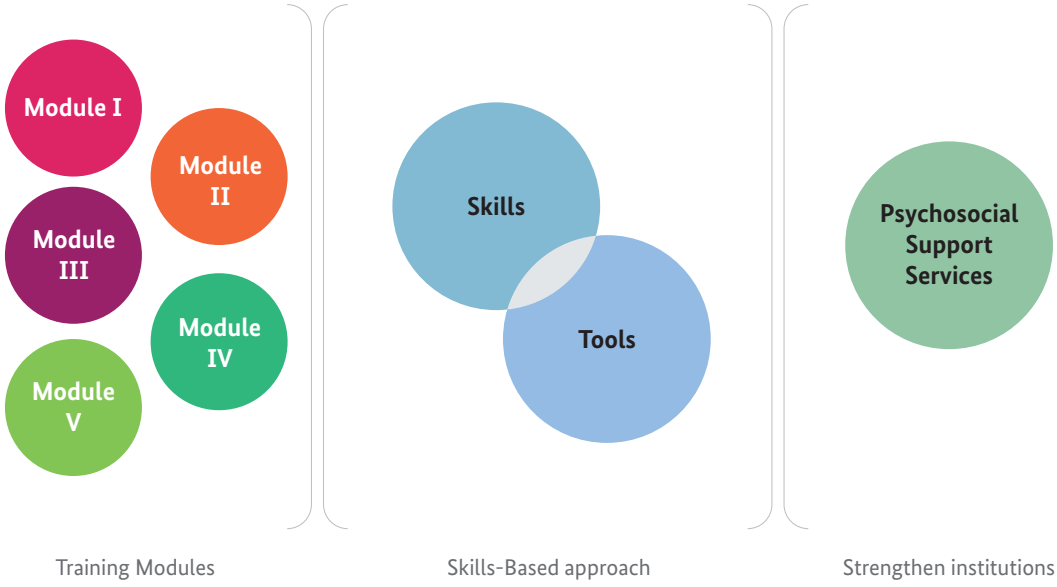
1. There are teams of technicians with a limited number of methodological techniques to carry out their work in psychosocial areas.
2. There are organizations whose methodological techniques are good, but whose teams of technicians are not adequately trained.
3. Finally, there are institutions and teams of technicians who have no methodological techniques to make use of, despite their work in relevant areas with people who need psychosocial support.

Capacity Development Strategy

Elements of the assessment have enabled the ALTERNATIVAS Program to define and develop a capacity-development strategy, in order to strengthen or improve psychosocial options at the local level in selected municipalities, along two tracks (see Figure 1):

a. **Strengthen competencies** in staff that carry out the psychosocial interventions.
b. **Facilitate or improve instruments and methodological techniques** for the partners to use in their daily actions with vulnerable groups or returnees.

Figure1. ALTERNATIVAS Program Intervention Logic



Developing both tracks has involved designing five training modules (see Figure 3), as part of a strategy to strengthen local-level psychosocial support options, enabling children, adolescents, and youth to build on previous experiences of helplessness and violence, and to develop greater individual and family resilience in the face of vulnerable circumstances. This strategy targets a wide range of professionals involved in psychosocial care processes and actions.

Each of the five training modules was conceived from a rights-based approach, which is a common framework for the entire strategy. Furthermore, it is based on the contexts where the children, adolescents, and youth live, the risk factors and protective factors, and the impact they have on individuals, families, and the communities themselves, creating situations of vulnerability.

ALTERNATIVAS focuses on empowering those protective factors (Ex. Having social support networks, relevant and appropriate information, good quality institutional support) and psychosocial services that can contribute to reduce vulnerability. Put in place measures that consider the community settings, the

institutional, family, and personal resources that may be available to children and adolescents, such as intersectoral and multi-level actions. Promote measures that seek to promote the wellbeing of children, adolescents and youth and their families, so they can strengthen their resilience and capacity to face and overcome potentially traumatizing experiences.

Theoretical basis of the training modules

Psychosocial Support

The ALTERNATIVAS Program strategy and the design of each training module revisit the World Health Organization (WHO) concept of health, as an overall and comprehensive point of reference, including essential elements in designing health measures. It first acknowledges that health requires complete physical, mental, and social well-being. Individuals have a right to seek and enjoy wellbeing in all parts of their lives (at the individual, family, and community levels, from a systems approach). Therefore, the social fabric in a community is vital to people's wellbeing, and to achieve greater integration and reintegration of children, adolescents, and youth in their places of origin.

> "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." (WHO, 2006, Pg.1)

Therefore, ALTERNATIVAS also uses the term Psychosocial Trauma, coined by Ignacio Martin-Baro (2000), in reference to, "the notion that the consequences of trauma are primarily social in nature, as it affects the very social fabric where people find their daily sense of purpose and life projects. Consequently, the goal of the intervention would be to repair the social fabric torn by the violence that has been installed in the daily life of the civilian population." Social fabric covers historical-cultural aspects that exert trans-generational influence on people's wellbeing.

Particularly children, adolescents, and youth, who suffer and live in vulnerability situations experience a series of psychosocial impacts, according to the life cycle in which they are in, losing social and ethical referents to guide their lives. Moreover, they experience fear, confusion, and frustration, when confronted and overtaken in their abilities to comprehend and solve situations that are out of their hands. These children, adolescents, and youth become survivors that seek to achieve a sense of community. Thus, to recover the feeling of belonging to a family and to a community, is in a way necessary to complete a recovery process. These are processes of social learning and collective construction that aim to promote and foster actions through psychosocial support.

The violation and/or victimization processes that children, adolescents, youth, and their families suffer by being irregular migrants, makes of them victims because of the violation of their dignity and rights as human beings, a view that is useful to consolidate social policies, social and institutional responsibilities that promote and protect their Human Rights as irregular migrants.

However, from a psychosocial perspective, for the emotional recovery and social integration process, it is fundamental that they carry out their emotional and social transition by the notion of survivors, when they go from subjectively seeing themselves as victims immobilized by pain, suffering and violations that they have been subjected to, to recognizing themselves as "survivors", with abilities of resilience, that they have in themselves and that have been useful in the face of situations of vulnerability. These can be potentiated to

make of them self-advocating agents of change of their current reality, taking steps to build a life project in accordance with their dreams and expectations.

In the same way, for society and institutions, this re-signification as survivors of children, adolescents, youth, and their families becomes a dignifying and empowering perspective, insofar as it places them as holders of rights, citizens, and political subjects that can impact and participate in an active way in the construction of politics and social programs that provide answers to their needs and problems, transcending the perspective of pity towards them as passive persons incapable of transforming their realities and of interacting in social, community and institutional settings.

The perspective and re-signification as survivors allows children, adolescents, youth, and their families to build relationships in a dignifying way in different contexts (family, workplace, community, social and political contexts), to consolidate themselves as political subjects insofar as they can interact with society and the institutions in an intentional and dignifying manner, aiding to reestablish their trust and the fractured social fabric, by the same violations that they have had to face. These are the social learning and collective construction processes that seek to promote and encourage actions through psychosocial support.

These violated and/or victimized children, adolescents, and youth become survivors that seek to rebuild their family and social relations, which will allow them to consolidate an identity and a life plan in a protective environment for their personal development, recovering the feeling of belonging to a family and a community.

ALTERNATIVAS conceives of psychosocial support as those options and measures whose intent is to promote and attain the psychosocial wellbeing of individuals, families and communities, including preventive actions, and actions that deliver more specialized care. These measures need to be based on- and actively involve the individuals themselves, as the centers of their own circumstances.

The intervention approach that the ALTERNATIVAS Program is taking, deliberately seeks to generate social and community processes, based on participatory practice and community education, as a pillar to foster change in the individuals that are part of these communities.

Therefore, ALTERNATIVAS' vision goes beyond the concept of "victim" and comes to conceive the human being as the author of his or her own life, with their own potentialities, strengths and capacities for resilience and learning. When human beings contribute through their own actions, not only do the circumstances change, but they are also re-signifying themselves as agents and active subjects, eschewing any passive vision or position. This resignification of the subject as an agent is a key element in the capacity for resilience, as shown by many women in adverse circumstances (Comins-Mingol, 2015).

Underlying the psychosocial support approach in ALTERNATIVAS, is a reshaping of the traditional paradigm into ever more horizontal and open processes, that seek to strengthen the autonomy, dignity, and freedom of individuals to act in their own contexts, and so modify them based on that integrating point of view.

Intervention pyramid for mental health and psychosocial support in emergencies (PPS)

According to the IASC, psychosocial support seeks to establish a multi-level system of complementary supports to satisfy different groups' needs. This can be illustrated as a pyramid (see Figure2). All levels of the pyramid are important, and in ideal circumstances, they should be implemented simultaneously. The

ALTERNATIVAS training modules aim at developing concrete actions to work with children, adolescents, and youth populations in their communities of origin.

The pyramid covers four levels, namely:

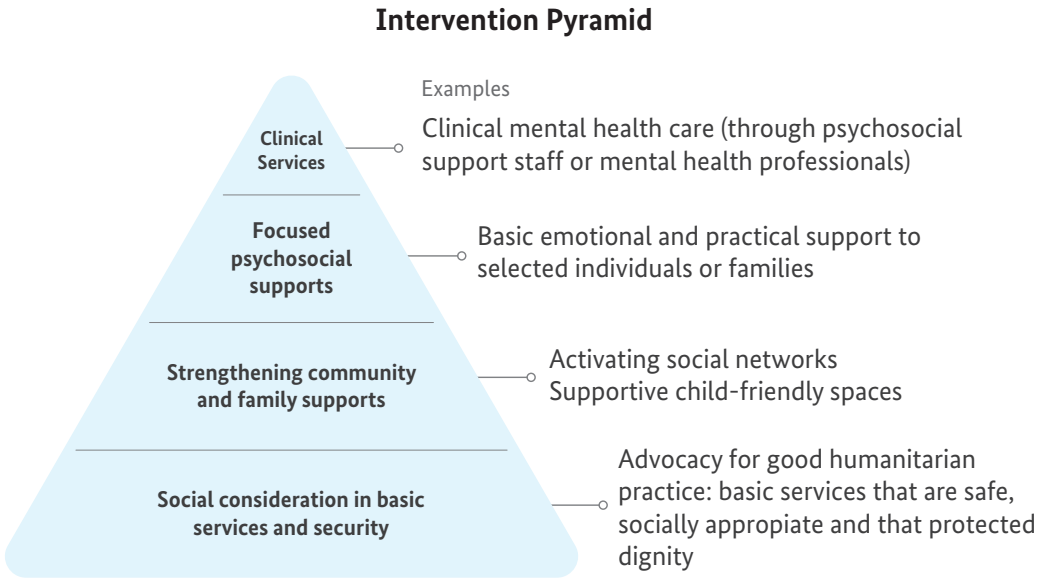
I. **Basic services and security:** Basic Services and Security: These are established adopting safe, participatory, and socially appropriate forms to protect the dignity of local residents, strengthening social and local support, and mobilizing community networks.

II. **Community and family support:** Useful responses in this layer include family assisted mourning and communal healing ceremonies, supportive parenting programs, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women's groups and youth clubs.

III. **Focused, non-specialized support:** Targeted, Non-Specialized Support: The third layer represents the supports necessary for a still smaller number of people who additionally require more focused individual, family, or group interventions by trained and supervised agents. This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

IV. **Specialized servicess:** This level includes psychological or psychiatric support for individuals with severe mental disorders whenever their needs exceed the capability of available primary- and general health services. Requiring referral to special services, if there are any available, or beginning long-term training, and supervision by primary health care workers and health workers in general.

Figure 2. IASC Intervention Pyramid



Training Module Usage

Training Modules

This involved developing five training modules (see Figure 3), targeting different professionals who perform psychosocial care. Training through the modules aims to strengthen their competencies, and to provide methodological techniques to carry out counseling processes and implement actions with children, adolescents and youth who are in vulnerable situations.

Figure 3. Training Modules

Each module has its own general objectives, as shown in Table 1.

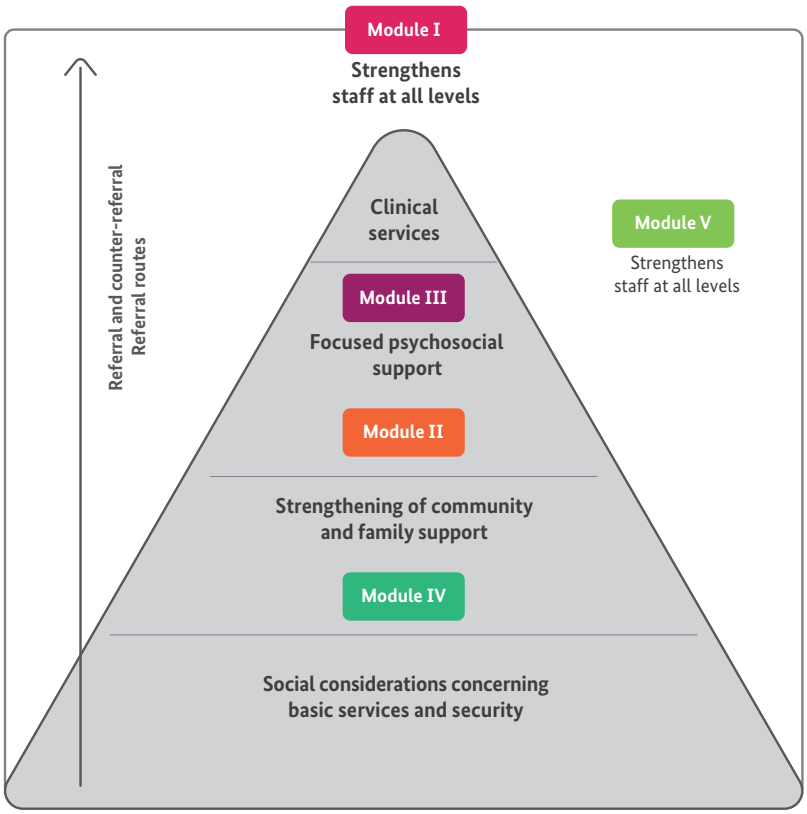
Table 1. Training Module Objectives

Training modules	General objective
Module I: Psychosocial support for children, adolescents, and youth in vulnerable conditions and at risk of irregular migration	Participants strengthen their competencies in psychosocial support to work with children, adolescents and youth who are at risk of irregular migration and (re)migration.
Module II: Crisis intervention.	Participants strengthen their skills to apply crisis intervention tools during a crisis in situations of human mobility, vulnerability, violence, and emergencies, or in emotional crises.
Módulo III: Management of traumatic experiences	Participants strengthen their skills in providing comprehensive support when dealing with traumatic experiences.
Módulo IV: Socioemotional skills and family support	Participants strengthen their technical skills in the application of methodological and socio-educational tools that strengthen children's, adolescents' and youth's abilities and socio-emotional skills, as protective factors to generate resilience and support families that are highly vulnerable.
Módulo V: Self-care and prevention of burnout	Participants have tools for self-care to strengthen their personal abilities to address emotional stress and exhaustion as a result of their work.

In addition, the training modules are correlated with the levels on the Psychosocial Support Intervention Pyramid (see Figure 4):

a. **Module I "Mental Health and Psychosocial Support for children, adolescents and youth at risk of irregular migration" and Module V "Self-care":** seeks the improvement of staff of different occupations and institutions in their management of conceptual and reference elements regarding the migration phenomenon and the principles of psychosocial support for the work with vulnerable groups and returnees. These professionals are those who offer psychosocial services, therefore, they must have an appropriate management and knowledge that helps them to promote the psychosocial wellbeing of the groups and in the communities in a participative and ethical manner.

Figure 4. Training Modules as they Relate to the Levels in the PPS Pyramid



b. **"Module IV: Socio-emotional skills and family support",** provides fundamental tools to strengthen socioemotional skills when working with groups of children, adolescents, and youth, and their families. They might be part of support Programme directed to fathers, mothers and tutors that support to children and adolescents in the learning process of essential abilities that will allow them to learn or reinforce a better coexistence and answer before situations that represent a challenge, or imbalance on their daily routine.

c. **Module II "Crisis intervention",** provides tools that facilitate psychosocial support for groups or people who need a more focused intervention

d. **Module III "Management of traumatic experiences",** provides tools for a trauma-sensitive approach and promotes psychosocial support under the "do no harm" principle for people who have lived traumatic experiences.

e. **Module V: "Self-care and preventing emotional exhaustion",** provides tools of self-care that encourage the accompanying person's wellbeing, which influences the technical and human quality of the accompaniment. These are functional tools independent of the kind of accompaniment being carried out.

Stages of the Training Process Developed with Local Actors

At a first stage, each of the training modules (five in all) was designed with methodological guidelines and hands-on exercises.

An entry profile was defined to select professionals (different groups of professionals involved in providing psychosocial care in the municipalities). This selection process was implemented in close coordination with participating institutions.

Once the appropriate participants have been selected, next each training module is delivered in a 2 to 3-day workshop.

At the start of the first module, there is a pretest (the BAP scale: Behaviors, Attitudes and Practices) for skills covered in the training module topics, this is again administered at the end of the process as a post-test in order to measure progress made by each participant. In addition, there is a knowledge test at the start and end of each training module that allows to understand how participants' knowledge progresses with each module.

Modules II through V include a boots-on-the-ground practical called the Inter Module, where each participant implements the techniques learned during the in-person module. During the Inter Modules, the Program will provide support and coaching.

At the end of the whole training process, outstanding professionals will be selected to become trainers (Training of Trainers, ToT), and to take an additional module on Popular Education and Process Management, providing them with enhanced skills and techniques to transmit the modules according to the needs of the institution or municipality.

Methodology

Evidence-Based Methodology

There are interventions that demonstrated with evidence that their implementation reduces risk There are interventions that demonstrated with evidence that their implementation reduces risk factors associated with violence, or an increase in positive results. This evidence is found in documented best-practices or innovative practices. Therefore, this information can be used to propose an evidence-based methodology that ensures the intervention has the probability of success.

This manual presents several participatory methodologies to implement during psychosocial actions with children, adolescents and youth who are vulnerable and at risk of irregular migration; over time, they have been implemented in Mesoamerica in psychosocial interventions in communities that have survived armed conflict, violence, as well as with migrant and refugee populations. Civil society considers them best practices and of great relevance given the positive results that documented during their implementation.

The training process of the participants is based on an inductive methodology, as it is based on the experiences and knowledge of the professionals, in order to co-construct based upon a dialog of general conceptual knowledge, tools and validated psychosocial practices, relevant and contextualized to the reality and the cases they deal with in their day-to-day professional practice.

Module 1: "Psychosocial Support of children, adolescents, and youth in vulnerable conditions and at risk of irregular migration"

1. Context

In the Northern Triangle of Central America (NTCA), the risk of irregular migration and migrant flows increase on a daily basis. This is the result of a variety of crises and scarce opportunities to improve living conditions for- or protect the general population. Specifically, there are few alternatives in response to their needs of support and assistance to endure life itself, which often exposes children, adolescents, and youth to different forms of vulnerability.

Against the backdrop of these forms of vulnerability, economically as well, children, adolescents, and youth face different situations:

a. Exposed to physical or emotional neglect, they are in a state of destitution, there is failure to respond to their basic needs (food, hygiene, safety, education, and health care), school dropout, lack of access to the education and work.

b. Family circumstances, such as the following: Family disintegration, dysfunctional families, intrafamiliar violence, single-parent families, households that are potentially uprooted, unemployed parents, creating family units with push factors in the face of violence, also increasing the risk of irregular migration.

c. Exposure to contexts of common- and gang-related violence in areas where insecurity rates run high, curtailing the movement and development of children and youth; facing extortion by gangs threatening them and their families (compelled to participate in crime, change extortion money in banks, keeping weapons and stolen goods, living in the enemy gang's territory), exposed to physical, economic, psychological, and sexual violence.

d. On the migration route, they find themselves exposed to vandalism, crime, and murder (armed robbery, beatings, harassment, sexual aggression), as well as the onslaught of organized crime, extortion, kidnapping and human trafficking. Discrimination and stigmatization are also in play, affecting access to basic services.

e. Returning to the community of origin also leaves them exposed to forms of vulnerability, such as stigmatization for having migrated irregularly, leading to difficulties in their reintegration in school, at work, the community, and in their rootedness.

Children, adolescents, and youth have to face the effects of the emotional distress that emerges in the difficult situations they face, and that results in them constantly experiencing fear, grief, anxiety, depression, risk of suicide, trauma, false beliefs, stigmatization, little clarity of their life project, and others. These become exacerbated when they have little access to services that might provide an integral response to their emotional distress.

As for the impact that the migratory process has on people's mental health, the Goldlust and Richmond Multivariate Model (1974) states that pre-migration is influenced by variables such as: Family issues, structural issues that provoke migration, coping strategies in a migrant person, prior to taking the migratory route. It also discusses the characteristics of the individual, such as age and post-migration factors such as discrimination and unemployment. The result of the interaction of these factors is mediated by the perception of control over their own lives, which has to do with the individual's coping strategies, such as empathy, social skills, tolerance, self-esteem, self-reliance, and cognitive control (quoted in Pinillos, 2012).

The conditions of multi-causal vulnerability and psychosocial impacts that increase the risk of irregular migration in children and youth are the grounds for delivering a comprehensive response in the form of psychosocial support for individuals and communities, in order to enhance conditions for the recovery and coping of individuals, families, communities and society, placing them at the forefront of their own process of transformation.

Moreover, this module proposes a reflection on psychosocial support for children, adolescents, and young people in the different areas of human mobility, based on prevention, respect, responsible listening and empathy, enhancing their emotional resources to strengthen their coping and the realization of their goals, based on their own needs, support resources and life project. This is entirely driven in an inductive way.

Therefore ALTERNATIVAS focuses on the importance of advising those who accompany individuals, families, communities and society in this process of achieving wellness. This involves, primarily, reflecting on the basic principles of psychosocial support, with special regard to action with no harm.

This module will be delivered to professionals, promoters, people who work with children, adolescents and youth who are migrants or at risk of irregular migration, providing them the concepts and practical techniques for providing appropriate psychosocial support in the target group's context.

2. Module Objectives

Module Objectives

Participants strengthen their competencies in psychosocial support to work with children, adolescents and youth who are at risk of irregular migration and (re)migration.

Specific Objectives

Participants:

- Clarify their role in an advisory capacity, and providing psychosocial support to children, adolescents, and youth in a vulnerable situation.
- Engage in critical reflection about actions they carry out with children, adolescents, and youth in a vulnerable context.
- Reflect on the importance of humanizing psychosocial support to empower children, adolescents, and youth in vulnerable contexts.
- Shore up their knowledge and practical techniques for psychosocial support and advisory assistance.
- From their scope of action, they identify potential areas for improvement in the process of psychosocial support at the individual, group, and community level, according to the needs and conditions of people in vulnerability.

Chapter 1:

Psychosocial Support in Contexts of Vulnerability and at Risk of Irregular Migration

Chapter 1: Psychosocial Support in Contexts of Vulnerability and at Risk of Irregular Migration

The United Nations Inter-Agency Standing Committee (IASC) uses the term mental health and psychosocial support to describe "any type of local or external support whose purpose is to protect or promote psychosocial well-being and/or to prevent or treat mental disorders" (IASC, 2007).

1. Basic Concepts, Approaches and Models

The following concepts, approaches and models make it possible to learn about-, define and clarify essential content for psychosocial support to implement with children, adolescents and youth. These in turn underpin the thematic content and strategies for psychosocial support proposed in the five modules, and which are briefly presented by the ALTERNATIVAS program in this module.

1.1 Mental Health

According to the Constitution of the World Health Organization (WHO, 2006, p.1) mental health is defined as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."

1.2 Actions/measures with a psychosocial perspective

These are individual, family, community, and social actions that institutions, working teams and caregivers undertake in addressing the personal and collective effects of specific situations involving emotional suffering. These actions are carried out taking the situations experienced and their impacts into account in the analysis, based on the conception of the individual as a social being in an ongoing relationship, addressing the causes, development, and consequences of living phenomena, to promote appropriate support that promotes individual, family, community, and social change.

"The objective of Psychosocial Support actions/measures is to preserve and promote psychosocial wellbeing and/or prevent or counteract mental illness; therefore, psychosocial measures seek to provide stability, minimize stress and strengthen constructive relationships and existing resources to people and communities." (GIZ, 2020, p. 3).

1.3 Psychosocial impact in children and youth

The impacts, effects, or changes in the individual or group exhibited by children, adolescents, and youth, created by a specific phenomenon in a situation of vulnerability or risk, affecting the way of relating, acting, and dealing with the circumstance. These are normal repercussions when facing abnormal situations.

1.4 Stressors or trigger situations

These are stimuli, situations, conditions, persons, or objects that lead to a reaction in our mind and body, causing us to adapt to a new situation, circumstance, person, condition, etc. These may be unexpected situations where information needs to be processed quickly, an external pressure or stimuli, a perceived threat/danger/life-threatening risk, physical challenges like disease, abnormal conditions like isolation or confinement, being blocked from aspects or conditions that are in our interests or that lead to wellbeing.

It could also be other situations, such as speaking in public, having a row or disagreement, situations that create changes in living conditions and surroundings, such as armed conflict, situations of violence, accidents, or natural disaster. Facing other situations that are out of the individual's control can be important stressors, such as loss of a job, family separation, or the death of a relative (See Module 3).

1.5 Acute Stress

This short-term stress fades quickly, it helps us manage risks or emerges when we have a new experience or feel excitement, in fact, everyone experiences this sort of stress in their lives. It is characterized by emotional suffering, physiological/muscular issues, and over-excitement.

The prevalence of symptoms usually lasts between three days to a maximum of one month, after which the symptoms decrease. It is not necessary for all symptoms in diagnostic criteria to become manifest (See Module 3).

1.6 Chronic Stress

This is stress that lasts for an extended period, remaining weeks, or months, often going unnoticed, and may generate burnout in the long term, which can also lead to health issues. Examples of this are cases of exposure to intrafamiliar violence, extended economic crisis, disease, etc.

1.7 Critical incident stress

It is the stress produced by a single, sudden, and unexpected event that affects the person's physical and/or psychological integrity, allowing them no time for emotional preparation; it normally intensifies with the incident, and starts to decrease after 72 hours.

The critical incident leads to a series of physical, emotional, behavioral, conduct- and cognitive-related reactions, and can potentially interfere in the ability to act immediately or afterwards, making it difficult, in some cases, to return to a workday or family routine. This is the sort of stress a person regularly experiences as an initial response.

1.8 Traumatic Stress

This is stress experienced because of a potentially traumatic event, such as a violent event that generates a lot of suffering, which endangers the physical and psychological integrity of one or more individuals who experience it directly, such as spectators. There are different types of traumatic experiences:

1. Unexpected, sudden, unique.

2. Recurring, constantly present in the environment .

3. Cumulative.

4. Sequential.

For a potentially traumatic event to be considered traumatic, the individual needs to have had a feeling of great impotence and/or fear of dying. People who experience a potentially traumatic event react with stress during the event and acute post-traumatic stress after experiencing the event. A traumatogenic event (potentially traumatic) can be overcome if the society and the individual have the resources to deal with it, these resources can be personal capacities, friends, institutions, family, etc. (Perren, 2018).

The WHO (2000), in the tenth edition of the International Classification of Diseases (ICD-10) states that trauma occurs when: "The individual must have been exposed to a stressful event or situation (either brief or long-lasting) of exceptionally threatening or catastrophic nature, which would be likely to cause pervasive distress in almost anyone." (p.121).

According to its characteristics, trauma can be classified as: simple trauma, complex trauma, sequential trauma, and cumulative trauma (See Module 3).

Another category to consider is noted by Pérez-Sales (2006) as "collective trauma", which is a process of social destructuring of shared value and belief systems because of the violence in the social, economic, or material conditions shared by a majority; or in the face of situations that threaten or lead one to fear for the security of the individual or group. As such, it is a process of interaction and shared reinterpretation emerging from the historical processes of the present situation and the shared perspective of the future as individuals and as a group.

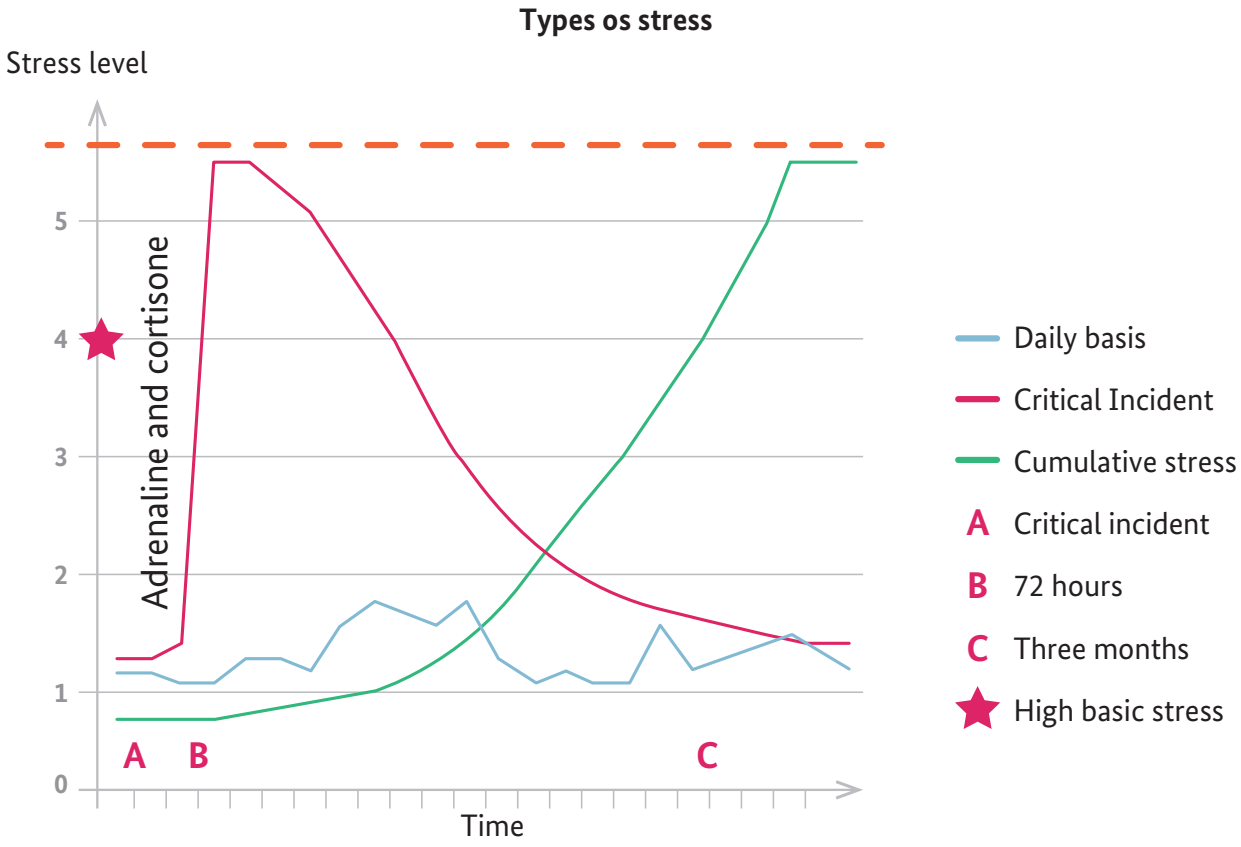
1.9 Post-Traumatic Stress Disorder

Posttraumatic stress disorder (PTSD), according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is characterized by "psychological symptoms of stimulus avoidance related to the PTE (potentially traumatic event), cognitive and mood alterations, and important alterations in arousal and reactivity associated with the PTE" (American Psychiatric Association, 2013, p. 666). Children, adolescents, youth, or adults may not directly experience the traumatic event itself, but may witness it, or be aware that it happened to a family member.

In the case of children there are certain factors that can determine that they are at risk, such as: the severity of the traumatic event, being seriously injured, previous experience of an adverse event, family history of mental health disorders.

In Module 3 on " Managing Traumatic Experiences" we will go deeper into the various concepts related to the types of stress and trauma, expanding on the typology, reactions, neurobiological process, and approaches.

Figure 5. Types of Stress (Franc Kernjac, 2004).



1.10 Ambiguous loss

The model of ambiguous loss that was created by Pauline Boss (1999), refers to the emotional ambiguity that we experience when facing grief or loss where ambiguity is the predominant element, because it is a confusing, incomplete, or partial loss. It is a loss with no official verification, resolution, closure, rituals, or community acknowledgement of the loss, with no support for changes in status or role. People who are

involved in the dynamics in situations of risk of irregular migration, could experience uncertainty associated with the experience of physical, social and cultural uprooting, mainly in the terms of dealing with human mobility.

Type 1 Ambiguous Loss is caused by physical absence with psychological presence. Here people are physically absent but psychologically present, which might have to do with people who have left their families, friends, belongings, property behind, without the possibility of reestablishing contact or knowing their whereabouts for security or other reasons.

Type 2 Ambiguous Loss is caused by psychological absence with physical presence. This is when a family member is physically present but psychologically absent, which may involve family members who remain, take on new roles, and who on occasion may experience depression, addiction, distress over absent relatives or assets, chronic mental illness. This is also the case in migrants who have returned, being traumatized or chronically mentally ill, may experience the psychological absence that completely modifies their relationship with others when they return to their family environment.

Ambiguous loss acknowledges the ambivalence experienced in the case of people in transit who may wish to return to their home or country of origin, and in turn fear returning because of security risks. On the other hand, uncertainty prevents people from adapting and reorganizing the roles and rules in the relationship with their loved ones. In many cases, the family situation is stuck at this point because there is an expectation that things will return to normal.

Although many different circumstances may give rise to irregular migration, they generally share a common concern with dealing with the sense of loss of control, the need to redefine their prospects, and rebuild their identity. As for identity, this means knowing who one is and one' s roles in relation to others and how others define them, so the impact on different identities must be considered: Identity as an individual, as a couple, as a family, and as a community.

It should be noted that ambiguous loss can lead to symptoms similar to those of complicated grief, with the former leading to the latter (See Module 3).

1.11 Grief

This is the normal adaptive response that a person usually has when there is loss. It is an emotional and behavioral process by which, when done appropriately, the individual rebuilds his world and himself without the lost object (a person who has died, been separated, the loss of a house, a pet, a job, health, position, etc.), ascribing meaning to the loss, finding ways to solve the tasks in which he used the lost object and preparing to live without it.

Although there are different normal manifestations of grief, such as emotions, physical sensations, alterations in perception, cognition, and behavior, not everyone experiences grief in the same way. Not everyone goes through the stages of shock, denial, anger, bargaining, depression and acceptance in that order or experiences all these reactions (See Module 3).

1.12 Complicated Grief

This is the intensification of grief to the level where the person is overwhelmed, resorts to maladaptive behavior, or remains in the state without progression towards completion. This implies processes that include stereotypical repetitions, or frequent interruptions in healing (Horowitz, Wilner, Marmar and Krupnick, 1980).

Different types of complicated grief can be observed:

a. **Anticipatory grief:** This begins long before the death or loss itself, for instance, when a relative has been diagnosed as incurable, it produces sadness in the person that receives the news, but also a, more or less, unconscious adaptation to the new situation that has just been created takes place.

b. **Inhibited or denied grief:** There is a denial of the expression of grief, because the person does not address the loss as real.

c. **Duelo crónico:** This involves an excessively long time; it can take up a whole lifetime.

d. **Traumatic grief:** When loss is unexpected or traumatic, processing and acceptance may be met with interference by traumatic memories that produce abnormally intense distress, excessively intense memories, as well as nightmares, flashbacks, and recurrent intrusive memories. This can deepen or extend the feeling of disbelief, denial of death, anger, and rage, also accompanied by anxiety, insomnia and depression.

e. **Grief triggering psychiatric pathology:** It can sometimes trigger psychiatric disorders such as depression, anxiety, substance abuse, post-traumatic stress syndrome, and psychotic breaks in susceptible individuals (See Module 2.

1.13 Depression

A distinction must be made between sadness and depression. Sadness is a mild affliction and dissatisfaction, but it does not significantly hinder a person from functioning in his or her normal activities. Depression is when sadness runs so deep that it is impossible to function; the individual is unable to care for himself or others. Depression can be accompanied by changes in appetite, sleep, psychomotor functions, loss of interest and energy, feelings of guilt, thoughts of death, possible suicidal behavior (see 1.16), and diminished concentration. All experienced intensely and frequently.

1.14 Anxiety

This is a sensation of fear and apprehension that may be confusing, vague, very unsettling and lead to worrying. One who experiences this can present symptoms like accelerated heart rate, breathing difficulties, loss of appetite, compulsive feeding, fainting, dizziness, sweating, insomnia, nervousness, and agitation. Anxiety can also involve feelings of uncertainty, helplessness, physiological excitement and/or, concern.

1.15 Suicidal Behavior[1]

According to the World Health Organization, suicide is "the deliberate act of taking one's life. The prevalence and methods vary according to different countries, taking into account that adolescents are particularly vulnerable due to their stage of development" (UNICEF, 2017, p.8).

There are individuals who may be more susceptible to suicidal behavior, such as those facing high levels of anxiety, feelings of hopelessness, despair, and fear; these feelings are usually experienced by those who have had previous suicide attempts. It is very important for psychosocial support to include questions and appropriate intervention when a potential risk of suicide is detected, especially when there is a narrative of sadness.

Suicidal behaviors can be: **(a) Suicidal ideation:** Ranging from thoughts of death or dying, death wish, thoughts of self-harm, to a specific plan to commit suicide. **(b) Attempted Suicide:** Involving a series of behaviors or actions whereby a person intentionally seeks to harm him/herself to the point of death but fails to do so. **(c) Completed Suicide:** When a person voluntarily and intentionally completes suicide.

Adolescents and young people at risk of suicide may face psychological or mental vulnerability as a result of different factors, the most common being: Family issues such as situations of violence or aggression, sexual abuse; problems at school regarding low grades, and rejection by peers, bullying through teasing and aggression. Other risk factors include family members overreacting to sexual identification (see Module 2).

1.16 Coping Strategies

Coping strategies are the characteristic ways of handling difficulties that influence the way we identify and try to deal with problems, i.e., the behavioral and psychological efforts that people make to manage, reduce, or minimize stressful events and to cope with stressors. The capacity people have for coping with life experiences influences the amount of stress they feel and how they handle it. In coping, people use their personal, family, group, and community resources to manage a problem, and to overcome or avoid an obstacle.

Module 5 on " Self-care " will go deeper into aspects related to coping strategies, risk factors and protective factors that can influence the individual and group responses to different events and conditions.

1.17 Informed Consent

This is an indispensable requirement so that the people who are being supported or have whose specific topics are being explored, make an informed decision to participate, are not coerced, and with adequate information agree to participate. This entails informing them about the procedure that will be performed, the treatment that the information will provide, which is fundamental to maintaining the basic ethics that protect those who are in a situation of vulnerability or disadvantage, informing them of their right to refuse or accept.

Informed consent can be provided in verbal or written form, because, when we explore information or initiate support processes, we take photographs and/or video. It should include disclosing what the project plans to do with this information, considering data protection and confidentiality. The necessary precautions must be taken in cases of children and adolescents, by requesting the consent of parents or guardians.
Before developing or proceeding with informed consent, assess the risks to individuals, the sensitivity that

[1] https://www.youtube.com/watch?v=9buI9gsQEY4

the information may entail, be clear about how the information will be stored, who will have access to it, and how it will be used. This should be established as clearly and transparently as possible from the outset.

1.18 Resilience

Resilience is the ability to recover from and adapt to adversity, develop social, academic, and vocational competence, even in the face of adverse events, severe stress, or strain. This a natural or acquired capacity in which people combine their skills and strengths to achieve individual and group change. These resilient characteristics can be observed in individuals, families, groups, and communities.

Resilience is considered the product of a dynamic process between protective and risk factors, which can be built, developed, and promoted. It builds on human strengths, developing the potential of each individual. It aims to identify and deploy the skills and resources available to people, encourage self-esteem, a positive self-concept and of the environment, generate appropriate problem-solving behaviors, and expectations of being able to manage one's own life (Fiorentino, 2008).

In reference to community resilience, it is important to consider that the community is the group that, in addition to sharing a territory, maintains human and economic ties, ideas, values, customs and goals that are a reference for all its members. Community resilience is the capacity developed by the community to detect and forestall adversity, recover from harm, activating the social and institutional system to cope and reorganize itself to meet the adversities that affect them as a collective. At the same time, they develop and strengthen their community resources to adequately adapt to overcome their own difficulties. This is all influenced by the community's own social, cultural, group, and spiritual characteristics and conditions. In facing adversity, resilient communities often engage in positive coping behaviors such as mutual aid, cooperation, community organization; all of which are involved in improving the conditions of their community.

In module 4 on " Socio-Emotional Competencies and Family Support," there will be an in-depth discussion on the concepts of resilience, risk factors and protective factors associated with resilience, as well as on the processes of psychosocial support for strengthening the resilience of children and young people through the promotion of socio-emotional competencies and family support.

1.19 Burnout Syndrome

Referring to burnout, the symptomatology focuses on reactions related to the work environment and working conditions (Arón, and Llanos, 2004, p. 4). Burnout arises when the body and mind are subjected to continuous stressful situations, with no opportunity to recover (Zamudio, 2011, p. 18).

Approaches and Models

In the following, the approaches and models that conceptually and methodologically support the psychosocial support strategies proposed in the modules will be briefly explained..

1.20 Psychosocial Approach

The psychosocial approach addresses behaviors, attitudes, emotions and thoughts in individuals and groups that have undergone potentially traumatic situations or emotional distress, which are produced socially,

meaning its roots are to be found, not in the individual, but in society (Martin Baró, 2000). The psychosocial approach allows for a broad vision to understand the historic background, the cultural, ideological, economic, religious, and social contexts of each phenomenon.

1.21 Systemic Approach

This approach allows us to understand, address and generate proposals, characterized by contemplating each object and subject in its totality, understanding the relationships between its elements and with other phenomena outside the system, providing comprehensiveness and avoiding unilateral and simplistic visions. As such, the systemic approach provides a more complete view of all the actors involved and the context in which different issues are encountered, with their varying degrees of involvement and impact. Likewise, the systemic approach involves analyzing and interacting according to the ecological model, adopting intersectoral and multilevel perspectives.

1.22 Rights-based Approach

This approach includes the rights provided for in legal frameworks and international conventions. Similarly, all the rights that, although unregulated, are part of the defense of the human condition. Incorporating the rights approach implies that mental health and psychosocial support actions promote and protect human rights, with respect for human dignity, encouraging the informed participation of people, carrying out actions to raise awareness about their rights, strengthening community social support, considering the most vulnerable groups. This approach should make it possible to mobilize other actors to provide individuals, families, and communities with comprehensive support.

1.23 Multidimensional Approach

This approach to psychosocial support involves different possible dimensions of coping with an incident, involving a comprehensive view of the needs for support, i.e., from all levels: Individual, family, group, community and social, including basic and specialized aspects. The multidimensional approach to psychosocial support also involves aspects such as conducting a comprehensive mapping of the actors involved, coordinating with governmental and non-governmental institutions and community leaders, doing multidisciplinary work, and establishing procedures for referrals to various services. The aforementioned is based on the IASC intervention pyramid for mental health services and psychosocial support in emergencies (2007), describing four levels of service and support: (a) Basic services and security, (b) Community and Family Support, (c) Focused, non-specialized primary care mental health services, and (d) Specialized mental health service ((See the pyramid in Figure 2, page 15)

The following is a description, from the perspective of ALTERNATIVAS, of the factors in each level of the pyramid, that are involved in the practice of psychosocial support as proposed in this module, the application of the multidimensional approach that is sought:

The basic service and security level involves safety and security measures and access to services that respond to basic needs (food, shelter, water supply, basic health services, fight against communicable diseases). This

includes promoting these services to responsible actors, documenting their effects on mental health and psychosocial well-being, and influencing individuals, groups, and institutions that provide various services so that they promote mental health and psychosocial well-being. This process should be carried out in a participatory manner, safeguarding the dignity of individuals and communities, to strengthen local social supports and the mobilization of social support networks.

Community and family support, located in the pyramid's second tier. This has to do with providing a response that enables people to maintain their mental health and psychosocial well-being, benefit from receiving support, and access community and family support. Some examples of this support are the location of family members, family reunification, participation in community rituals and ceremonies, basic information, and guidelines for dealing with situations, conflict resolution, various activities in schools, in the community, in the work environment, such as the reactivation of support networks for specific groups, for example groups of mothers.

The third level of the pyramid consists of **focused/non-specialized support** provided by health promoters, community promoters and primary health care providers who are trained and have technical support to provide interventions at the individual, family, or group level.

The fourth level of the pyramid, **specialized services**, refers to additional support for a small number of people who may have a serious mental disorder, and when their needs cannot be met by primary care and the previous levels of the pyramid. Upon detection, these cases require referral to specialized services to receive psychological or psychiatric support, as appropriate, with follow-up at other levels of care.

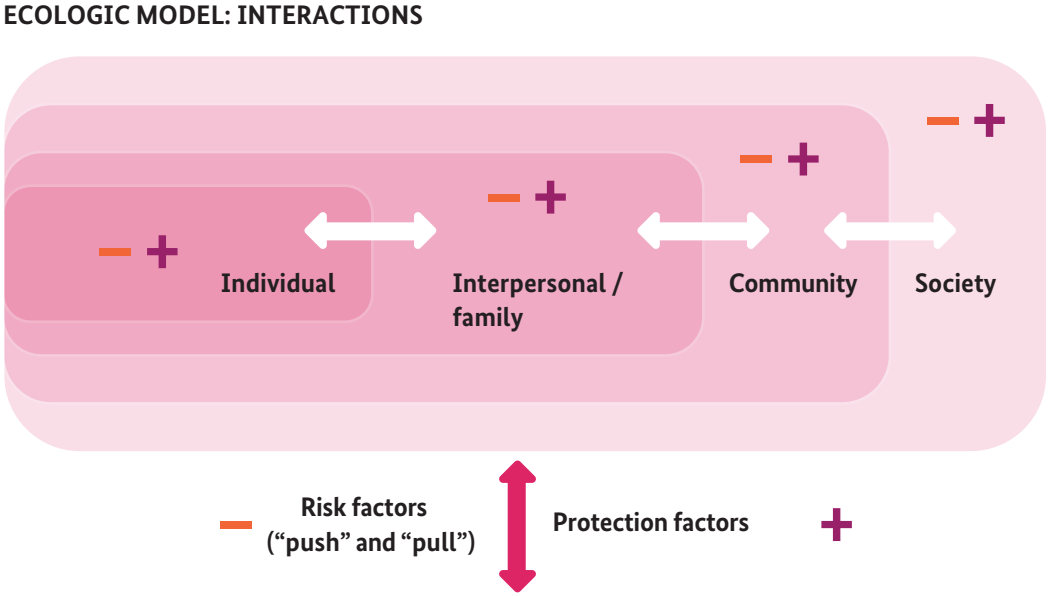
1.24 Differential Approach

The differential approach means that, when designing and implementing psychosocial processes, it is necessary to consider the various needs, expectations, limitations, or access to different services and/or rights according to the characteristics of the people and/or groups that are accompanied: women, men, children, adolescents, and youth. This leads to reflection on aspects such as the social, economic, historical, cultural, gender, generational, ethnic, language, spirituality, sexual orientation, and the type of organization that may require different types of interventions. Therefore, the individuals and groups who are receiving support should always be encouraged to participate, to take their concerns into account. In the case of accompanying children, one must consider their specific needs according to their age, and at the same time, work must be done with their family and significant people, such as teachers; it is the same in the case of women, according to the impact of gender violence or social roles.

1.25 Ecological Model

This model is used in the World Report on Violence and Health to gain a global understanding of violence, in terms of its causes and its consequences; and promote violence prevention based on multiple factors that

Figure 6. Output of the workshop on "Intersectorial Approach to Irregular Migration of Children, Adolescents and Youth in the NTCA.



explain why individuals and groups are at greater or lesser risk of violence. This model considers interpersonal violence an outcome of the interaction of several factors at the individual level, in relationships, in the community and at the social level (WHO, 2002).

The ecological model generates an analysis of the factors that influence behavior, predisposing risk factors for committing or exposing oneself to particular acts of violence, with an analysis that clarifies the causes of violence, its interactions, showing that actions for prevention need to be undertaken at several levels at once.

1.26 Salutogenesis

Positive health model described by Antonovsky (1996) regarding an individual's ability to survive, cope and live with what has transpired. Salutogenesis focuses on health, balancing resources, a survey-feedback to learn what people have in terms of protection, and support for prevention. The concept indicates one's own coherence, and comprises three components: Feeling of manageability, the ability to understand and meaningfulness. It focuses on promoting health and on prevention. It focuses on identifying, promoting, and implementing strategies to recover, maintain and optimize health, performing a comprehensive health assessment as an intervention. This approach relies on the individual's ability to cope with emotional suffering and to increase their inner strength and wisdom, and the ability to give it meaning.

2. Psychosocial Support

Facing conditions of vulnerability is considered a very complex situation for any child, adolescent or youth, a situation that involves all the people with an individual, family, community, and social history. Their story is one of aspirations, dreams, decisions, emotions, learning, opportunities, frustrations, and life plans. In this personal complexity, these children, adolescents, and young people who live in this condition of vulnerability need to be accompanied from a comprehensive health and wellness perspective in the different

environments in which they interact, that is, psychosocial support.

Psychosocial support is the intervention process at the individual, family, community, and social level that is based on social psychology, in order to promote active participation of individuals, families, groups and communities in personal, family and social transformation, in order to prevent, address and cope with the consequences of psychosocial impacts caused by difficult situations and emotional distress. These actions aim to promote well-being, restore integrity, dignity and strengthen social support networks.

Therefore, the purpose of psychosocial support is to facilitate the normalization, to empower resources, strengthening and social mobilization of individuals and groups, who are stakeholders in their own process of change.

Psychosocial support for children, adolescents and youth seeks the following:

- Prevention, assistance, and coping.
- From a horizontal approach, support the expression and understanding of the emotional impact of the experiences, providing a safe space for expression.
- Promote the processing of experiences
- Strengthen individuals and groups to organize and take charge of their family, community, and social processes of reconstruction.
- Empower coping for personal, group, social, economic, cultural, educational, and spiritual recovery.

Table 2. Basic clarification of psychosocial support

What it is	What it isn't
Psychosocial Support is the set of actions to deliver support and care for individuals, groups and organizations' psychological conditions, and social dynamics experienced as emotional distress. Its scientific basis is human behavioral science.	A technique that seeks to reinforce only certain objectives, or only provide therapy support.
Active and responsible listening is the ability and willingness to understand both verbally and non-verbally, from the point of view of the speaker, with empathy, responsibility, in an attitude of respect and trust.	Paternalistic help, assistentialist and offering advice, telling the person what to do, victimizing them, perceiving them as helpless, incapable of making decisions or deciding for them.
Respect the person, the culture, the customs, spirituality and beliefs.	To disparage or ridicule another's beliefs, culture or force a change in their customs.
Work on preventing emotional damage. It guides, informs, reflects the decisions people make, they are responsible for their actions, they recognize their skills and coping. All the actions are intended to transform the causes of violence and oppression of people.	Ensure that the person is functional in the social context that harms them. There is no transformation.
There are multidisciplinary, comprehensive processes, with actions taken in a variety of issue domains.	Specific or isolated actions; apply formulas or recipes; a single area or profession is tasked; involves only community or group work.

Individuals delivering psychosocial support need to be motivated, possess the physical, emotional, and technical resources for the support they provide; be respectful of other cultures, social values and lifestyles; be able to appropriately adapt to improvised or changing situations; respect and confidentiality; additionally, they need to know how to establish limits, not engage, and be able to acknowledge and cope with their own stress.
Therefore the ALTERNATIVAS Program clarifies basic premises for psychosocial support, certain criteria that define it, and active listening as one of its resources, as compared to other forms of emotional support, as noted previously.

3. Basic Principles of Psychosocial Support

In the following, the basic principles that are fundamental to guide psychosocial support, whether in individual, family, community, or social interventions, will be presented:

3.1 Do No Harm Approach

All psychosocial actions should take care to minimize the risk of harm, constantly analyzing all the interactions and the context in which they are carried out, mitigating the negative impacts of the interventions that could intensify the problems of the people or groups that are involved.

Some implications of the do-no-harm approach is the cross-cutting approach to flexible management, meaning that all psychosocial support actions must be directed at the specific needs of the population being served. This requires a detailed and customized support analysis, adapted to the difficulties, challenges or conditions faced by this population.

Another important part of this principle is to identify the existing potential, maintaining coordination and channels of communication with other institutions so as not to duplicate efforts and actions, avoiding the neglect of other lesser aspects or minority groups; developing the competencies for adequate psychosocial support, understanding the power relations that arise between one who gives support and one who receives it.

This principle should provide for the early identification of situations in which there are risks, life threats, abuse, drug or alcohol abuse, situations of serious family separation, health issues. People who have directly experienced violence should be considered, as well as those who have fewer personal resources, social support, family or group conflicts and educational difficulties, among other conditions of vulnerability; so that our interventions do not increase the harm.

Pérez-Sales and Fernández Lira (2016) mention some basic guidelines that could help in the informed enforcement of this principle:

- Clarify the purpose of the processes.
- Respect the timing and personal dynamics of individual stories.
- Group reconstruction exercises should aim to weave multiple stories into a shared narrative.
- Validate the legitimacy of outrage.
- Talk about what has been lost, but also about the future and challenges ahead.

3.2 No discrimination and Respect for Diversity

Psychosocial support entails treating all people equally, regardless of their ethnic origin, geography, gender, language, religion, ideology, sexual orientation, age, economic status, etc., according to their circumstances, skills, and abilities.

3.3 Understanding the Context

Knowing and analyzing the context in which the psychosocial support will take place allows us to understand what, how, why, for whom and where, of all the actions to be promoted in this process. This requires trying to understand, in the case of migratory processes, for instance, the different components of irregular migration, the conditions in each country and those in the sending and receiving communities; this analysis must be ongoing, in that human mobility is dynamic and the actors, circumstances, conditions, modalities are also dynamic.

It is necessary to reflect on the influence that traditional practices have on the person or groups, on their coping strategies, on their forms of organization and on the different local dynamics. At this point, it is relevant to address and include key actors and/or traditional figures so that they can contribute, build, and promote actions that benefit the support process.

It is also necessary to consider the context in which the person or group made the decisions, that is, to investigate the person's current condition and situation and its collective implications. Understanding the context helps us to understand the history, culture, customs, needs and/or projections of the past, present, and future, and the psychosocial impacts that the risks of irregular migration have on the individual and his/her social environment as well as on the family, specific groups, community, and society.

3.4 Cultural Sensitivity

Culture includes all beliefs, rites, customs, oral knowledge, shared by a group of people, which influence codes of conduct, language, and clothing among others; these are the aspects that help build relationships of harmony, understanding and solidarity with others, things that happen are ascribed meaning according to cultural beliefs.

Psychosocial support should consider the reaching out to- and engaging spiritual and health leaders, such as spiritual guides, midwives, bone setters, healers, herbalists, etc. This is to work with them on promoting positive coping strategies based on existing culture and spirituality, respecting the traditions, and this is a possible option for sustainability with their ongoing support. Approaching traditional actors is best done in the company of individuals from the same ethnic and/or religious group.

3.5 No Re-Victimization

This is one of the key principles in psychosocial support, for individual and group wellbeing. To avoid re-victimization of individuals who have experienced emotional distress, all the aforementioned principles need to be met, in order not to cause additional distress to the individuals or groups. Under this principle, consider undertaking objective and relevant interventions, adapt to the target context, and ensure people's safety, to avoid putting them at risk. There also needs to be ongoing horizontal communication, for there to be exchanges in group settings that promote interaction between different individuals, and the expression of different needs. Special care is required to avoid opening processes that will not have support.

3.6 Mental Wellness

Mental wellness involves technical readiness of those accompanying the process, to understand how to interact with individuals who were exposed to potentially traumatic situations or circumstances that result in emotional distress; possess the necessary skills to detect, address and/or refer to specialized services as required. The principle of mental wellness fosters the conditions required for prevention and support, promoting, and protecting the wellness of individuals and groups.

3.7 Confidentiality

In vulnerable contexts, persistent mutual distrust toward others is constant due to the circumstance

experienced, potentially modifying the conception of the world and of other people. However, psychosocial support for people in vulnerable circumstances builds trust in the relationships among individuals and those who support. Therefore, information that is stated and shared must remain confidential. That is, practicing professional secrecy, respecting the intimacy and integrity of the individual receiving psychosocial support (See Module 2 for exceptional cases at risk of loss of life, in particular involving children, adolescents, and youth).

3.8 Participation

Promoting the active participation of people and groups is fundamental in all processes of psychosocial support. For instance, people and communities who experience emotional distress have an important role in providing information for psychosocial exploration; and in strengthening, and in the appropriate response to address difficulties, encouraging them to undertake actions to help them to be able to again manage their lives and environment, while ensuring the sustainability of the psychosocial actions taken. It is important to remember to encourage individuals to articulate and share, particularly children, for decisions to be made together.

4. Domains of Psychosocial Support

The domains of psychosocial support are at these levels: Individual, family, group, community, social; these are different settings for interventions where interaction takes place.

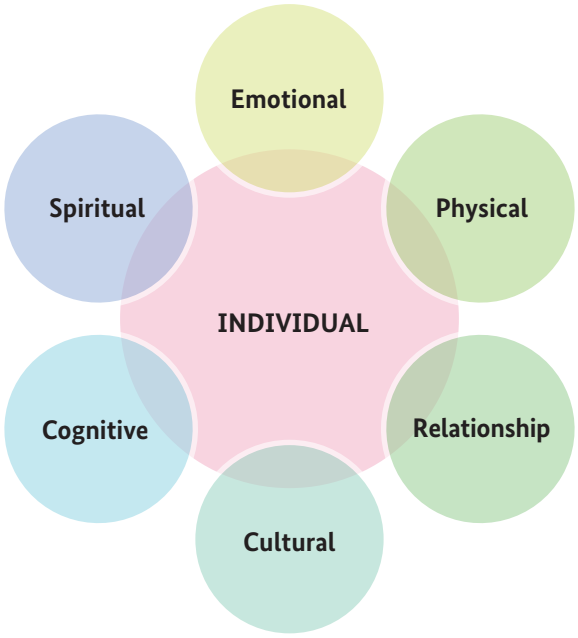
4.1 Individual

It is important to note that when those who provide support work with children in need of psychosocial support, they must keep in mind that these persons need to be encouraged to be actively involved in the process of regaining the perception of control of their own lives. The perception of control enables the individual to believe they can manage their circumstance and their life, and to find meaning in what they experienced.

When experiencing situations of violence and/or extreme violence, various cognitive, behavioral, anyone may exhibit physiological and emotional reactions, such as: fear, sadness, nightmares, recurring memories, unwillingness to resume activities, discouragement, which are considered normal in the face of abnormal situations. It is important to note that within these reactions people can present adaptive (positive) or maladaptive (negative) ways of coping. Adaptive ones are those reactions that make them feel better and are healthy for their personal processes such as seeking information/guidance, exercising, resuming pleasurable activities, seeking relaxing activities, seeking the support of others, or resuming group activities. On the other hand, the maladaptive reactions are those that hinder the dynamics and personal development, such as the use of alcohol, drugs, isolation, violence, etc.

In individual support, the focus should be kept on strengthening people's ways of coping, these being

Figure 7. Psychosocial support at individual level



the various positive forms that these people have found to gather strength, move forward and cope with situations of distress, leveraging their support networks: family, neighbors, friends, teachers, leaders, spiritual guides, religious, etc., aspects which are also considered to be resources for coping with crises.

Coping resources may be internal and external. The internal resources include personal resistance to stress, know-how, training, sense of belonging (family, community, humanity), value system (solidarity, justice, truth, transparency), spirituality (meaning, transcendence, etc.). External coping resources include family, friends, work colleagues, doctor, priest/pastor, community, church, school, equipment, organization, etc.[2]

Some helpful approaches and techniques for psychosocial work at the individual level can be individual exploration, observation, dialogue, contact techniques, art, individual support, home visits, among others.

4.2 Family

There are difficult situations that have a strong impact on the family domain. In addition, the family may be the source of circumstances that create distress in the family itself. This may lead to the split of family ties, communication breakdown, changes in dynamics and behaviors. An example of this could be the concern about the debts assumed by the family member who migrated, and when it is the head of the household who migrated, a period of economic crisis can ensue due to the lack of income while on the migration route. In the case of children and young people, they may experience feelings of abandonment and a major impact on their behavior. In the case of women, they may face social pressure from older

[2] See Coping Strategies in 1.18, and in Module 5.

children, extended family, neighbors, or community leaders.

When it is the child, adolescent and youth who migrate, there is also an impact on the family that remains in the place of origin like parents, siblings, grandparents, friends; this comes from the concern for their well-being, the emptiness that their absence produces and the shift in the family dynamics.
The psychosocial support in the family environment must consider the particular needs and conditions that each family faces. This implies, for example, considering specific aspects for supporting family members of missing migrants or seriously injured returned migrants; situations where family roles change and children and adolescents are vulnerable, such as having to assume responsibility for family care and being forced to abandon their studies and age-appropriate activities; children and adolescents facing the abandonment of one or both parents, the family impact of parental unemployment, alcoholism, drug use, or violence. These are all realities that require comprehensive psychosocial support in coordination with other governmental and non-governmental organizations.

Some of the psychosocial support actions that are important in the family environment can be home visits, family explorations, family follow-up, support groups for family members, etc.

4.3 Group

Developing the process of psychosocial support in the group setting starts by considering the way the people we accompany understand the world, the way they relate to others; we must identify key people such as leaders, to work together, this facilitates interaction and the impact of our work. Likewise, it is necessary to keep in mind the group' s objectives, in contrast to the objectives of our support, to establish concrete actions that reflect progress for them. We must address the gender roles that have an important influence when we work in mixed groups, especially those who take the floor and how we will achieve equity.

During the group support process, the person accompanying must have the tools to deal with crises, considering that sometimes they can have a strong emotional load and it is necessary to intervene with concrete tools of collective containment. Likewise, to support groups it is important to undertake an adequate analysis of the group composition and consider their individual needs. There need to be tools for group management, adequate use of generating questions, of group meaning and content, linking topics and learning across sessions, incorporation of the principles of psychosocial support, rephrasing, paraphrasing, reorienting participants' ideas, adequate closing of sessions and adequate planning for preparation of a closing process and sustainability of the group.

Group psychosocial support can include various approaches or techniques such as: participatory explorations, support groups, participatory action research (PAR) activities, Popular Education, art processes, processes of sensitization of specific groups, etc. Keep in mind, however, that the techniques used in group work depend on the objective to be achieved, the characteristics of the participants, the age of the girls and young women, the context, and the experience.

Group work is an appropriate alternative when the demand for psychosocial support is very high and we want to strengthen support networks; in turn, it contributes to reducing the loneliness in children, adolescents and young people, and the false belief that "this only happens to me"; to great extent, this makes it possible for there to me movement and transformation.

4.4 Community

During psychosocial support, the effects of violence or irregular migration in the community setting should be considered, such as stigmatization, discrimination, harassment, control, rumors, accusations, being outside the school system, loss of friends and social ties, prejudice, lack of support and networks.

Community work with people at risk must be culturally sensitive, considering that factors for wellbeing include the expression and reconstruction of collective and cultural identity and those practices to which the people concerned ascribe importance. The collective identity is based on social interaction, sharing cultural traits and a common history. Culture and identity are resources that contribute to strengthening communities, which can be used as coping mechanisms in the face of various phenomena such as violence. Therefore, it is important to give experiences meaning by processing the experience and sharing it with others. This can help to prevent situations where people feel they are the only ones hurt, or where they tend to refuse to talk about their experiences, feeling misunderstood and unsupported.

Some ways of carrying out psychosocial work at the community level are participatory explorations, awareness campaigns, community meetings for psychosocial support, preparation of community plans to address mental health concerns or psychosocial impacts, collective and community art processes, accompanying organizational processes of transformation and/or processes of recovery of historical memory, etc.

4.5 Social

In the social domain, the effects of violence and irregular migration can generate stigmatization, labeling, criminalization of parents in cases of unaccompanied children and adolescents, loss of people with potential for society, changes in identity, uncertainty, fears, homesickness, doubt, community division, rumors, and distrust.

König states that, **"societies may be affected by traumatization within a nation-state, sub-national or transnational level, influencing the fabric of society, the interaction within societies and the interaction with others."** (König y Reimann, 2018). This is important because collective trauma could exacerbate existing conflict dynamics and could contribute to the emergence of so-called transgenerational trauma, transmitting individual and collective trauma from one generation to the next.

Psychosocial work can act at the social level through awareness campaigns, political advocacy, mobilization of actors/authorities/institutions, advocacy for public health policies or for raising awareness about the problems of specific groups.

5. Inter-institutional coordination for psychosocial support

5.1 Identifying actors

Carrying out the process of psychosocial support necessarily involves a mapping of key actors to coordinate and network with the different institutions and their actors; this helps in sharing information and looking for comprehensive solutions, delivering support in emergency situations, carrying out actions for raising awareness, or when referring cases.

After identifying key actors, different actions need to be taken to activate social support networks: Training teachers to support children and adolescents who have had potentially traumatic events; identifying cases in need of specialized care for their referral; promoting the leaders with training to strengthen social activities related to community dynamics. This coordination and networking require the preparation of clear guidelines for case referral and joint actions in situations of insecurity.

In addition to the actions of psychosocial support outlined in the multilayer approach of the IASC pyramid presented above, it is also advisable to implement certain best practices, such as:

- Set up a mental health and psychosocial service coordination group.
- Collect and analyze information to define the type of support that is required.
- Foster local capacities, supporting self-management, organization, strengthening the resources of the communities.
- Foster governmental capacities by integrating mental health care into health services for the general population.
- Set up access to various support services, including crisis care, benefiting people who experience distress after exposure to extreme events.
- Train primary-health-care personnel, and health care staff.
- Establish effective referral systems for specialized services and support for severely affected persons or persons with identified mental disorders; this is only possible if appropriate and accessible therapeutic services are available in the community. If there are none, it is important to inform the psychosocial support team, and to identify the nearest site, community or institution for referral.
- Provide people who so require with referrals to comprehensive services such as medical, legal, labor, educational, and clinical psychological support; hence the importance of having previously become acquainted with the various care services in the region.

- Institutions and organizations should reach agreements and consider opportunities for mutual referral.
- Provide for the inclusion of the psychosocial approach in all areas and institutions that provide support.

5.2 Interinstitutional Analysis of the context

Reflecting on current situations in the working environment provides information on the situation, relational dynamics, actors involved, and the relationship between cause and effect in everyday situations where we work. Context analysis, on a free-analysis basis, can be undertaken in exchange with other institutions, including specific interviews with subject-matter experts, forums for contextual exchange, or with specific situation analysis groups. Specific groups are often used as this technique allows the work teams from different institutions to share their knowledge and experience about the context where they work, allowing them to analyze the possible strategies for implementation. For this purpose, it is preferable to have an external facilitator to manage the group and systematize the information in an objective manner.

6. Important considerations for planning a psychosocial support process

When planning a psychosocial support process, be clear about when the process begins and when it will end. This can be best done based on a needs assessment or psychosocial survey (Chapter 3) containing stakeholder mapping, explorations, focus groups and home visits, among other actions. After the needs assessment, plan the type of psychosocial actions that respond to these needs, the context, and its implications, as well as the key actors with whom you should work with to create a network; and identify the evaluation periods so that, based on the results obtained, it can be determined if corrective measures are required or to prepare to close one stage and initiate another.

It should be kept in mind that, prior to initiating the psychosocial support at any of the different levels, certain agreements need to be reached at the outset of the process with the individuals, groups or communities involved; in addition, basic information needs to be provided for various aspects to be maintained throughout the process:

a. In the agreement, clarify the roles (functions and limits) of each institution, individual, group, family, community that is supported, and the one providing the support.

b. Specify the place, time, approximate duration of the process and frequency of the meetings, gatherings, visits, community activities, etc. On the first day, we should explain the way we work and the different elements that make up the relationship, so that the transformation can take place, and to clarify the importance of being committed, responsible, and to reach agreements in this exploration/transformation process.

c. Explain the responsible handling and use of the information we obtain from the meetings, and the contacts we will be working with. Make it very clear what psychosocial support consists of, without technicalities.

d. It is important to make the Informed Consent Agreement in advance, preferably in writing, with

some format previously established by our institution.

e. Some basic rules must also be explained for this process, such as confidentiality, non-violence, non-sexualization, non-exchange of gifts or presents, and their right to suspend the process of psychosocial support for justifiable reasons, establishing clearly what the procedure each one should follow in these cases.

f. Explain the institution's procedure regarding providing information in situations where there is a risk to life, crime, or others.

On occasion, it is necessary to revisit these agreements during the psychosocial support process, primarily when there is a perception that the initial agreements have not been respected, and therefore a decision to review with the person, group or community is made. Sometimes it is even considered necessary to renegotiate some of its aspects or go over those that are non-negotiable.

In the case of support groups, the group needs to establish the rules. Whether the group will be closed or open, the schedule, rules on absences or dropouts. That is, the details as to the procedure, the basic rules such as confidentiality, physical contact; these agreements will be made at the beginning of the process.

Table 3. Basic Guidelines for psychosocial support processes

Do's	Don'ts
Express yourself in simple and straightforward terms.	Avoid use of technical language.
Focus on the priorities stated by the individuals and groups.	Resist insisting on what we consider priorities or making decisions for them.
Regularly use language that appropriately conveys that their reactions are normal in response to abnormal situations.	Refrain from attempting to use technical terms to explain reactions.
Enhancing internal and external coping resources.	Refrain from creating dependency on the companion.
Consider everything from a global view, including the context where the psychosocial support is taking place.	Avoid focusing on only support, overlooking the different domains and circumstances.
Look at gender roles and culture in terms of their influence on dynamics and circumstances.	Do not take for granted the roles established from preconceived notions.
Keep in mind the various identities in the individual, family, and community.	Do not conceive of the individual as an isolated entity with no relational identity.
Have basic tools for attention in crisis in place.	Avoid addressing aspects that cannot be managed or contained.
Provide information on verified comprehensive services that can respond to their needs.	Refrain from creating expectations of services that are unknown or unverified.

Chapter 2

Approaches to Psychosocial Support and Basic Techniques

Chapter 2. Approaches to Psychosocial Support and Basic Techniques

The following are the basic approaches and techniques that the ALTERNATIVAS programme proposes as a basis for psychosocial accompaniment.

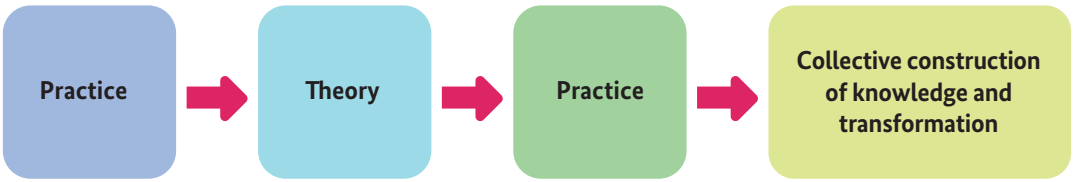
1. Popular Education in support of psychosocial work

Popular education, in the words of one of its greatest exponents, Paulo Freire, "is an approach to alternative education aimed at promoting social change", which also considers that "teaching is not transferring knowledge but creating the possibilities for its production or construction" and that "finds its very identity in its method, because as Freire also stated, "methodology is what makes popular education" (Van de Verlde, 2008).

This educational model invariably begins with practice, meaning what people know, experience, and feel when faced with situations and problems. This serves as a basis to theorize on the practice and go deeper into it; this process starts with the ordinary, with the individual and moves on to the social, collective, historical, and structural, allowing phenomena to be explained, understood and integrated; and finally, it moves on to a transformative practice, mindfully taking on commitments or tasks. Popular education is implemented in a variety of experiential activities, writing techniques and imagery, etc.

Popular education can help, among other things, with group cohesion, promoting trust and participation, contribute to the process that is pursued, always on the way to transformation. This methodology involves carrying out the activity according to the participants' characteristics, their number, the time allotted, the scope and limitations.

Figure 8. Processes in Popular Education



Basic aspects of Popular Education:

- The practice is based on the acknowledgement and respect of popular knowledge; that is, knowledge that all people have, considering their cultural identity and contexts.
- What is practical and everyday experiences serve to build the theory, and again put in practice to transform circumstance through a collective process of discussion and reflection.
- Skills, knowledge, and attitudes are developed in relationships of trust, empathy, horizontal relationships, exchange of ideas, experiences and knowledge.
- Train individuals who acknowledge their own possibilities and potentiality based on reflection.
- Facilitate individual and collective development of the ability to analyze, understand and transform their circumstance.

- Promote self-reliance so the group and collective improve their circumstance.
- Be clear that it is up to the communities to take the lead in the process of change.

2. Method of Participatory-action research (PAR)

The Participatory Action Research is a broad and flexible methodology to diagnose, intervene and evaluate psychosocial processes, prioritizing the role of the participants; combining evaluation and intervention, since it is the people who investigate reality to transform it. PAR "research allows for a clearer vision of what is required to achieve a better life and what it takes to achieve it" (Krause, 2002).

PRA calls on the facilitator to adopt a supportive role, focusing on getting the discussion and solution of the problem to emerge from the participants, based on reflection, participation, and commitment, linking the participants' knowledge -popular knowledge, collective memory and cultural sense with scientific knowledge. This method considers it important for people and communities to become actively engaged from the very beginning of the exploration process (needs assessment, explorations, etc.), and during the intervention, facilitating awareness of the existing situation or issue and its causes, as well as of the actions that can lead to overcoming the situation, not only as awareness, but with active involvement.

3. Art as a collective and collaborative methodology

Art provides a vehicle for psychosocial support, helping people to realize that they can learn new ways of rebuilding the world, by relating the facts, sharing their experiences or similar situations, and in many cases, making others aware of these experiences. This medium can be used with any type of group and at any age. Art is a way to understand that the narrative has been difficult, but there is also a margin for hope, because it enables there to be certainty that something good can come about through the work an individual or work does in creating, and taking on their own creativity.

Lia Bang notes that in the participatory process of creating collective art (for instance, murals, sculptures, public art exhibitions, theater of the oppressed), the individual, group, community and social potential for transformation is acknowledged, as it relates to the formation of bonds of solidarity, enabling new views, channeling desires and shared needs, promoting community participation and space for shared creation that transcends the discourse and forces the body into action with others (Bang, 2013).

3.1 The Perquin Model

This model of community and collaborative work through art is based on the understanding that the participants have been exposed to abuse, so a space is provided for people to tell their stories. The model came about in El Salvador in 2005 at the Perquin Art School and Open Workshop, an inclusive project for children, youth, and adults, where artwork was created as a means for community building. This model comprises certain considerations:

- It is based on the understanding that participants have experienced potentially traumatizing events and prejudice.

- Participants decide, design, and create the murals, and artwork in public places, with the issues and narrative as a visual testimony of the stories of the people and communities.
- Through collaborative and community art, feelings/emotions that are difficult to talk about are expressed and processed. Fears, conflicts, etc. are healed by facilitating their processing, with the support of coaches and professionals, without forgetting that the main role in the process is played by the participating individuals and communities.
- It is a means of creating greater understanding through collective and collaborative art encounters and public art interventions for the recovery of historical memory.
- Some tools for collective and community art are the creation of murals, sculptures, public art, exhibitions, etc[3]

4. Participatory exploration

The term participatory exploration is not just a desktop study and analysis, but rather an exploration that engages the direct contribution of all the actors involved in each context, allowing their voices, impressions and proposals to be heard.

Participatory exploration allows us to learn about the condition of a community or group of individuals, their needs, and issues as an individual, family and community. This lays the groundwork for psychosocial actions, such that they are consistent, relevant, and responsive to those needs, based on the premise that individuals and communities have their own coping mechanisms to overcomes situations, and are able to contribute and generate changes to improve the situation.

Undertaking the participatory exploration means being clear about what, with whom, for what and how to do it, which entails the need to explore the context, the individual and collective impact of the difficult events or emotional distress; the differences between age and gender groups, the ways they cope with difficult or potentially traumatic situations, the individual, family, group, community and social life project; the culture, the forms of organization, participation, leadership, work and economic life, services available to them, previous and current support experiences, etc.

When exploring the ways, they have coped with difficult situations, one should try to understand if those reactions have been adaptive or maladaptive and how they have affected community relations; reactions are adaptive when they are healthy for their processes as a community and maladaptive when they hinder the dynamics and development of the community.

Some general considerations to consider when doing participatory exploration with a community are:

- Transparency, language, risks to ensure the participants or the team are not harmed.
- There are no recipes, it calls for reflecting on the population's characteristics to establish what methodology to use.
- Being able to find the intersections between the stated needs and institutional and individual capacities.

[3] http://journal.eticaycine.org/La-travesia-de-migrantes-centroamericanos-en-su-camino-hacia-la-frontera-de http://www.wallsofhope.org/mural-colaborativo-con-estudiantes-de-mary-baldwin-university-y-jovenes-migrantes-en-estados-unidos-mayo-2015/

Some useful techniques might be participatory actor-mapping, observation, discussion, individual interviews, participatory exploratory activities through popular education tools, participatory focus groups.

Considering the violence and distrust in the contexts where we work, often relevant information can be obtained in informal conversations with people in the community, while maintaining the clarity of the information we want to obtain. This is how to establish the initial contacts and build trust to carry out more structured actions. Discussion is a form of semi-structured exploration that allows us greater freedom to examine other unforeseen issues that may be a priority for individuals and communities. Therefore, it is important to avoid sticking to a fixed guide, to use open questions, and keep it from becoming an interrogation. This allows trust to be built, to glean the necessary information in an informal way, tasking the facilitator to figure out how to document it without modifying what was stated.

It is important to undertake participatory exploration based on respect for the individuals that are providing the information. Therefore, briefing the participants is considered indispensable, to hear their impressions and feedback, in order to ensure we have adequately understood what they have shared.

5. Individual exploration

Individual exploration is an important technique in psychosocial work, useful in needs-assessment processes, addressing or probing for specific issues, on occasion, enabling one to process the meaning of painful experiences, helping the individual identify their own internal resources and coping options, facilitating the process of realizing the harm does not only affect that individual.

The first exploration session is key to gaining people's trust and understanding their needs and possible actions to take. Consequently, appropriate preparation is important to know what objectives are to be achieved, what we to offer and share, and whether we have the right skills. We must also be able to provide support in times of crisis, know the context so that we can adapt the questions in a simple way without losing sight of the objective, and consider the needs that may arise, such as a translator to work with, to clarify the information to be obtained, the structure of the individual exploration (short and clear questions), and possible actions to be taken at certain times. Regarding the support of translators, the characteristics of the target population should be considered and the gender of the person interpreting the language should be considered so as not to generate counterproductive reactions.

Characteristics of good exploration:

- Show interest and respect.
- Maintain a certain emotional distance, without being aloof.
- Be able to pose questions appropriately and connect data.
- Prepare the exploration.
- Use understandable language.
- Avoid suggesting an answer.
- Empathy without excessive sympathy or pity.

- Normalize reactions.
- Verify what is being stated.

Minimum conditions for individual exploration:

- Set aside enough time for the exploration, keeping in mind that each individual requires specific time.
- Secure an appropriate venue to avoid interruptions, ensure the individual is not at risk or cannot be overheard by others.
- Ensure the respondent is not seen by individuals who can put them at risk or stigmatize them; preferably, agree on the venue with the individual, according to what puts them at ease.
- Chairs should be set up diagonally, such that there can be eye contact without the person feeling under scrutiny, at a distance that indicates closeness without invading personal space, with no table or other objects in between.
- There should be enough light and ventilation for an appropriate setting.

Basic guidelines for individual exploration:

- Start by having the respondent, and if there is a translator or escort, introduce themselves, and their role in the exploration.
- Share the objective of the exploration, approach, clarify expectations, handling of information (confidentiality requirements), explain the procedure for storing the information, request signature of the informed consent form in case the information is to be used in research; informed consent must follow the established international guidelines.
- Briefly explain the sort of topics and questions to be explored, clarify the right to stop the conversation or request a pause.
- Build rapport with the individual, ask if there are any questions or comments before starting.
- Follow a guiding thread in exploring incidents/circumstances, the impact in all domains of the psychosocial approach, coping mechanisms, former, present, and future life projects.
- Be able to focus, clarify, repeat back to verify, paraphrase, reformulate the information, so that over the course of the conversation, there is greater assurance that the information is understood accurately.
- Knowledge about crisis intervention (further information in Module 2).
- At the end of the exploration, debrief the information provided, provide information about normal reactions when facing abnormal circumstances, point out adaptive responses used to overcome the situation (coping mechanisms), provide basic stress management techniques through psychoeducation, such as controlled breathing and diaphragm breathing, taking up pleasurable activities, etc. It is also important to provide reliable and verified information on local services that they can turn to if they need support immediately.
- Bring the exploration to a close, thank them for their openness in providing information, remind them how their information will be used, and ask if they still consent or if there were sections they

would request be omitted, considering the sensitivity of the information, ask if there are further comments or questions.

Basic guidelines, adapted from Abriendo fronteras con el corazón program (2014):

Table 4. Basic Guidelines for Individual Exploration

Do's	Don'ts
Pay attention to everything the person says.	Avoid abruptly changing the topic when someone is sharing something.
Paraphrase, clarify your understanding of the information to verify that is what the speaker meant, do so until the speaker explains in detail the situation or what it is about.	Avoid trying to calm the individual down without having understood the situation or difficulty. Do not assume you understood what the individual meant.
Reinforce the person finding options or making their own assessment.	Refrain from making suggestions that individuals themselves should make.
Have the techniques on hand to be prepared for an individual's emotional reaction to difficult accounts.s.	Avoid asking about issues you know you are not able to manage.
Self-assess constantly to set limits, avoid overprotecting and watch your verbal and nonverbal reactions to what the individual is sharing.	Abstain from offering things you cannot do, or things that do not depend on us, such as legal processes.
Respect the individual's own rhythm, and their account, validate their perception of the situations.	Avoid forcing the other person or minimizing their situation when they do not react as you expect in difficult situations.

Do's	Don'ts
Foster trust in the individual, to share their most difficult incidents when they feel comfortable.	Refrain from directly asking about personal experience with sexual violence; the individual will share when they trust you.
Be sure to ask directly when there is a risk of suicide (has the person thought of self-harm, in no longer wishing to live, prior attempts, etc.), because this could lead to a timely intervention, and prevent fatal consequences.	Avoid asking about the risk of suicide for fear the question will set the person up to consider the idea of suicide. (International clinical practical guidelines recommend systematically exploring ideas when an account involves sadness) (Perez-Sales and Fernandez, 2016).

6. Home Visits

Home visits can be very useful at different times during psychosocial work: (a) In the initial exploration it is useful if we wish to deepen and complement certain aspects to understand the family perspective on going through difficult situations, their needs, dynamics, etc. (b) In cases when we need to address issues involving the family group, and wish to understand their point of view, possible strategies, and/or conduct psychoeducation in specific cases.

Some basic recommendations to keep in mind:

- Be clear as to the objective of the visit and considerations for individual exploration.
- Set the date and time for the visit previously with the individual or family group, ensuring family members will be there and ensuring they do not result in exposure or in difficult situations for the family group or individual.
- Encourage participation by all family members so the discussion does not focus on a single individual, such as the male family members, or the mother; bring attention to what the children think.
- In case the home visit involves support groups or the like, discuss the objectives, how it will be run, when, who and where group members will participate, always ask for feedback on what is suggested.

Considering that home visits can be useful in a wide variety of settings, each of which will require its own approach, focus and application of techniques, this module will not go into detail on how to implement home visits. It is worth mentioning that many of the tools that will be described during the 5 modules can be used in the home visiting setting[4].

7. Observation techniques

Observation is a useful tool for ongoing use in psychosocial work; this means that when providing psychosocial support, we need to see everything and everyone that ought to be seen, listen attentively to what is there, and to whoever needs to be listened to in the setting, be objective, without prejudice, and paying attention. Observation involves awareness of behaviors or attitudes, looking at physical/emotional reactions that may arise with certain concrete topics, figure out the dynamics, activities or actions being taken.

4 Several manuals and guides have been developed that can provide more detailed guidance on home visits implementing a psychosocial approach, for example, the "Manual práctico de visita domiciliaria integral en salud" developed by Dr. Muñiz Jimenez et al. (2012) in Uruguay. (https://www.researchgate.net/publication/320859047_Manual_Practico_en_Visita_Domiciliaria_Integral).

This tool is used in all planned or unplanned activities during the psychosocial support process we are implementing, and/or during the initial approach or the exploratory phases. This can be used in informal settings, like community celebrations, at sports events, in the marketplace, the park, etc., where we can supplement what we know with further information about the characteristics of the community. It means that we must have suitable capacities to systematize the information so that it can be used later in analysis for planning the psychosocial actions to be developed.

8. Techniques to establish contact

It is important to emphasize in our work that people who are exposed to emotional suffering or who are going through difficult situations need to be heard and understood; we need to provide emotional support, respect the person's pain, listen to them, give credence to what they share, refrain from judging, acknowledge the truth in what they say of the events that happened to them. When one is heard responsibly, fear of exposure is reduced. It is important to maintain a relationship of unconditional respect, a regard for their dignity, and humanize the ties.

Based on these considerations, listening to individuals cuts across all actions undertaken to support recovering control over their lives: The initial contact, and individual or group support.

Active and responsible listening consists of being open to dialog, and the one providing support refraining from setting up barriers. This requires a relaxed attitude and physical posture, gesturing, movements, gaze, facial expression, tone, volume, rhythm of speech, and breathing that are appropriate to project calm.

Active listening requires managing our verbal and nonverbal communication and listening, meaning that on occasion one needs to provide support based on empathy, tolerating moments of silence that some people who are being supported may require, enabling the individual to feel understood, process the facts and feel that their space and time are respected. Therefore, active, and responsible listening must be based on the principle of respecting the requirements of those who are being supported (See Module 2).

This involves caring for people, supporting them, respecting their sorrow and pain. This is in reference to having simple, practical discussions, but in a responsible way, about topics like violence they have experienced, and unburdening themselves.

This technique recommends that those who provide support establish a connection based on human suffering and learn as much as they can about the people's circumstances and context before supporting them and ensure to transmit a firm and consistent supportive attitude. This requires ongoing reflection about the actions undertaken in support, which in turn means, acknowledging that we must not interpret the information the individual shares with us, because we must not assume that what we heard is really what the person was trying to communicate; special care needs to be taken in cases of children and adolescents.

When we are in contact with individuals, we need to keep in mind the variety of messages that can be generated around the information they are providing. To understand this: Schulz Von Thun (1981),

presents a model called the communication chart, with a reflection on different elements that intervene when information is produced. According to this model, instead of one message, four messages are sent: One message about the objective content, another that relates to the listener, another that seeks to exert influence, and another that reveals the personality of the speaker. Therefore, the model calls for listening with what are called the four ears, and at times, choosing the message that is relevant and pay attention.

9. Support Groups

Group work allows people to share their troubles, talk about them in a safe space, where other participants have had similar experiences, they listen, learn, and as a group find solutions to what is shared. Groups make

Table 5. Guidelines for active and responsible listening

Positive Attitudes in Responsible Listening	Negative Attitudes in Responsible Listening
We need to show interest with our posture and expression.	Interrupt the person when something unexpected happens (crying, shaking, tantrum, yawning)
Questions should be precise and clear, with instructions that help individuals express themselves.	Tell them how to behave (stop crying man, don't get all worked up about that, you are tired, etc.). Ask leading questions (like, "you didn't mean to hit him, right?").
Show you are pleased and delighted to listen.	Provide advice or solutions, watch the time, check the cell phone, gaze on something else, like out the window.
Show respect for the individual, regardless of their belief or ideas. Anything they share with us deserves respect.	Interpret (your issue is...). Show outrage, contempt, or disgust about what is being shared.
Show confidence in their ability to overcome their painful experiences.	Analyze, intellectualize, judge, criticize, give our opinion.
Showing appreciation, acknowledging their decision to share their testimony.	Make them come to terms ("don't you realize that..."). Agree or disagree.
Ensure the person understands they did the best they could (counteract blame).	Show pity or contempt, disqualify their experiences and fears (that shouldn't worry you, that's nothing to feel bad about, it's nothing).
Maintain eye contact	Relate your own similar experiences. Show we are affected by what they are sharing.
Show solidarity and empathy but avoid becoming emotionally involved.	Tell others what was shared. Take on paternalist attitudes (I can solve this; I know someone who can...).

Note: Adapted from "Técnicas de escucha responsable. Guía para el facilitador y promotor de salud mental comunitaria" by Equipo de estudios comunitarios y acción psicosocial, 2004.

it possible to have exchanges with other groups or communities to socialize experiences, in their context, their circumstances, their effects and ways of coping with the effects of being in the conditions they live.

General recommendations for support groups with children

It is advisable to have two people to facilitate the group. It is preferred that one facilitator be male and one female.

They must be able to communicate appropriately for the children's age and level of education. Also, the activities should be planned according to the age of the participants.

A homogenous group is preferred, with just boys or just girls, with approximately 8 to 12 members. Come to an agreement with the parents or guardians about the schedule and frequency to engage their support, commitment to participate and be constant, taking care not to involve the parent tied to relevant incidents (i.e., sexual abuser). The child should be informed before that the schedules and frequency will be discussed in the presence of their parents; therefore, it is recommended that an initial, short group meeting be held with the parents or guardians to agree on the schedules and the transportation of the children.

At times, the children may exhibit distrust, therefore individual support is important, instead of group work, or to hold family meetings if we detect they are potential support networks. You also need to be patient, understanding that each child has their own rhythm, form of expression, and they will share their experience when they feel trust and they are in a safe space.

The child's progress needs to be assessed at each meeting to develop the topics and to be clearer about when it would be appropriate to talk about issues that are difficult for them. To this end, it is also important to reinforce skills and abilities (coping) so that they serve for protection when dealing with these difficult issues.

Keep in mind that, because of socialization, sometimes children who have undergone painful situations can reproduce them carrying out or projecting them to other children (such as mistreating other children, sexualized contact, etc.), so they must be taught that there are attitudes or behaviors that are not right because of the effect they have on other children.

Closing the sessions should always include relaxing, positive activities, such as music, meditation (mindfulness), playful activities, controlled breathing, and others, with consideration given to adapting these activities to the age group.

It is advisable to assign tasks about topics we want to reinforce and to be done at home.
There are various authors who provide ample examples of group work with children, one of them Gioconda Batres (2000) makes some recommendations for group work with 7- to 12-year-old children, describing 13 group sessions, a closing meeting, and the final closure process. (Annex 2)

In the case of support groups for youth, the recommendation is to plan for six sessions to address their experiences; hold them regularly for two hours at the most, with no more than 20 participants, according to the facilitator's experience with group management, the age of the members and their characteristics.

After these sessions, the recommendation is to focus on organizational aspects of the group, with experts from different disciplines providing support for these actions.

Module 4 on Socioemotional Skills and Family Support will examine the process of psychosocial support at the group level and with families in depth.

10. Participatory Awareness-Raising Activities

The following are guidelines presented by Carlos Martin Beristain for group work as support, with useful considerations for use with young people (2012, p.128)

Starting the Group
Initially, the group requires more facilitator support, who is usually the focus of attention because of the novelty and uncertainty during the initial period; thereafter, the group needs to be helped to focus on itself, and participation needs to be encouraged.
The primary objective is to activate the group, and for people to develop the capacity to support each other. This capacity for mutual support starts with feeling like "equals" building up trust and feeling safe. If the group has enough time, group ties or group identity can be formed (from "I" to "we").

Group Objectives
The objectives need to be stated by the group and not the facilitator, so they are the ones who are going to define them, go over them, enhance them with everyone's input; the objectives should be realistic, in touch with their own needs. These needs can be: Preparing for a crisis, processing past experiences, solving personal or family issues, overcoming loneliness or developing the capacity for social intervention.

How to run the group?
The first step is to discuss the importance and usefulness of the support group, describing in detail what is done there. Second, propose the group be formed, highlighting the strength and resources for self-help that individuals have, respecting their decisions and self-reliance. It is also important to be clear they are to have an active role.

Methodological Issues
Given the circumstances in the context, and support groups' characteristics themselves, it is important to establish a relationship of trust and safety in the group; therefore, the groups need to be structured or semi structured. Techniques like group activities, games, etc. can be leveraged, to facilitate progress, participation, and communication in the group. Keeping in mind that the group has social outreach, it is important for this experience to have a positive effect on other individuals, or even providing testimony at the social level. One way is to write or collect testimonials shared in the group as a way of having its own historical process, identifying the social dimension of the emotional impact they endured, and different inputs the group received on how each situation was dealt with appropriately.

The first meeting
The way the group starts is important for the rest of the process. At the first meeting:

- There is a short and straightforward presentation by the facilitator
- Members introduce themselves
- Explanation of the proposed objectives and reach some initial agreements
- Collect the issues and needs expressed
- Review whether the stated objectives respond to these needs, or restate them, if necessary.

The following meetings
From then on, the group can be run in one of two ways: Based on individual experiences, shared in a circle or according to topics of discussion or areas of experience that are important to everyone.

Group conclusion and evaluation
The group can continue functioning, or become an organized group, should it wish to do so, with social outreach. There are groups that do not continue; however, individuals keep in touch, working together, or becoming part of a broader movement.

Note: These are a few best practices for the group process, however, keep in mind that each group has its own characteristics, and this should not be considered a recipe for all. It needs to be analyzed and tailored to the conditions, context, and characteristics of the participants; this will be dealt with in depth in Module 4 on Socioemotional Skills.

Undertaking activities to raise awareness or for sensitization, can respond to a variety of objectives at the individual, group, community, or social levels, such as: Providing information, raising a specific group's awareness and/or highlighting the circumstances of a population. This may be the appropriate route to address stigmatization and to reduce risk; also, to get individuals, communities, or authorities to understand specific needs that require support or a relevant response to needs, change mindsets or attitudes, which will certainly benefit the target population.

In all phases of the psychosocial support process, activities are carried out to sensitize and raise awareness, actively involving those who were directly affected by the issues being addressed, planning all aspects together, and preparing in advance.

In order to have a meaningful closing for some of the phases in the psychosocial support process that is underway, it is recommended that a relevant activity be undertaken to share what has been achieved with the entire community or society in general.

Important recommendations for Participatory Awareness-Raising Activities:

- Account for all possible risks it poses to the target population, establish whether the venue has evident security risks; appropriately address whether the opening to opinions might be in violation or the target individuals, this needs to be analyzed ahead of time with the target group.
- Reflect with the individuals in the group about the aspects that awareness raising will address, and who the awareness-raising message will target.
- Define responsibilities with the individuals in the support group and schedule the activities that they want to carry out. Form commissions for awareness-raising events, organize the different roles they will take on, clarify what this awareness raising activity is expected to achieve, support the people who will speak or share during the activity and/or will be interviewed; the group should agree what are the priority messages, so the awareness-raising actions have a positive impact.
- Work together on a list of sectors that it would be important to invite to raise awareness, the venue for the activity that would have the greatest impact and set the date.

An awareness-raising process takes place in three stages: creation, implementation, and follow-up/monitoring. For each of these stages, there are specific activities that are well-defined and carried out in a participatory manner. Awareness should act as a catalyst to promote change by involving the population at the community level and establishing partnerships. There are three levels of influence: information, education, and communication; through print, broadcast, arts, or social media (GIZ, 2019).

Chapter 3

Vulnerable Contexts and Human Mobility

Chapter 3: Vulnerable Contexts and Human Mobility

The International Organization for Migration (IOM) defines a migrant as "any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement or 4) what the length of the stay is. (IOM, 2018, P. 29).

Accounting for the fact that in the north of Central America, human mobility involves mixed migratory flows, this chapter covers some basic concepts, with substantially different content, yet they are necessary to understand the different needs for psychosocial support that persons require when involved in irregular migration, seasonal migration, forced displacement, when they are refugees or requesting international protection.

Humanitarian relief in the different dynamics and profiles in human mobility need to be different according to needs that are detected, which is clear, as mentioned by GIZ (2018); there needs to be respect, protection and as much importance must be given to mental health and personal development, as is given to food, water, shelter, and sleep.

1. Basic Concepts in Human Mobility

1.1 Regular Migration

This is migration that occurs when individuals or family groups enter or remain in a country where they are not citizens, doing so through legal-administrative procedures, with work permits, student visas, family reunification programs, etc.

1.2 Irregular Migration

Irregular Migration is when individuals or family groups cross their own country's borders without undertaking the corresponding legal-administrative procedures to remain in that country.

1.3 Seasonal Migration

Migration is called seasonal when it is undertaken by agricultural workers, smallholder farmers and their families who have historically left their country of origin to farms or plantations abroad. This sort of migration that takes place on a temporary basis, and during certain seasons, where the entire family or an individual travels to work the harvest or the fields on coffee farms, sugar cane, African palm, or tropical fruit. As noted by Duarte and Cohello "sending communities have mostly been those with climate conditions and soils that fail to produce enough for subsistence. These are areas of mostly maya and white smallholder farmers in the east." (2007, p. 51)

1.4 Internal Displacement

Displacement is when an individual or group of individuals must escape and/or abandon their place of residence because of threats, acts of violence, natural disaster, armed conflict or widespread violence; they are forced to travel to another area of their own country to safeguard their own wellbeing and/or that of their family. Therefore, an internally displaced person is one who is forced (i.e., death threat, extortion/violence by street gangs or organized crime, or due to natural disaster) to abandon their home in search of safety from persecution and/or threat but has not crossed a border.

1.5 Refugees

According to the Convention Relating to the Status of Refugees (UN, 1952), a refugee is an individual who, "As a result of events [...] and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

1.6 Requesting Asylum

This is an individual who seeks the protection of a specific State, which is not their country of citizenship, and whose asylum request has not been answered definitively. Not everyone who requests asylum is recognized as a refugee, but all refugees in these countries initially have requested asylum.

When referring to someone who requests asylum, this means a person who has asked to be recognized as a refugee and who is waiting for a decision on their request for the status of refugee.

1.7 International Protection

These are the actions taken by States on behalf of asylum seekers and refugees to guarantee their rights and safety, ensuring respect for the principle of non-refoulement, access to security, access to fair procedures for determining refugee status and standards of humane treatment.

1.8 Mixed Migration Flows

Many organizations define mixed migratory flows as irregular cross-borders movement of individuals lacking the documentation for transit or remaining in the country, including different types of profiles such as economic migrants, refugees, asylum seekers, etc.

1.9 Rootedness

This has to do with putting down roots, making a firm and lasting bond or affection towards something or someone, establishing oneself permanently in a place, connecting with people, things, customs, etc. Sometimes, when migrants settle in the country of destination, they may maintain their roots by interacting with other migrants of the same nationality. Rooting refers to the sense of belonging to a place or a group of people in the place of origin, with roots that can be family, cultural, to the land, etc.

1.10 Rootlessness

It is experienced when the individual abandons their daily life and breaks ties with their own roots, thus losing the frame of reference for their own place in the world, leading to individual losing to their social, family, cultural or even work environment. Rootlessness in terms of family, social, cultural and place has an intense effect on individuals who decide to leave their place of origin, this influences the process of integration into the country of destination, mainly when they face discrimination, stigmatization, lack of access to basic rights and support networks in the country of destination.

1.11 Integration

Integration can take place in the place of origin/sending country, by acting prior to migrating. These actions can include promoting the rights and obligations of migrants, obtaining information on cultural orientations, values, context of the receiving countries, all of which can facilitate people' adjustment to the receiving country, providing information on existing services for the care of migrants on the migration route and in the country of destination. In turn, people's skills can be strengthened, prior to migration, so that they can adapt better. Other actions for the integration of migrants that can be carried out include conducting campaigns to raise awareness in the population in the country of destination or of origin about the situation of migrants, to reduce stigmatization and increase acceptance, facilitating the adjustment and reintegration of returnees in all areas of social, labor, educational, etc

1.12 Reintegration

This is an important process for individuals returning to their country of origin, helping them to have the necessary support to cover their needs and those of their family, to reintegrate again in an active way in society, in the workplace, recreation, culture; by having support networks, with access to various basic services such as housing, health, work, education, community participation, social support programs. This enables them to regain the sense of belonging in their community and to achieve psychosocial wellbeing. The reintegration process must provide for returned migrants to rejoin the economic-labor, social, and psychosocial spheres, considering the process by which new identities have been transformed by migration, since they have been exposed to new experiences, have gained skills, and have acquired new behaviors during their time abroad.

For its part, the IOM (2015) points out some conditions that have been observed to facilitate the reintegration of migrants: the active participation of returnees in their reintegration process, access to

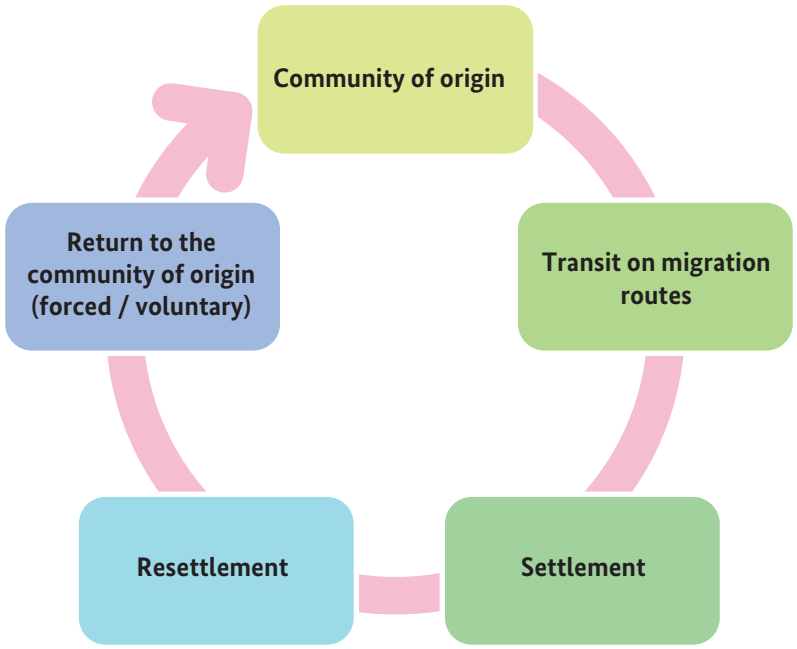
opportunities to generate income, training and economic support to ensure a livelihood, mitigation of possible security risks, psychosocial support in the process of readaptation, community participation, restoration of support networks (family, friends, community), monitoring of migrants during the first year after their return, access to local programs for vulnerable returnee populations.

2. Vulnerable Contexts and Human Mobility

2.1 Communities of Origin

Human mobility in the north of Central America has increased considerably due to the various economic, labor and security crises, difficulties in accessing health, education, employment, justice, and other community difficulties.

Figure 9. Scenarios in the context of human mobility / Migration cycle



Children, adolescents, and young people commonly flee from violence committed by organized crime such as gangs and criminal groups, and face threats to their lives and those of their families, forced recruitment, physical violence, sexual violence, and murder. They also often face physical and sexual violence within the family.

According to Save the Children (2019), in the countries in northern Central America, forced recruitment is a risk for children and adolescents at school and on the way to school, with children from low-income families being more vulnerable, and those who have dropped out or must cross through the territories of rival gangs to get to school.

In the case of children and adolescents, gangs aim to use them to replace membership losses as a viable strategy since minors face lesser sentences in prison. Many children, adolescents, and youth ascent recruitment to avoid their own death or that of their family, being forced to work as drug dealers' runners, to guard drug cashes, drug dealing themselves inside schools, transporting weapons, extortion, gradually escalating as they grow up, until they commit murders to join the gang. In the case of girls and adolescent girls, they are known to be exploited sexually, enlisted to collect extortion payments and/or traffic drugs.

The undeniable increase in the number of individuals and family groups in need of international protection measures has exposed the lack of reliable information/guidance and practically no access to regular migration processes, often generating rumors in communities that they have managed to escalate to a country level, causing massive mobilizations of mixed migration flows, which for some represents a chance to safeguard their lives and those of their families.

In the case of indigenous children and adolescents, they face discrimination and social exclusion. In addition, there is the deeply engrained discrimination of women, and inequality in gender relations, leading to fewer opportunities for education and employment for girls and women. These factors combined with poverty, inequality, and discrimination, with communities lacking basic services, state institutions centralized in urban areas, natural disasters, are the settings that children, adolescents and youth face in their communities of origin.

2.2 Transit on migration routes

Irregular human migration routes in Mesoamerica invisibilize migrants and refugees and exposes them to numerous situations where they are vulnerable along the migration route, with different forms of mobility through various border entrances and internal routes. Even if they have a coyote or guide, if they are transported by bus, train or private transport, there are imminent risks such as: being robbed by organized crime and when they lack money, they run risks such as accidents, being thrown off the train, killed or seriously assaulted, being victims of kidnapping, extortion; moreover their health and life are at risk because of the deplorable conditions they face on the journey; they also face physical and sexual aggression and discrimination, among others.

Along the migratory routes, children, adolescents, and young people, and in general the most vulnerable population, are exposed to fraud and recruitment by networks of traffickers for sexual and labor exploitation and even organ trafficking. They are harassed by traffickers who often pose as migrants on the migration route and are exposed to organized crime networks. In some cases, these captors kidnap them to extract money from their relatives in the community of origin or from relatives in the United States; in other cases, they are handed over to organized crime groups for labor or sexual exploitation.

This situation puts migrants and/or refugees in a condition of invisibility, so, as IOM notes, people who have been trafficked experience "multiple violations of their rights, including: sexual abuse, extreme survival conditions, where the possibility of death is imminent, physical exhaustion and psychological control through blackmail, threats to the person and his or her family, lies and fraud about the risks of being detained or deported because of their immigration status, and limitations on access to timely and quality health

services, etc." (IOM 2018, p. 38). This often keeps them from speaking out, intimidated, with consequences like serious psychological, physical and social harm.

2.3 Settlement

It must be kept in mind that arriving in a new country represents the start of an adaptation process at a whole series of levels: Learning about the context, codes of conduct, social norms, eating habits change, language, finding housing, a job, new support networks, etc. The uncertainty at this initial stage can lead to many reactions to adapt to the new context in the new country and new circumstances.

2.4 Resettlement

According to the Guiding Principles on Internal Displacement, resettlement refers to the settlement of the displaced person or group in other parts of the country, different from where their home was.

The UN Refugee Agency (UNHCR, 2012) refers to resettlement as the process "in which refugees are selected and transferred from the country of asylum to a third state which has agreed to admit them as refugees with permanent residence status. Resettlement is not a right, and states have no obligation to accept refugees through resettlement" (p. 416).

2.5 Forced Return / Deportation

It is the process by which a country sends a foreign person out of its territory, to his or her country of origin, after refusing his or her entry, having committed misdemeanors or having had his or her permit to stay in that country terminated. In some of these cases, the so-called "exclusion" applies, which is the denial of a foreign national's admission to a country, where in some countries, border/immigration officials refuse entry to foreigners; in other countries, it is through an order issued by a judicial authority after a hearing. Those returning might do so by air or by land, transferred from a migration detention center and regularly guarded by an immigration officer.

2.6 Assisted Voluntary Return

It is the option of returning migrants to their country of origin when they cannot or do not want to stay in the host country and wish to return voluntarily to their country, and is an alternative for rejected asylum seekers, survivors of trafficking, injured or ill migrants, etc.

3. Most Vulnerable Groups

When individuals undergo irregular migration, they are in a place of greater vulnerability. Vulnerability refers to the individual or group's reduced capacity anticipate, address, resist the effects of a hazard, and recover. So, we speak of persons who are unprotected from threats to their psychological, physical, and mental condition.

According to IOM, the term **"vulnerable migrants",** refers to those situations or factors that place migrants in conditions of greater vulnerability (IOM, 2018, p. 29).

Intersectional Approach

It is an approach used in different feminist movements of the 1970s that points out the cross-cutting nature of discrimination based on race, sex and class privilege. Crenshaw in 1995 (cited in Winker and Degele, 2011) noted that there were categories such as race and gender that intersected and influenced people's lives, indicating that racism did not have the same effect on men as it did on women and that women did not experience the consequences of sexism in the same way either, focusing on a primary structure where race, gender, class and other inequalities such as the status of migrant women intersected. This approach was introduced at the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance in South Africa in 2001, where it was defined as the intersection of factors such as gender, race, ethnicity, etc. in the processes of discrimination. This multiple and simultaneous interaction contributes to systematic inequality.

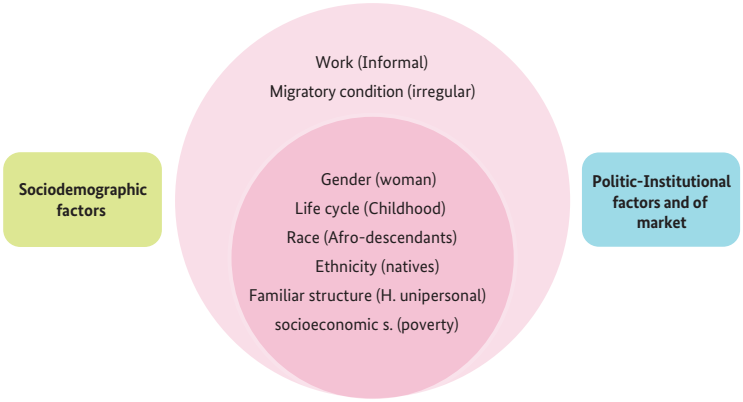
Therefore, this perspective considers that social groups are not homogeneous, it focuses on the individual dealing with different systems of discrimination and power relations (patriarchy, racism, classism, heterosexism, etc.). This point of view enables questions about institutional reproduction of inequality, and the unique effects this represents.

Applied to human mobility contexts, this approach makes it clear that any person in a condition of irregular migration is already in a vulnerable position, and that consideration must be given to the various vulnerabilities that are influenced by social factors. Among the most vulnerable groups are unaccompanied minors, indigenous people, women, people who have suffered accidents, suffer illnesses, survivors of violence in their country of origin, gays, lesbians, bisexuals, transgender people, transvestites, intersex people, and queers.

It should be noted that a person is more vulnerable according to their place in society, their situation and condition; for example, a villager with elementary schooling, who is indigenous and monolingual, is more vulnerable. A rural woman is even more vulnerable because of her condition and status as a woman, because of the social class she belongs to, because of her economic status, because of her schooling, because of her age

In the following paragraphs, categories of vulnerability groups are outlined to facilitate reflection and discussion. Nonetheless, it should be noted that they are a reduction of the complex reality. In accordance with what has been described, a broader vision centred on the person and their lived experiences is recommended.

Figure 10. Factors influencing vulnerability and inequality for migrants



Note: From "Protección social y Migración, Una mirada desde las vulnerabilidades a lo largo del ciclo de la migración y de la vida de las personas" Maldonado, Martínez, Pizarro y Martínez, 2018.

1.1 Women

As for the migrant woman who has decided on her own to migrate, the fact that she has made the decision is an indicator of an empowerment that drives her to seek a better quality of life, usually for her children and family. Whether she migrates to escape from domestic or community violence, for economic reasons, to seek employment or educational opportunities, decides to take her children with her or leave them behind, she finds herself in a vulnerable position as a female migrant. Particularly notable are indigenous migrant women.

Women who embark on the migratory route are vulnerable when they encounter the authorities, organized crime and even their peers; they face abuse, violence in all its forms and especially sexual violence, harassment, sexual exploitation and human trafficking.

When a migrant woman decides to migrate with or for her children, to live and work in an irregular basis, this leads to anxiety, fear, insomnia due to deportation, and running the permanent risk of being separated from her children. The fear of gender based violence is present in the country of origin, as well as countries of transit and destination.

Table 6. The migration cycle and the primary risks associated with it

Origen	Tránsito	Destino	Retorno
Misinformation	Irregular condition	Misinformation	Social exclusion
Difficulties to obtain official permits for families	Scarce access to social protection	Stigma	Persistence of risks and deprivation in the place of origin
Limited access to travel documents	Limited access to health services	Obstacles to migration regularization	Discrimination
Domestic violence	Misinformation	Precarious employment under indecent conditions	Stigma
Sexual violence	Captured by trafficking, smuggling, exploitation, and kidnapping networks	Social violence	Lack of social networks, employment, and productive opportunities
	Transport in inhumane conditions	Sexual violence	Difficulties and obstacles to regularization
	Social violence		Difficulties in accessing basic services and social protection
	Sexual violence		Persistence of social and sexual violence

Note: From "Protección social y Migración, Una mirada desde las vulnerabilidades a lo largo del ciclo de la migración y de la vida de las personas" Maldonado, Martínez, Pizarro y Martínez, 2018.

3.2 Children and Adolescents

Civil society organizations in Mesoamerica that provide psychosocial accompaniment to migrants and returnees report that children face different scenarios that are often not acknowledged.

Unaccompanied children and adolescents migrating irregularly experience potentially traumatic situations on the migration route such as human trafficking, sexual violence, kidnapping, robbery, forced recruitment into organized groups, health threats such as hunger, dehydration, heat stroke or accidents.

As follows "(the) shelters and organizations working in the areas where there is greatest presence of organized crime noted that children are at greatest risk of abduction for purposes of recruitment by these groups and human trafficking in its various forms". (Abriendo fronteras con el corazón, 2014, p. 38).

In cases where they have migrated due to violence, they may be hindered from their right to request international protection because they are unaccompanied in detention centers, they lack information, guidance, or support; sometimes they are returned to their place of origin without the necessary guarantees for their safety or in the best interest of the child.

Another aspect is the uncertainty regarding detention processes and the length of stay in immigration detention centers. In cases of deportation, the pressure is compounded by the debt involved in taking the immigration route, because so often family members have incurred loans or mortgages to pay for the trip.

It is known that, on arrival, children, adolescents, and young people commonly must endure uprooting and discrimination; they experience serious difficulties in accessing basic services and rights such as health, recreation, security and fear or uncertainty because of persecution by immigration authorities due to their irregular status.

3.3 Indigenous Population

The indigenous population experiences difficulties such as: culture shock, language barriers, discrimination, and abuse by authorities or employers, mainly when they do not speak Spanish and do not know how to navigate a different culture. In trying to understand this, Jiménez (2012), points out that it is necessary to know the basic cultural components of this population, their social identities, and ethnic identities such as the shared traditions, the territory, the language closely linked to the tradition, the value of the family and the religion. This helps to better assess the impact and vulnerabilities they could face (as cited by Duarte and Coello, 2007). The five modules do not describe in depth the approaches related to psychosocial support for people who identify as indigenous, since the Central American region has a great diversity of indigenous peoples and proposing an approach – which, in addition, would not be constructed by the indigenous people themselves - would not properly value the respective worldviews, and would also carry a great risk of doing harm. Broadly speaking, it would always be recommended to understand in detail what people understand by psychosocial well-being without assuming that one's own understandings and terminology are "correct" or "objective", to cooperate with healers, bone setters, spiritual guides, midwives, etc., and to seek an integral accompaniment that considers all dimensions of well-being (as defined by the people being accompanied).[6]

3.4 Garifuna/Garinagu Population

The Garifuna of Guatemala, Nicaragua and Honduras, the latter accounting for the largest population, in countries of origin and transit, face constant stigmatization, isolation, invisibility, racial and ethnic discrimination; also, educational, political, and labor exclusion; in addition to the lack of enforcement of their territorial and cultural rights.

According to notes by Castillo (2019) [7], women have been the largest group on the migration route in recent years; this notwithstanding, the Garifuna exhibit their own migratory dynamics, often facing race-based discrimination and exclusion, making them even more vulnerable, less visible and acknowledged, even though, as a population, they have a long history of migration dynamics.

3.5 LGBTI+

The LGBTI+ population faces discrimination, violence, social isolation, lack of access to justice and little access to basic services and/or decent employment in their country of origin because of homophobia, lesbophobia, biphobia, and transphobia, which commonly continue to be present in their communities and countries of origin. These are all aspects that lead them to take the option of undertaking the migration route in search of a decent life and/or to safeguard their wellbeing. Additionally, in migration, they are exposed to harassment and violence because of their sexual orientation or gender identity, which makes them vulnerable to abuse from the authorities, other migrants, residents of the transit country, or organized crime (reference documents in footnote)[8].

3.6 Persons with special needs

It needs to be considered that among the countries of origin, transit and destination, there is little access to services that respond to the specific requirements of persons with special needs, be it mental conditions, amputations, injuries, or serious illnesses. These people face the greatest challenges in any process of human mobility, exposing themselves to greater risks and discrimination, situations that can aggravate their physical and mental health condition.

It is a known fact that a considerable number of people, mainly those with fewer economic resources at the time of undertaking the migratory route, are prone to suffer amputations or serious injuries on the migratory route due to falling off the train, aggression, falling asleep on the train, being thrown down,

[6] It is recommended to review the Diploma in Community Mental Health, developed by ECAP in Guatemala: : https://www.ecapguatemala.org.gt/publicaciones (Módulo 1-8)
Other examples of psychosocial accompaniment guides developed in Mexico: https://www.cucs.udg.mx/revistas/libros/Manual_salud_mental_indigenas.pdf and in Chile: https://www.saludoriente.cl/websaludoriente/wp-content/uploads/2019/08/Orientaciones-T%C3%A9cnicas-para-la-Atenci%C3%B3n-de-Salud-Mental-con-Pueblos-Ind%C3%ADgenas-Hacia-un-Enfoque-Intercultural.pdf
[7] https://www.revistadiariosdelterruno.com/castillo-fernandez/
[8] https://www.youtube.com/watch?v=YYZ1b3aWtfc
https://www.lambdalegal.org/sites/default/files/spa-vg_conceptosbausicos_final.pdf
https://somoslgtb.files.wordpress.com/2018/09/comic-felgtb-hr-impresion.pdf
https://felgtb.com/stopacosoescolar/wp-content/uploads/2017/08/Guia_didactica_pluraleando_primaria.pdf

suffering accidents, etc. This has multiple psychosocial impacts upon their return to their place of origin and their families, since all of them must face a process of adaptation to the new condition, with diverse physical and emotional difficulties according to the condition they are experiencing.

Therefore, it is important that the psychosocial support process considers factors such as the person's age, the role that they previously had in their family and community, the activities that they previously carried out, and their individual and family life project. At the same time, the aspects of working on psychoeducation with the family need to be defined, so that they play a supporting role, and can better manage the process of adaptation. To do so, they must have detailed information about the condition and process they have lived through, situations of mourning and adaptation they might experience, life conditioning, hygiene, housing, etc., so that they can receive comprehensive support in response to the various emotional, health, rehabilitation, and housing needs, and engage the support of social and institutional support networks.

4. Specific Psychosocial Impacts in the Context of Human Mobility

The risks they face during the journey, the impact of detention at the border and the time of confinement spent in shelters or migration stations, have a strong impact on the physical, psychological, community and social level, as well as on the individual, family, and community life project.

4.1 Children, Adolescents and Youth in Vulnerable Situations and at Risk of Irregular Migration

Children adolescents and youth who are considered to be at risk of irregular migration are those whose condition is more vulnerable, making them more likely to undertake irregular migration. It is likely that under certain conditions, the risk of irregular migration is enhanced, namely: Exposure to intrafamiliar violence, sexual violence, living in areas with high rates of violence, living in poverty, caretaker unemployment, low level of education, risk of school dropout, children, adolescents and youth outside the formal education or work settings (in the case of young people able to work), those whose households are at risk of breakage, and those with prior migration experience.

The vulnerable conditions can have a high psychosocial impact given the experiences, circumstances, and contexts to which they are exposed; often facing: Potentially traumatic events, grief, being in a constant state of alert, concern, fear, guilt, intense sense of a lack of control, anxiety, depression, despair, disheartened, impotence, lack of family and social networks.

4.2 Those who leave (migrants)

Physical Impact

- Exhibit extreme fatigue, given they have little time to sleep.
- Dehydration and hunger for lack of appropriate nourishment for hours and/or on long walks under the sun, constant changes in the weather, little access to water and unsanitary conditions.
- Health difficulties, such as respiratory issues resulting from changes in the weather along the way; skin issues for lack of personal hygiene, as on the migratory route and/or in detention they have no access to water to bather, or wearing dirty clothes during the migration route, or when in detention.
- Serious injuries or lesions are sustained due to falls from vehicles, inflicted by organized crime, the authorities, xenophobic locals or falling asleep on the train.

Psychological Impact

Regarding the impact of migration, Achotegui (2004) points out that migration is a risk factor for people's mental health when: (a) there is vulnerability prior to migration, (b) the level of stressors faced during migration is very high, and (c) the host country is hostile. There is also mention of seven types of grief in migration, related to: family, language, culture, land, social status, group of belonging and physical risks; this is defined as the migrant's syndrome with chronic and multiple stress (Ulysses Syndrome), which is the stress response to situations of extreme migratory grief that they are unable to process.

The most important stressors this author notes are the forced separation from loved ones, the feeling of hopelessness with the failure of the migration project and the absence of opportunities, the struggle for survival (where to eat, where to find a roof over one's head) and the fear or terror experienced on migration trips, the threats of organized crime, detention, and deportation.

Some of the psychological impacts that are noted:

- Grief when they say goodbye to their family, their friends, their community, their culture, their belongings; especially when they leave behind small children, injured or sick relatives, representing a break in the bonds of support, loss of their point of reference in the world, disruption in their life project.
- When situations of violence, extortion, threats or being a witness to violence forces them to leave their place of origin, they may experience fear, distrust, anxiety, constant vigilance, and concern about the possibility of being in their new place of destination, which sometimes involves them having to move without enough money to relocate to another place that is safe within the country, incurring debts to establish themselves.
- Guilt and fear emerge due to violent situations experienced along the migration route, such as kidnappings, robberies, extortion, witnessing acts of violence, especially sexual violence against other migrants, and being unable to do anything about them.
- In cases of survivors of kidnapping, there may be anguish, anxiety and feeling impotency due to the imminent risk of loss of life, with even greater experiences of fear after being set free.

- In some cases, the survivors of kidnapping develop the Stockholm syndrome, which is the empathy generated towards the kidnappers due to the circumstances and needs for survival, so this way they unconsciously seek to receive better treatment and sometimes even join groups to settle debts that family members have not been able to cover for their release and/or stay alive.
- Intense loss of a sense of control, which can lead to anxiety.
- Lack of support networks in transit and at the destination.
- Ambivalence toward their own place of origin and destination, leading to conflicting feelings "when I am here, I want to be there, and when I am there, I want to be here."
- Nervousness because of the experience of the Mexico-U.S. border crossing; being lost in the desert, realizing that there are people's belongings strewn along the way, or in danger of losing their lives.
- Ambivalence out of concern for what they might tell you and the need to communicate with family and/or friends.

4.3 Forced Return

Returning to an unknown city after deportation can be a difficult situation to face, considering that some migrants had not left their community before taking up the migration route and in other cases, there are migrants who have been living abroad for years. Deportation can also have a great impact in terms of family separation, lack of money, or lack of preparation, because it is forced return, a lack or loss of legal and official identity documents.

Deportation sparks an emotional crisis when achievements and a migrant lifestyle are lost; also, returning to the no-longer-familiar country they migrated from seeking better living conditions, being older and having gained a different working experience, often leads to reconsidering the decision to migrate. In this light, it is worth mentioning some of the impacts on returnees:

- The experience of detention in Mexico and the United States is a traumatic event, since the irregular migrant is treated as a "criminal" and is sometimes exposed to physical, sexual violence and/or even torture.
- There is often severe confusion, fear, discouragement about the future and sleep disturbances, with recurring nightmares about the risks to which they were exposed, such as torture, violence, kidnapping or murder.
- Anxiety, disorientation due to the way they were suddenly arrested, either at their place of work or their home (large police operations, large border patrol operations, violent separation from their children).
- The migrant person identifies emotional discomforts such as: concern for the life project that they had set for themselves, debts, anxiety about leaving family, children, work in the United States or Mexico.
- Sadness, shame about experiencing the deportation as a failure, helplessness at being arrested, low self-esteem with a self-image of failure. Deportation is debasing, then add the debt owed to the

coyote, if they do not make another attempt, they will have to lose their assets, or endure aggression from human trafficking rings to pay.

- Feeling of failure and distress due to stigmatization in the family and/or community, being flagged for failing to achieve the goal.
- Ambivalence about missing the place where he lived and was deported from, things and habits, such as the lifestyle, new ties made, other living facilities or new customs from that place.
- Discrimination and criminalization for being deported, exclusion from educational and labor systems and social circles due to the stigma of returned migrants, making it difficult to regain employment that would provide a source of income.

4.4 The family members who remain

Family members who remain often are worried about the migrant family member, given the uncertainty of their location, their health and safety, doubt about the decision of letting them leave, or impotence at not being able to get them to stay. At times, the lack of communication in the family history leads to concern, uncertainty, guild, rumors in the community about the family member's location or status. Family members experience grief at the time of seeing the migrant off, with changing roles in the family, the community, or specific dynamics. Also, in some areas or communities from which mostly adult men, youth and fathers migrate, the impact is significant on families and communities.

4.5 Women

The Northern Triangle of Central America is characterized as a patriarchal society where women are assigned the role of daughter, sister, aunt, mother, devoted wife, giver of love, giver of life and caretaker of children. A working woman is a mother who must leave her children, return home, and take care of the tasks, food, management, and administration of the home. For the working woman with school-age children, if they fail, she takes the blame for not being with them to support them. Many times, women are restricted only to spaces such as family and religion, under the gaze of the men in their family and/or community.

In these circumstances, the fact that women are vulnerable when their male relatives have migrated often goes unnoticed. There is a need to recognize that they must become the head of the family, with its economic, emotional, and social implications, in addition to facing other social and cultural difficulties.

A migrant man's wife or partner who stays in the country of origin is required to take care of the children and oversee their upbringing and education. She is burdened with the debt of paying the guide that took the migrant abroad, anxious that something may happen to her husband on the journey, "taking care of her role as an engaged woman" avoiding talking to other men. If the migrant achieves the goal of working in the United States or Mexico and sends remittances, she must manage it and make it "productive."

Based on the experience of different Mesoamerican civil society organizations that provide psychosocial support to women in communities of origin, they state they have found that the "primary obstacle for women is the social control they are subjected to." This means, the family, neighbors and community are watching

what the woman does, and this is a greater obstacle to participating in organizational spaces, because that is not considered her place." (Abriendo Fronteras con el Corazón, 2014, p. 38).

4.6 Children and Adolescents

As for children and adolescents whose parent or parents have migrated, they are often left in the care of family members like grandparents, uncle, or aunt, even neighbors, facing even less protection; in other cases, they have to become the head of the household, in charge of younger siblings, taking on adult roles, maintaining the family, resulting in strong emotional, social, educational, recreational and often physical consequences.

Children and adolescents whose relatives are disappeared migrants, are affected in many ways at the absence of the family member, primarily when there is no explanation for the family member's departure, feelings of guilt, attempting to understand the uncertainty and often the silence. The children can also be affected in cases where family members return with amputation, serious injury on the migration route, having to face difficulties and a difficult process of adapting to new circumstances that the family member is facing.

Another situation that affects children and adolescents is when the migrating parent starts a new family abroad (in the United States or Mexico); this has a strong impact on the children, and sometimes changes in family dynamics because of having multiple families. Sometimes they stop sending remittances, or over time there is less communication with the family that remained in the country of origin; this can cause confusion, guilt or the belief that the situation is their fault, or due to their actions as sons or daughters, anger towards one or both parents for having created the new family, and/or with the father or mother that remained with the child, thinking that they did nothing to avoid this.

4.7 Family members of missing migrants

A migrant is considered missing when all communication is lost during transit through a country other than their country of origin, and when their whereabouts are unknown. Often, migrants on the migration route lose contact with their families for various reasons, such as: Lack of economic resources to call, kidnapping, human trafficking, serious injury, they are dead and have not been identified or were abandoned; they become refugees, are in detention, or become mentally ill, etc.

In these cases, not only are the migrants affected, but also their families, since it has a considerable emotional, mental, and social impact on them; conditions that Pauline Boss (2006) has called "ambiguous loss", a concept discussed in chapter 2.

Likewise, family members of missing migrants, confronted with the disappearance and ambiguous loss, face problems in the family environment, such as lack of communication, administrative and legal problems in filing a report and searching, problems in assuming new roles and responsibilities, prejudice for the children, silent suffering of the siblings. In addition, there are problems in the families' relationship with the community such as: difficulties in defining their own situation, stigma, emotional isolation, lack of community and religious guidance, and constant struggle against being forgotten.

Annexes

Annexes

Annex 1 - National and International Legal Frameworks

The duty of the States is to guarantee the common good of its citizens, therefore it produces and decrees laws for compliance to promote the human rights of the people. The countries of Central America have subscribed various international agreements and adopted different regulations to make society more egalitarian in terms of the relationship between women, men, boys, girls, and adolescents, and to ensure these relationships are based on equity, freedom, and development. The following are the legal frameworks of project target countries Guatemala, Honduras, and El Salvador:

Guatemala

Human Rights

National Legal Instruments

The Political Constitution of the Republic of Guatemala, the highest law of the State, guarantees the right to health without discrimination of any kind. Article 4, in its leading passage, states that all inhabitants of the country are free and equal in dignity and rights. Article 94 refers to the State's obligation to provide for the health and social well-being of all its inhabitants; through its institutions, in terms of prevention, promotion, recovery, rehabilitation, it coordinates relevant complementary actions to provide them with the most complete physical, mental and social well-being.

In general, the rights contained in the Political Constitution of the Republic are: The right to life, freedom and equality, freedom of action, defense, petition, civic and political duties and rights, protection of the family, right to culture, protection of ethnic groups, right to education, health, work, rights related to state workers and the principles governing the economic and social system.

Ratified International Legal Instruments

- International Covenant on Civil and Political Rights (16 December 1966).
- First Optional Protocol to the International Covenant on Civil and Political Rights (1966).
- International Covenant on Economic, Social and Cultural Rights (1966).
- International Convention on the Elimination of All Forms of Racial Discrimination (1966)
- American Convention on Human Rights (1969).
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)
- Inter-American Convention on Forced Disappearance of Persons (1994).
- Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (1999).
- Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2002).

Children and Women

National Legal Instruments

Law to Prevent, Punish and Eradicate Intrafamiliar Violence, Decree 97-96. It regulates the enforcement of protective measures necessary to ensure the life, integrity, safety, and dignity of persons who have experienced domestic violence, providing special protection to women, children, youth, the elderly, and people with special needs.

Law Against Sexual Violence, Exploitation and Human Trafficking or "VET Act" (Decree 9-2009 of the Congress of the Republic). The objective is to prevent, suppress, sanction, and eradicate sexual violence, exploitation, and human trafficking, promote care and safety, and redress damage and prejudice. This law regulates the crimes of sexual violence, exploitation and human trafficking, crimes against the freedom and sexual integrity of persons, and crimes of sexual exploitation.

Particular to Children and Adolescents

National Legal Instruments

Comprehensive Law for the Protection of Children and Adolescent. The best interests of children and adolescents are established in Article 5 of the Law on the Comprehensive Protection of Children and Adolescents. This article must be integrated with the regulations of the Migration Code in its Article 170, paragraph 1, which states: A guarantee that will be applied in all decisions adopted concerning children and adolescents, which should ensure the exercise and enjoyment of their rights, respecting their family ties, ethnic, religious, cultural, and linguistic background, always considering their opinion according to their age and maturity. In no case shall its enforcement diminish, change, or restrict the rights and assurances acknowledged in the Political Constitution of the Republic. The law for the protection of children and adolescents contemplates the right to life, equality, personal integrity, freedom, petition, to the family, to an adequate standard of living, to primary health and to comprehensive education.

ALBA-KENNETH Warning System Act, 28-2010. This regulates the ALBA-KENETH Warning System, which is a set of coordinated and interconnected actions among public institutions to expedite and achieve the location and protection of a child or adolescent who has been abducted or is missing, and the recovery and protection of that child or adolescent.

Ratified International Legal Instruments

Convention on the Rights of the Child (approved November 20, 1989 and ratified on September 2, 1990). This establishes that the State must adopt legal, administrative, social, and educational measures appropriate for the protection of children and adolescents against all forms of prejudice or physical or mental abuse, neglect or negligence, mistreatment, or exploitation, including sexual abuse, while under the custody of their parents, of a legal representative or any other person who has them in their charge. These safety measures need to include, as required, effective procedures to establish social programs to provide assistance to children and adolescents who need it, and someone to provide them with care, and other forms of prevention, and identification, notification, referral to an institution, investigation, treatment, and observation for the aforementioned cases of child abuse, and, as required, legal intervention.

Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000).

Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (2000).

Particular to Women

National Legal Instruments

Law for the Dignification and Integral Promotion of Women (Decree 7-99 of the Congress of the Republic). States that violence against women is any act, action, or omission that, because of their gender, harms them physically, morally, or psychologically. This law also regulates actions and mechanisms that guarantee equity in education, providing indigenous students with the option of continuing to use the clothing and attire that corresponds to their culture, in the school environment (Articles 8, 15).

Law against Feminicide and Other Forms of Violence against Women (Decree 22-2008 of the Congress of the Republic) . The intent is to protect women from infringements on their right to a life free of violence. It applies to the protection of girls, young women and adolescents and regulates the crime of violence against women, which includes physical, sexual, and psychological violence. An important aspect of this law is that it covers not only the private domain, but also the public domain, which includes the educational environment. This law also establishes that in cases involving crimes against women, cultural or religious customs or traditions may not be invoked as grounds for justification or exculpation for perpetrating, inflicting, consenting to promote, instigating, or tolerating violence against women (Articles 2.3).

Law on Immediate Search for Missing Women (9-2016). It creates and regulates procedures for the immediate search for missing women to guarantee the life, liberty, security, integrity, and dignity of women who are missing. This is done through a mechanism that facilitates quick location and protection so that, after their disappearance, they are not subjected to other types of abuse or be killed or transferred to other communities or countries.

Ratified International Legal Instruments

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, known as the Convention of Belem, do Pará, 1994. It establishes the right of women to live a life free of violence, and highlights violence as a violation of human rights and fundamental freedoms. It provides mechanisms for protection and defense against the phenomenon of violence against their physical, sexual, and psychological integrity, both in the public and private domain, and their enforcement within society (Article 10).

International Convention on the Elimination of All Forms of Discrimination against Women 1979. It calls on member states to "take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women" (Art. 6).

International Convention on the Elimination of All Forms of Discrimination against Women (1999).

Migrant and Refugee Populations

National Legal Instruments

Migration Code (Decree Number 44-2016, Congress of the Republic of Guatemala). It recognizes the right of every person to emigrate or immigrate to Guatemala, guaranteeing access to health, education, work, and security services under equal conditions.

Ratified International Legal Instruments

The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families in General Assembly (resolution 45/158 of 18 December 1990, annex). It states that "no migrant worker or member of his or her family shall be held in slavery or servitude" and that "migrant workers and members of their families shall not be required to perform forced or compulsory labor" (art. 11). Congressional Decree number 61-97

Convention Relating to the Status of Refugees (1951). Legislative Decree number 34-83

Protocol Relating to the Status of Refugees (1967). Legislative Decree number 34-83

El Salvador

Human Rights

National Legal Instruments

The Constitution of the Republic of El Salvador: In Article One it "recognizes the human person as the origin and the end of the activity of the State, which is organized to attain justice, judicial security, and common good. In consequence, it is the obligation of the State to secure for the inhabitants of the Republic, the enjoyment of liberty, health, culture, economic well-being, and social justice." In Articles two through four, it states that all inhabitants of the country are free and equal in dignity and rights. Additionally, article 35 states that the State shall protect the physical, mental, and moral health of minors, and shall guarantee their right to education and assistance.
In general, the rights provided for in the Constitution of the Republic are: The right to life, liberty, and equality; freedom of association, defense, petition, civic and political duties, and rights; the right to culture and protection of the family; the right to education, health, work, and the principles of the economic and social system.

Ratified International Legal Instruments

- American Declaration of the Rights and Duties of Man (1948).
- American Convention on Human Rights, or Pact of San Jose (1969).
- Inter-American Convention to Prevent and Punish Torture (1985)
- International Covenant on Civil and Political Rights (21 December 1967).
- International Covenant on Economic, Social and Cultural Rights (21 September 1967).
- American Convention on Human Rights (22 November 1969).
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (23

March 1994)

- Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (25 September 2009).
- International Convention on the Rights of Persons with Disabilities (30 March 2007).
- Central America-4 Free Mobility Agreement, or CA-4, of June 2006.

Particular to Children and Adolescents

National Legal Instruments

- **Law for the Comprehensive Protection of Children and Adolescents, 2009.**
- **National Policy for the Comprehensive Protection of Children and Adolescents of El Salvador,**
- **Juvenile Criminal Law, 1994.** It regulates the rights of the adolescent, guiding principles and measures applicable when the adolescent commits a criminal offense.
- **Family Code, 1994.** It establishes the legal framework for the family and the elderly, their relations among themselves and with society.
- **Family Procedural Law, 1994.** It establishes the procedural regulations to enforce the rights and duties regulated in the family code and other laws on the subject.
- **Law of oversight and control of the execution of measures for minors subject to the juvenile criminal law, 1995.** It regulates the procedures to be followed by the judge in the execution of measures to the minor and appeals to be filed.
- **General Law of Education 1996.** It establishes the general objectives of education, as applied to all levels and forms; it also regulates the provision of service by official and private institutions.
- **Law Against Intrafamily Violence, 1996**. It establishes the mechanisms to prevent, punish and eradicate intrafamily violence, regulates measures for rehabilitation, guiding principles and other concepts.

Ratified International Legal Instruments

- Convention on the Rights of the Child (approved November 20, 1989 and ratified on September 2, 1990).
- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2004).
- Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (2001).
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Particular to Women

National Legal Instruments

- Special Comprehensive Law for a Life Free of Violence for Women, 2011.
- Family Procedural Law, 1994. It establishes the procedural regulations to enforce the rights and

duties regulated in the family code and other laws on the subject.

- Family Code, 1994. It establishes the legal framework for the family and the elderly, their relations among themselves and with society.
- Law of Equality, Equity and the Eradication of Discrimination against Women, 2011.
- National Policy for a Life Free of Violence for Salvadoran Women (PNVLV Spanish acronym).
- Ciudad Mujer Program, created in 2011.
- Law Against Intrafamily Violence, 1996. It establishes the mechanisms to prevent, punish and eradicate intrafamily violence, regulates measures for rehabilitation, guiding principles and other concepts.
- National Gender Policy, 1997, updated 2014.
- Policy for Gender Equality and Equity in Health (2015).
- National Policy for Women, 2011.
- Action Plan 2011-2020 for the National Policy for Women.

Ratified International Legal Instruments

- Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, known as the Convention of Belem, do Pará, 1995
- International Convention on the Elimination of All Forms of Discrimination against Women (1999)

Migrant and Refugee Populations

National Legal Instruments

- **Migration law or legislative decree 2772, of December 19, 1958, latest amendments D.L. No. 670 from 1993.** It is the duty of the State to exercise migratory control and to dictate the provisions for individuals to enter and leave the national territory, and this control must be suitable for the national economic interests and stimulate the movement of tourists into the country. In addition to the Immigration Law, Decree No. 299, this is the regulatory framework governing the Directorate General for Migration and Immigration and the immigration policy.
- There is a special 2016 migration and immigration bill that seeks to bring Salvadoran migration legislation into compliance with international and regional instruments, as well as to streamline procedures. In addition, it creates new categories for foreigners (Legislative Assembly, 18/08/2016).
- Special Law for the Protection and Development of Salvadoran Migrants and their Families.
- Special Law Against Human Trafficking.

Ratified International Instruments

- The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (General Assembly resolution 45/158 of 18 December 1990).
- Convention Relating to the Status of Refugees (1951).

- Protocol Relating to the Status of Refugees (1967).
- Global Compact for Safe, Orderly and Regular Migration, 2018

Honduras

The State of Honduras is party to different international and regional systems for the protection of human rights, mainly the Universal System for the Protection of Human Rights, the Inter-American System for Human Rights and the instruments generated by SICA. Therefore, Honduras is a signatory to a series of legal instruments related to children, adolescents, women, and the migrant population, which in turn must be incorporated into national instruments that provide for their effective and mandatory enforcement. The following is an overview of the international national legal frameworks in Honduras.

Human Rights

National Legal Instruments

Constitution of the Republic of Honduras: In the national domain, Article 119 of the Constitution of the Republic provides for the protection of children and adolescents against all forms of violence, especially abandonment, cruelty, and exploitation. The State of Honduras, in the first article of the Political Constitution, establishes that it is a state of law, sovereign, constituted as a free, democratic, and independent republic to provide its inhabitants with full benefit of justice, freedom, culture and economic and social wellbeing. The Constitution, in Title III chapter IV, reserves a special section for the rights of the child, establishing in article 119 that it is the obligation of the State to protect children. Likewise, this article provides for the protection of children under international agreements that safeguard their rights, considering the protection of children as a matter of public order.

The Law for the Protection of Human Rights Defenders, Social Communicators, and Justice Operators: It was enacted on May 15, 2015, through Legislative Decree 34- 2015. This is a public order and social interest law and enforced throughout the entire Republic. It aims to recognize, promote, and protect the human rights and fundamental freedoms recognized and contained in the Constitution of the Republic and in the instruments of international law, of any natural or legal person dedicated to the promotion and defense of human rights, to freedom of expression and to judicial work, who are at risk due to their activity.

Other National Legal Instruments:

- Public Policy and National Human Rights Action Plan, 2013.
- Family Code, 1984.
- The Social Protection Law, 2012.
- Health Code, 1991
- Fundamental Education Law 2011.

Ratified International Legal Instruments:

- International Covenant on Civil and Political Rights (25 December 1997).
- International Covenant on Economic, Social and Cultural Rights (17 September 1981).

- Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (16 September 2018).
- International Convention on the Elimination of All Forms of Racial Discrimination (October 10, 2002).
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (December 5, 1996).
- American Convention on Human Rights (September 5, 1977).
- Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty (April 1, 2008).
- Optional Protocol to the International Convention on the Rights of Persons with Disabilities (August 16, 2010).
- Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (May 23, 2006)
- Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (August 14, 2002).
- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (May 08, 2002).
- Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (May 23, 2006)

Particular to Children and Adolescents

National Legal Instruments:

Code for Children and Adolescents, enacted on May 31, 1990: The specific responsibility that is assumed by the State to prevent violations to the rights of children and adolescents is clearly defined in Art. 93. Articles 101 to 106 are particularly important for the prevention of smuggling, trafficking in persons and other related crimes, as they seek to ensure that children leave the country in conditions of safety and protection of their rights. The Code for Children and Adolescents also establishes the responsibility of any person who has knowledge of the situation of abandonment or danger in which a child is found.

Comprehensive Reform on Childhood and Family Matters (Decree 35-2013): based on the comprehensive reform on childhood and family matters, in effect since September 2013, it establishes that any person is required to report when a child is in a situation of vulnerability; and it also authorizes the prosecution of criminal actions, after a complaint has been filed with the corresponding authority. The crime of abandonment is established as the act of parents or other responsible relative who cause a violation or themselves violate the rights of the children; it is applicable in cases where parents, or responsible relatives allow their children under 18 years of age, or those under their custody and care, to migrate irregularly to other countries.

Law Against School Harassment: This was enacted on January 21, 2015, through Legislative Decree 96-2014. It aims to promote good relations in schools to prevent, punish and eradicate all forms of violence, physical or psychological, assault, harassment, intimidation, and any act considered harassment, among students.

Policy for Comprehensive Care in Early Childhood, 2012.

National Policy for Prevention of Violence against Children and Youth in Honduras, 2012.

Ratified International Legal Instruments:

Convention on the Rights of the Child: Signed in 1989 and ratified by Honduras on August 10, 1990. This convention calls for every child to be effectively protected and assisted against any form of neglect, exploitation or abuse, torture, or other form of cruel, inhuman, or degrading treatment or punishment or armed conflict, and that they receive appropriate protection and humanitarian assistance to restore and enjoy their rights. Additionally, it states that all children have the right to be allowed the exchange of information required to locate their family, mother and/or father, to be reunited with their family and in all cases be granted and afforded immediate protection to ensure their dignity, physical and emotional condition. Member States shall promote, adopt, and enter into bilateral or multilateral agreements or adherence to existing agreements or measures to combat the illicit transfer and detention of children abroad.

Convention 182 on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor, and its Recommendation 190 (1999): Ratified by Honduras on October 25, 2001. Member States that have ratified this convention are directly bound by it and must urgently take all immediate and effective measures to protect children from all forms of labor exploitation and abuse, and especially from the worst forms of hazardous child labor.

Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000). Ratified by Honduras on May 8, 2002. Member states will adopt the measures and shall apply the necessary measures and make arrangements to exercise its authority when these offenses are committed in its territory or on board a ship or aircraft flying its flag, when the alleged offender is a national or has his or her habitual residence in its territory, when the victim is a national of that State, when the alleged offender is found in its territory and is not extradited to another State Party by reason of the commission of the offense by one of its citizens. States Parties shall take the necessary measures to strengthen international cooperation by multilateral, regional and bilateral arrangements for the prevention, detection, investigation, prosecution, and punishment of those responsible for the sale of children, child prostitution and child pornography or sex tourism.

Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (August 14, 2002).

Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (Signed on December 14, 2000).

Particular to Women

National Legal Instruments:

Law for Equal Opportunities for Women and its Regulations (Decree 34-2000): The Law is intended to integrate and coordinate State actions with civil sociate toward the elimination of all forms of discrimination against women, and to achieve equality of men and women before the law. This is achieved by prioritizing the areas of family, health, education, culture, media, environment, work, social security, credit, land, housing, and participation in decision making within power structures.

Law Against Domestic Violence, (Decree 132-97): The State will adopt into public policy any measures required for the prevention, punishment, and definitive eradication of domestic violence against women. The provisions of this Law are of public order, mandatory and are intended to protect the physical, psychological, patrimonial, and sexual integrity of women against any form of violence by their spouse, ex-spouse, partner, ex-partner, or any relationship related to a partner in which coexistence is maintained, or not, including those related to a sentimental relationship or not. The rights herein established are universal. Any act of discrimination and domestic violence against women shall be punished under this Law, the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, the International Convention on the Elimination of All Forms of Discrimination against Women and any others that may be signed in the future on this subject.

Law for the National Institute of Women (INAM) (Decree 232-98): The National Institute of Women (INAM), will pursue as its objective the full incorporation of women into the process of sustainable development, with gender equity, be it socially, economically, politically, and culturally. The institute has two general objectives: 1. To contribute to the full and inclusive realization of Honduran women in the context of harmonizing the interests of all social sectors; and 2. to promote the comprehensive development of society in general, through a scheme of participatory and democratic development, to build a society capable of caring for the balance of the environment, biodiversity, the integrity of the family and its responsibility to youth and children.

Criminal Code: Includes the crime of femicide in "Title V: Violence Against Women" (Article 208). Which states that the crime of femicide is committed by the man who kills a woman within the framework of unequal power relations between men and women based on gender.

Law against Human Trafficking: Includes a series of provisions to sanction individuals who by action or omission commit the crime of Human Trafficking as the result of irregular migration of children. The crime of Human Trafficking is punishable with up to 22 and a half years of imprisonment.

Ratified International Legal Instruments

Convention on the Elimination of all Forms of Discrimination against Women (March 3, 1983): It calls on member states to "take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women" (Art. 6).

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (April 4, 1995): It establishes the right of women to live a life free of violence, and highlights violence as a violation of human rights and fundamental freedoms. It provides mechanisms for protection and defense against the

phenomenon of violence against their physical, sexual, and psychological integrity, both in the public and private domain, and their enforcement within society (Article 10).

Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (June 15, 1993).

Migrant and Refugee Populations

National Instruments:

Law for the Protection of Honduran Migrants and their Families and Regulations for the Honduran Migrant Solidarity Fund (FOSMIH): This Special Law determines the obligation of the State of Honduras to protect migrants, and to define and apply public policies for the protection Hondurans who are abroad, and their return to the country. It endorses mechanisms to combat human traffickers, criminal networks of clandestine migration and exploitation of girls, boys, and women, in accordance with the provisions of the Law against Trafficking in Persons. In addition, it promotes bilateral and multilateral mechanisms for the regularization of the migratory status of Honduran migrants, their situation in detention centers or penal centers, compliance with sentences in Honduras, deportation, repatriation, or voluntary return. It also outlines the policies and programs that the Honduran State must develop in the case of the return of Hondurans to the country, to facilitate their integration into society, labor, or business. Finally, it establishes obligatory intergovernmental and intersectoral coordination among the organizations that are responsible for Honduran migrants and among those and non-governmental and international organizations for the protection and defense of the human rights of migrants.

The Law Against Human Trafficking was enacted on July 6, 2012, through Legislative Decree 59-2012. Its aim is to define the legal and institutional framework required to prevent and combat human trafficking and to care for its victims. This is a public order law and enforced indefinitely.

Ratified International Instruments:

Convention Relating to the Status of Refugees (1951) y Protocol Relating to the Status of Refugees (1967): the State of Honduras signed both instruments on March 23, 1992. These are the main international legal instruments governing the status and protection of asylum seekers, refugees and others who have crossed borders and are unable or unwilling to return to their home countries for fear of persecution. The 1967 Protocol extended the enforceability of the 1951 Convention, eliminating the geographic and temporary status that had restricted the Convention to those displaced by the events of World War II. The factor that definitively characterizes the 1951 Convention and the 1967 Protocol is the restriction of the term "refugee," which is limited to persons who have left their country of origin.

United Nations Convention against Transnational Organized Crime (2000): Ratified by Honduras on December 2, 2003. The purpose of this Convention is to promote cooperation to more effectively prevent and combat transnational organized crime, use witness protection, victim assistance and protection, and the criminalization of participation in an organized criminal group. Each State Party shall take appropriate measures within its means to provide assistance and protection to the victims of the offenses covered by this Convention, in cases of threats of retaliation or intimidation.

Inter-American Convention on International Traffic in Minors (1994): Member States in this Convention undertake: (a) To ensure the protection of children in the best interests of the child; (b) To establish a system of legal cooperation among Member States that provides for the prevention and punishment of international trafficking in children and to adopt appropriate legislative and administrative measures to that end; and (c) To ensure the prompt return of child victims of international trafficking to the State of their habitual residence, taking into account the best interests of the child.

Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (August 9, 2005).

International Convention for the Protection of All Persons against Forced Disappearances (April 1, 2008).

Brazil Declaration "A Framework for Regional Cooperation to Strengthen the International Protection of Refugees, Displaced and Stateless Persons in Latin America and the Caribbean" and its accompanying Plan of Action (Adopted on December 3, 2014): Both the Declaration and its Plan of Action were approved, in a meeting of heads of state of Latin America and the Caribbean in Brasilia, during the thirtieth anniversary of the Declaration of Cartagena on Refugees of 1984. The objective is to respond to the new challenges in international protection and to identify solutions for refugees, displaced and stateless persons in Latin America and the Caribbean in the next text years.

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, Convention of Belem do Pará": Ratified by Honduras on March 07, 1995. In article 8: Member States agree to progressively adopt specific measures and programs to provide appropriate specialized services for the necessary care of women subjected to violence through public and private sector entities, including shelters, counselling services for the whole family, where appropriate, such as care and custody of affected children. Further, article 9 states that State Parties shall take special account of the vulnerability of women to violence by reason of among others, their race or ethnic background or their status as migrants, refugees or displaced persons. Similar consideration shall be given to women subjected to violence while pregnant or who are disabled, of minor age, elderly, socioeconomically disadvantaged, affected by armed conflict or deprived of their freedom.

Optional Protocol against the Smuggling of Migrants by Land, Sea and Air supplementing the Convention against Transnational Organized Crime. This Protocol shall apply to the prevention, investigation and prosecution of the offenses that are transnational in nature and involve an organized criminal group, as well as to the protection of the rights of persons who have been the object of the following offenses: a) smuggling of migrants; b) when committed for the purpose of enabling the smuggling of migrants with fraudulent documents, by procuring providing such documents.

Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (Signed on December 14, 2000): Effective action to prevent and combat trafficking in persons, especially women and children, requires a comprehensive international approach, including measures to prevent such trafficking, to punish

those responsible and to protect the victims in the countries of origin, transit and destination, based on their internationally recognized human rights. The purposes of this Protocol are a) to prevent and combat trafficking in persons, paying particular attention to women and children; b) to protect and assist the victims of such trafficking, with full respect for their human rights; c) to promote cooperation among State Parties to meet those objectives.

The Right to Migrate

This is the right everyone must choose where they want to go and where they want to live. Article 13 of the Universal Declaration of Human Rights recognizes that everyone has the right to freedom of movement and residence within the borders of a State.

The Right Not to Migrate

It is the right that all people must be able to remain in the place where they live and lead a dignified life there, without having to go to another country or region to achieve a life that allows them to live and have a fulfilling life with dignity. On this point, it is important to reflect on how the violation of economic, social, cultural and environmental rights is often what prevents people from living with dignity, which can be seen in the lack of access to land for planting, the devaluation of the purchasing price of products that are planted, the high cost of the basic food basket, the lack of free health services, education, violence, and discrimination, among others. (Cross-Border Coordination Table on Migration and Gender, 2011).

Annex 2 - Group work with children ages 7 to 12

The following are a series of recommendations adapted from guidance by Gioconda Batres (2000) on group work with children ages 7 to 12.

Meeting 1 - Partnership and Introductions

Explanation of whom the facilitators are and their role. Explain through examples when they might need help, and exchange phone numbers to call each other; advise as to how the meetings will take place, the objective, duration, and content.
Perform a game or exercise for participants to introduce themselves (without physical contact), establish the rules. Use drawings (drawings or writing depending on age) to show what they expect to happen at these meetings, i.e., their expectations, what they think of the group, as well as asking about one thing they like and one thing they don't like.

Meeting 2 - Establishing Trust and a Support Network

Through games or images, etc. you can explore: How do you know that someone trusts you? Who do you trust currently? What do I like most about people? What do I like least about them? Who are the closest? What makes you feel good about them? What makes you feel bad? Lead a group discussion.

Meeting 3 - Feelings

Using images, posters, words or games, present different feelings to identify how the child feels. Explore what they want by drawing a person: For instance, have them use a drawing to tell something about her, like a story.

Meeting 4 - Myths and Realities

When we have assessed the children's progress, and we see it is the right moment, we can explore difficult issues preparing drawings addressing these matters, get them to color them, and ask them about what is going on in the picture. Lead a group reflection about how to protect oneself when faced with this (talk about whom to trust, or who could be asked to help).

Reinforce the right to say "no" in situations and to persons they do not like, they do not trust, or who are disrespectful to them. Also, talk about handling secrets. Show illustrations on myths and realities for discussion with them. These topics could also involve using puppets, dolls.

Meeting 5 - Reveal

In this session you can work with stories, videos, or others as examples of situations experienced by other children. You can approach the subject of secrets, reflecting on positive and negative ones, making posters where you only decorate the positive secrets.

Then, using game-like popular education techniques, address situations, so the group can discuss guilt (Is this child guilty of what happened to him?), or address feelings and reactions with these techniques (How does the child in the story feel?), and discuss ways to protect the subject of the story. Then address their own situation, which may be done with incomplete sentences, asking them to draw or fill in blanks, exploring reactions or feelings that have helped them gain strength, and what they learned about how to protect themselves.

Meeting 6 - Prevention of Future Situations

Through stories, videos, or puppets, approach the stories with questions such as "What would you tell the child in the story to do instead of playing tag with other children at school?" "What would you tell the girl in the story to do instead of playing tag with her sisters?" Show images and ask if they have ever thought of mistreating other children or themselves. Reflect on what is not alright. Ask them to do a skit and tell them what the end is to be.

Meeting 7 - Looking at Gender

Children should be taught that they are different, but have equal rights and values, and that violence should be respected and avoided. Explore the advantages of being a girl and being a boy, encourage them to draw the activities that women can do and then those that men can do, to reflect on them.

Meeting 8 - Anger

Work on safe ways to get angry, such as dancing around imagining that the person who betrayed or hurt them is on the floor, taking pillows, writing a letter about the anger. They can also be taught to plan for when they are angry such as running, jumping rope, painting, drawing, singing or talking to someone about the anger. Teach them that they have a right to be angry, but not to express it by harming themselves or others.

Meeting 9 - Power

It is important to recognize the negative messages coming from power figures that cause children to be belittled. The work will consist of replacing them with positive messages, so "No" should be practiced with playful exercises that explore what kinds of fears they have to say no to, what they want to say no to, or what they can do if someone gets angry when they say "no". They can work on skits about heroes and heroines, and how they can protect themselves. Close with a positive message, and even have them make signs or make them at home and share during the next session.

Meetings 10 and 11 - Your Body

Activities to get to know your body, love, and care for yourself. It can be through drawings, pictures, popular education activities, exploring doubts or fears around your body, and controlled breathing exercises. Also encourage them to do sports and recreational activities working their bodies and lead the group in exploring ways they can take care of their bodies and feel good with it. It should all be adapted to be age appropriate.

Meeting 12 - Self-esteem

Reinforce self-esteem through various reflections: What good things do I have, what do I like most about myself, what things do I do for myself that give me joy, what do people like about me, how can I celebrate that I am brave, what things have I achieved through my own efforts?

Meeting 13 - The Future

Work with the group on their schedule for the week to include activities that make them feel good, with drawings or skits to encourage them to express how they imagine the future; each one is to work on positive messages and share them with the rest, make sketches of people they can count on (friends, family, teachers, etc.) and to share their drawing. Also, get the group to prepare what they want to do to celebrate the final meeting.

Final Meeting

Provide feedback on all the achievements and positive resources they must face the world. All group participants are to share a farewell letter or drawing with their companions. In this final meeting, a memento can be handed out, like a card with a positive message to put up in their room.

Closing

When closing processes, it is important to consider whether to continue with individual support, they need to know that when they need it, they can come back for help. After closure, it is ideal to hold two additional meetings to follow up, one or two months apart.

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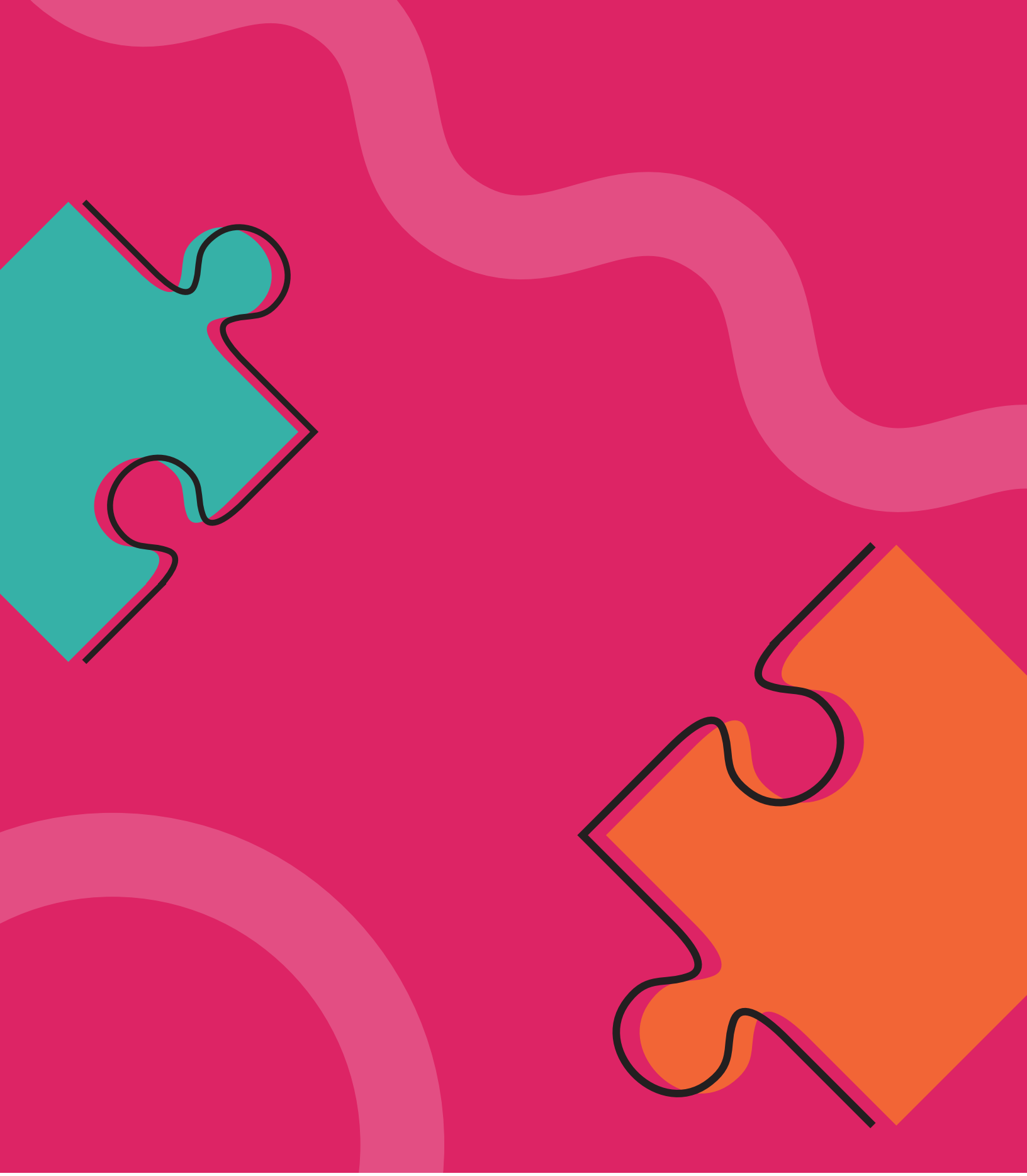

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