



Guidelines for Case Management of Children Associated with Armed Forces and Armed Groups (CAAFAG)

Cox's Bazar Rohingya Response

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Child Protection Sub-Sector and Case Management Technical Working Group

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Introduction

The surge in the potential recruitment and use of Rohingya children by armed groups in Cox's Bazar is causing great concern. Incidents of Rohingya children going missing and becoming involved in illegal activities outside their communities' boundaries have been reported for a significant period, with an increased frequency observed since March 2024. Families are paralyzed by fear and insecurity, and remain hesitant to come forward with information, exacerbating the challenge.

This document outlines guidelines for case workers in the Rohingya Response, Cox's Bazar, on managing cases of children associated with armed groups, abducted by armed groups, at risk of recruitment or use, or those who have returned from armed groups.

Definitions

CAAFAG: A child associated with an armed force or armed group" refers to any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys, and girls, used as fighters, cooks, porters, messengers, spies or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities. (Paris Principles 2007)

Armed force: Armed forces refer to the military institution of a State with a legal basis, and supporting the institutional infrastructure (salaries, benefits, basic services, etc), such as Bangladesh or Myanmar national army. (Paris Principles. Art 2.2)

Armed group: Armed groups refer to groups distinct from armed forces. (Paris Principles. Art 2.3)

Child Recruitment: Recruitment refers to compulsory, forced and voluntary conscription or enlistment of children into any kind of armed force or armed group. (Paris Principles. Art 2.4)

Child Use: The exploitation of children under the age of 18 by armed forces or armed groups as messengers, porters, cooks, or for sexual purposes. Kidnapping children for ransom also falls under this.

Release: Release refers to the process of formal and controlled disarmament and demobilization of children from an armed force or armed group or informally, when a child manages to escape from armed forces and groups or is rescued. It implies a disassociation from the armed force or armed group and the beginning of the transition from military to civilian life. Release can take place during a situation of armed conflict; it is not dependent on the temporary or permanent cessation of hostilities. Release is not dependent on children having weapons to forfeit. (Paris Principles. Art 2.6)

Child Reintegration: The process through which children transition into civilian life and enter meaningful roles and identities as civilians, accepted by their families and communities in a context of local and national reconciliation. Sustainable reintegration is achieved when the political, legal, economic and social conditions needed for children to maintain life, livelihood and dignity have been secured. This process aims to ensure that children can access their rights,

including formal and non-formal education, family unity, dignified livelihoods and safety from harm. (Paris Principles. Art 2.9)

Children at risk of recruitment

Children aged 14 to 17 are being coerced into joining armed groups operating in Myanmar. Partners report that these armed groups target adolescent and youth mostly aged 14 to 29, with a particular focus on those who have previously undergone training in Myanmar. Within the camps, the period around dusk has been identified as the riskiest time for children being abducted for recruitment. Children are either threatened to join an armed group, or motivated by financial incentives, join of their own volition. Close monitoring is needed to not miss information on girls' recruitment.

The process of CAAFAG programming:

- Prevention
- Release
- Reintegration

Prevention

Addressing the risk factors and strengthening protection are important aspects towards preventing recruitment. If a child is exposed to a higher number of risk factors than protective factors, their vulnerability may increase, and they may be at a greater risk of being recruited. Protective factors act to counterbalance risk factors, increasing children and families' coping capacity and resilience to protect their children from recruitment.

In the Rohingya camps, prevention strategies include:

- Strengthening child protection committees.
- Creating safe spaces and educational opportunities.
- Providing economic support and livelihood programs to families reduces vulnerabilities and strengthens their resilience to prevent child recruitment.
- Establishing confidential reporting mechanisms that allow for timely intervention, particularly for missing children and those who face pressure to join the armed group.
- Collaboration with NGOs, local authorities, and international organizations ensures a coordinated and effective service provision to address the risk factors of children recruitment. Together, these efforts create a safer environment, protecting children from the risks of recruitment.
- Incorporate messages in community awareness sessions where appropriate and safe.

Release

Some of the ways a child may be released from the armed forces/armed groups are listed below:

- Find a means to escape on their own or with support from the community.

- Seek help from the police/law enforcement agency (LEA) if they find a way to send a message.
- A loose on/off affiliation with an armed group that wanes over time as their reasons for becoming associated decrease.
- They may become sick, injured, pregnant and no longer useful.
- They may be abandoned after a defeat or the armed force/ group fears prosecution
- Out of compassion.
- Following negotiations between local community members and armed actors.
- Children may be arrested and detained during screening processes instigated by authorities, particularly children who are associated while living within communities.

When children who have managed to exit informally from armed groups return to the community, they can be identified by:

- Child protection committees whose members have been trained in safe identification and referral.
- Trained health workers or psychosocial support or education services providers.

Training of the relevant stakeholders is essential for safe identification. They need to be aware of the context to prevent these children from any stigmatization, reprisal or arrest. Once a child is released and identified, consent or assent must be obtained from the child and his/her caregivers before he/she is referred for relevant services.

Reintegration

- Reintegration requires a period of adjustment and transition from the military experience and identity, towards a new civilian life within a family and community.
- It is a complex and ongoing process and may take years rather than months.
- Reintegration can be a dynamic multi-directional experience where the family and members of the child's community also need to adjust to accommodate the emerging needs of the child.
- For many children, reintegration is not focused on returning to a previous life, but rather on integration into a new or dramatically changed environment.

Case Management of CAAFAG

The Child Protection Case Management SOPs for Cox's Bazar also apply to the case management of CAAFAG cases. However, in the management of CAAFAG cases, the case worker must bear in mind the special attention required for these cases.

Identification and Registration

Identification can be through community-based groups including CBCPCs, children and adolescent groups, parents' groups, volunteers, para social workers (PSW), Imam, Majhi, community people, referral from other sectors, CIC, law enforcement agencies. The identification of CAAFAG cases can be challenging, as parents and community members are often unwilling to seek support from the agencies and need to be reassured.

CAAFAG cases should be registered and managed by a child protection case worker who has been trained and has the skills and knowledge to manage such cases with appropriate response. The case worker should:

- Support the child and the family on the disclosure of information and provide reassurance of confidentiality.
- Listen and ensure that the concerns of the child or family member are understood. Make them feel heard and supported without making judgments.
- Conduct rapid safety assessments and identify urgent needs for physical and mental health, care, food, clothing and any other basic needs.
- Ensure that needs are met directly or by referral to the relevant service.
- Manage expectations, by refraining from making promises about outcomes or timelines that no one can control. Instead, focus on the steps required to support and assist.

If the child and family do not give consent for case management, the case worker should take time to understand why and discuss a potential solution to their concerns, explain the potential benefits of consent, and the need for support required by the child, and allow them time to rethink. If the case worker believes that the child is at imminent risk, he/she should immediately inform the supervisor or Case Management Technical Working Group to discuss ways to support the child without doing harm.

All meetings and interviews with the child and his/her family should be confidential and in a safe place agreed with the child and family.

Safety Plan: If a child or his/her family believe that the child is still at risk of being re-recruited into armed forces/armed groups, a safety plan should be developed, with the following considerations:

- Mapping context-specific risks analysis of the threats, vulnerabilities.
- Identifying a protective family or resource families that can be used for temporary rescue when other actors are not around to help.
- Safely leaving the risky area, ensuring essential documents are not left behind.
- Promoting safe exit, when necessary, rather than protesting.
- Ensuring relevant contact numbers are memorised.

Assessment

To assess a CAAFAG case, workers should refer to the checklist in Annex 1 with specific questions focusing on safety, family, physical health, emotional wellbeing, education, friends and social network, work, legal situation and documentation.

Case Planning

- Case planning should be based on the assessment, and should focus on different strategies, depending on the level of risk faced by the child.
- Before reunification, the case worker must prepare the parents/family/community, especially if the child was associated with armed forces/armed groups, and has now been released, to avoid further risk and stigmatization. The child should be kept in an interim placement while the case worker consults with the family and community.

- Identify how the child's immediate, short-, medium- and long-term needs (goals and actions) will be met and by when; Clarify the persons responsible and set up dates for follow-up visits and reviews.
- Set up a safety plan and relocation options if needed.
- Prioritize the empowerment of the child and family, considering the transition from armed group to civil identity.
- Consider all relevant wellbeing domains such as health, economic recovery, education, life skill, justice, safety-security, social identity.

Implementation of the Case Plan

- Ensure the participation of the child, family and trusted community members.
- Ensure safe referral to other services that may be needed.
- Prior advocacy with all relevant actors is important to ensure maintenance of confidentiality and the timely availability of services required.
- While awaiting the relocation of the child and family, which often takes a long time, alternative care arrangements should be considered in another camp that is considered safer.

Follow up and review

The case plan for a child being reintegrated/reunified should be reviewed at least every three months or earlier if needed by the case worker. It is not recommended that community-based volunteers do the follow-up. Safety measures must be taken during follow-up. It might not always be possible to follow up through a home visit or physical meeting. In this the case worker should arrange to follow up in a safe place, or remotely on a mobile phone.

Closing the Case

Once the goals of the case plan are met, and the case worker confirms that the child is out of danger and fully re-integrated in the community, the case may be closed, following review by the supervisor and discussion with the child and family. The case can also be closed if the child dies, is relocated from the location, or if the case worker has not been able to trace the child and have contact with her/him for one year, with the approval of the supervisor.

Scenarios related to Child Recruitment

Scenario 1: When a Child and Family are threatened with Recruitment

Immediate Safety and Risk Assessment	Emergency Protection Measures	Mental Health and Psychosocial Support	Legal Assistance	Preventive Measures and Monitoring
Assess Conduct a thorough assessment of the threat level to the child and family, identify the risk and protective factors and document all the information.	Safe care arrangement Discuss the available living arrangements with the family and child and assess their safety. It can be with relatives in other camps. If an imminent threat is assessed, arrange for immediate relocation to a safe shelter or protective environment. Coordination with Authorities Report the threat to camp authorities, local law enforcement, and child protection focal points to ensure the family receives all necessary protection. Consent must be received from the family before referring to the authorities.	MHPSS Provide immediate psychological support to the child and family to help them cope with fear and anxiety. Support Groups Connect them with support groups within the community for additional emotional and social support.	Legal Advice Offer legal assistance to help the family understand their rights and options for protection. Advocacy Advocate on behalf of the family with authorities and organizations to ensure their safety and security.	Safety Plan Develop a personalized safety plan for the family, including steps to take if they feel threatened again. Regular Check-in Conduct regular follow-up visits to monitor the family's safety and well-being.

Scenario 2: A child is missing/ taken by the armed group

Immediate Reporting and Documentation	Coordination with Actors	Psychosocial Support for the Family	Preventive Measures	Continued Search
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<p>Report Immediately report the missing child to relevant authorities, including local law enforcement, camp authorities, and child protection focal points with the consent of parents or caregivers.</p> <p>Document Record all available information about the child, including their name, age, physical description, last known location, and circumstances of their disappearance.</p> <p>Tracker Register the child as abducted, fill out the missing child tracker and share it with CPSS¹</p>	<p>Liaise Work closely with law enforcement, child protection authorities, and relevant legal NGOs to coordinate search efforts including cross border tracing, which may be supported by ICRC, UNHCR and UNICEF.</p> <p>Monitor Ensure the case is actively pursued and regularly follow up on any developments, including regular contact with the family to get updates on contact they may have with the child or abductors.</p>	<p>PSS Provide Psychosocial support to the child's family and refer them to counseling if needed, to help them cope with the stress and anxiety of the situation.</p> <p>Support Services Connect the family with additional support services such as legal and social services.</p>	<p>Strengthen Networks Strengthen community-based child protection networks to monitor and prevent further incidents.</p>	<p>Search: Continue active search efforts with the support of Armed Police Battalion (APBN) CIC, CP Focal, and the police. If any challenge arises during the search efforts communicate with CPSS and CMTWG.</p>
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Scenario 3: The child is associated with armed groups and wants to leave (Both inside camp and outside camp)

Immediate Safety Assessment	Reporting and Documentation	Medical and Psychosocial Support	Interim Care and Protection	Family Tracing and Reunification, Reintegration Planning
<p>Assess Evaluate the immediate safety and risk factors for the child, ensuring they</p>	<p>Report Notify child protection subsector and Case Management</p>	<p>Medical Support Provide immediate medical attention</p>	<p>Protect Ensure that the child is protected from potential retaliation or re-</p>	<p>Trace Initiate family tracing efforts to locate the child's family.</p>

¹ An excel sheet tracker is being used until the CPIMS+ system is updated to incorporate missing child data.

<p>are in a secure location.</p> <p>Remove If the child is in imminent danger, take steps to remove them from the dangerous environment immediately. Seek support from Child Protection Focal Point (CPFP), CIC, and CPSS.</p>	<p>Technical working group.</p> <p>Document Record the case as CAAFAG and document detailed information about the child's association with the armed group, including duration, roles, and any experiences of abuse or exploitation.</p>	<p>(If the child is found and present in the camp) if needed.</p> <p>PSS Offer psychological first aid and ongoing PSS or MHPSS based on the child's situation to help the child cope with trauma and emotional distress.</p>	<p>recruitment by armed groups. Place the child in an interim safe care arrangement in a confidential location (if available outside of the camp), Coordinate with law enforcement to establish protective measures if threats are imminent, maintain data protection information sharing protocol. Maintain regular contact with the child and their caregivers to monitor safety and well-being.</p>	<p>Reunify When safe and appropriate, facilitate reunification with the family, ensuring that the family environment is supportive and free from threats.</p> <p>Assess Needs Conduct a comprehensive need assessment to develop a personalized reintegration plan for the child.</p>
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Scenario 4: The child has been released from the armed group

Immediate Safety and Health Assessment	Psychosocial Support	Family Reintegration Support	Education, Vocational and other development Training	Monitoring and Follow-Up
<p>Medical Care Arrange for an immediate medical examination and treatment for any physical injuries, impairments or health issues.</p> <p>Safe Environment Ensure the child is in a secure and supportive environment, away</p>	<p>Psychological First Aid Offer immediate psychological first aid to address trauma and emotional distress.</p> <p>Ongoing MHPSS Arrange for continuous mental health support to help the child process their</p>	<p>PSS support to the Family Offer family counseling sessions to the family to help them understand and support the child's reintegration process. Family members can be encouraged to join positive parenting sessions.</p>	<p>Educational Support Enroll the child in educational programs to resume their studies and promote normalcy.</p> <p>Vocational Training Provide vocational training opportunities to older children to help them gain skills for future employment</p>	<p>Regular Visits Conduct regular home visits to monitor the child's progress and well-being.</p> <p>Adjust Support Plan Adjust the reintegration and support plan as needed based on the child's evolving</p>

from any potential re-recruitment threats.	experience and begin healing.	Reunification Support Facilitate safe and supportive reunification with family members, if needed.	Life skill Training Provide life skills learning opportunities for the child.	needs and circumstances.
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Safety and well-being of the Case Worker

Safety and security

The following measures should be taken to ensure the safety and security of case worker managing CAAFAG cases in the camp.

- Diligently follow the organizational safety and security policies, and UNDSS security messages.
- Maintain coordination and communication with APBN and the CiC.
- Continue collaboration with other actors.
- Prepare an exit plan for potential threats and safe evacuation.
- Assess the security for home visits and follow up. If a risk is identified, the caseworker should follow-up remotely.
- Any threats received must be reported to the supervisor, CPFP and CPSS, and the caseworker must leave the camp immediately.
- Be vigilant and make every effort that the CAAFAG case worker is not exposed to the community.

Well-being

The mental wellbeing of case workers managing CAAFAG cases is very important. During recruitment with armed forces/armed groups, a child may have faced traumatic, violent or life-threatening situations which could have a negative impact on the child's mental health. Dealing with such children, the case worker may also be affected with secondary trauma or distress. If a case worker, exposed to traumatic situations, shows signs of distress, she/he

- Must seek support from the supervisor.
- Seek support from MHPSS professionals or psychologists.
- Take leave and be supported to engage in mental health or wellbeing improving activities.

The supervisor must follow-up regularly and ensure that the case worker is dealing with the trauma effectively and not being burdened with a high case load.

Safe Referral

This is the process of referring a child to qualified agencies to meet the needs that are identified through the assessment and proposed in the case plan. CAAFAG cases should be safely referred to the required service by the case worker or the assigned child protection officer who is assigned by the child protection sub-sector (CPSS). The caseworkers maintain overall responsibility for the case regardless of referrals. This is a formal process where the caseworker requests services for a child or their family from another agency (e.g. cash assistance, health care, etc.) through an established procedure or a referral pathway provided by the child protection sub-sector (Annex 3 – link provided below), that may require filling in and submitting a form. All referrals are confidential and non-discriminatory.

It is important that the trained caseworker determine that the agencies selected for referral services are qualified to provide the service effectively and trusted by the community, and that they can be relied upon them to meet the needs of the cases.

To ensure safe and effective referrals the case worker must consider some important aspects such as safety and security, confidentiality and the child and his/her family's comfort, any relevant threats, security concerns, or health conditions. A child might need a caseworker or a trusted adult with him/her during service provision.

An NGO may be engaged to provide safe transportation for the movement of the child and caregivers to a safe location or service point.

If a caseworker faces difficulties in making a safe referral CPSS and CMTWG should be consulted for advice.

Supervision

Child Protection case supervisors also cover cases of CAAFAG, using existing case management supervision tools. The role of the case supervisor includes supervising and supporting dedicated case workers to ensure their workload is manageable, and that they are not emotionally stressed. Supervisors tasks also include monitoring the case forms and CPIMS+. A supervisor needing technical support or guidance, should reach out to the CMTWG.

Data Protection

This is a very important aspect of case management of CAAFAG as related documents are sensitive and confidential. Child protection case management SOPs (Annex 4 - link provided below) and Data Protection and Information Sharing Protocol (DPISP) (Annex 5 - link provided below) must be followed diligently for managing, storing and sharing information related to the CAAFAG case.

The safe evacuation of documentation is critical for data protection, as and when the situation demands. The case worker must develop an evacuation plan as soon as she/he takes on the management of the CAAFAG case. Steps that can be followed:

- In case of a threat to the case worker or the facility, the case worker should follow a previously prepared safe exit plan to leave the facility and the camp and try to take the case forms and technological equipment.
- If safe evacuation of the case forms is not possible, they should be destroyed or buried for retrieval if/when the situation stabilizes.
- In case of flood or fire incidents, case forms must be moved to a safe place for protection.

ANNEXES

Annex 1: CAAFAG Case management checklist (see below).

Annex 2: Safety plan guidance (see below).

Annex 3: Referral-Pathways-Protection-Sector-Including-CPSS-and-GBVSS-September-2024.pdf (rohingyaresponse.org)

[Annex 4: Case Management SOP](#)

[Annex 5: DPISP- ISP CM Information Sharing Protocol April 2019. pdf](#)

Annex 1

CAAFAG Case management checklist

Assessment

This information is collected during the case management assessment as well as during follow up. The child should not be questioned on sensitive information* (highlighted with an asterisk) directly. This information should be gathered as the case worker builds a trustful relationship with the child who will likely volunteer the information spontaneously.

Risk Factors	Low	Medium	High
Safety			
Security risks for the child	No security risk, formally released, no contact with armed group/force	Unsure of the security risks the child may face	Regular contact with armed group/force after release. Risk of retaliation, arrest, abduction
Family			
Contact with the family during the period of association	The child was able to leave the group and visit his/her family	Contact through phone calls only	No contact at all with the family
Relationship with the family	Welcomed by the family	Welcome by the family but with some fear	Rejected by the family, stigmatized, discriminated
Presence of children born of sexual violence	No children	Abortion	Yes, children born of sexual violence
Mother-child relationship	Secure mother-child attachment	Unsecure attachment	Rejection of the child from the mother, rejection from the family and the community
Physical health			
Drug or alcohol abuse*	No drug or alcohol abuse		Yes, drug or alcohol abuse

Wounds, physical health problems and permanent injuries/impairments	None	Wounds, condition or disease that can be treated. Unsafe delivery with no permanent consequences	Permanent injuries/impairments (hearing, visual, cognitive, mobility, etc) Unsafe delivery with life consequences such as sterility
Emotional wellbeing			
Exposure to violence*	None	Exposure to violence as a witness	Exposure to violence as perpetrator or victim including sexual violence (rape, forced abortion) or forced drug or alcohol abuse
Identity	Civilian identity, they don't feel they are part of the armed group/force anymore	In transition between military and civilian identity	Loss of identity – not sure whether they are still part of the armed group/force, strong military identity or ideology
Perception of their experience of association	An empowering experience	No particular perception of their experience	A traumatic experience, sense of loss of control over their life, sense of guilt, that they are a bad person
Mental health	No signs of psychosocial disorders	Excessive humility, internalization of the fault Isolation from peers	Presence of aggressive behavior, symptoms of PTSD, depression or anxiety
Education			
Personal skills or skills they learnt during the period of association	Leadership skills, strong resilience, e.g. driving, cooking, medical	Some skills that children don't want to use in their civilian life	No skills

that can promote resilience	assistant, mid wife skills		
Friends and social network			
Relationship with the community	Welcomed by the community	Mix of empathy and fear from the community	Rejected by community, stigmatized, discriminated
Perception of the armed group or armed force by the community/society	Perceived as the "winner"	Neutral perception	Perceived as the "looser" or armed group designated as a terrorist organization
Modes and reasons of recruitment	Perception of "voluntary" recruitment	Recruitment for economic reasons	Forced recruitment or felt coerced (abduction, threats, pressure, etc) or betrayed (false promises of money, power, love, etc.)
Work			
Duration of association	Less than 6 months	Between 6 month and 1 year	More than 1 year
Roles fulfilled and rank or status	Low rank or status Domestic tasks	Medium rank or status In charge of recruitment, messenger, spy	High rank or status (commander's wife, driver, personal bodyguard, etc.) Roles involving high exposure to violence or use of weapon (fighting, manning check points, bodyguards,)
Modalities of exit	Released through formal or informal negotiation	Abandoned by the armed group/force because of injury, after a battle	Run away, arrested by security forces
Legal situation and documentation			

Risk of arrest/detention/interrogation	No	Unsure	Yes
Need for legal support, documentation of formal exit, ID	No	Unsure	Yes

Annex 2

Safety plan guidance

1. Questions to ask the child to identify risks or determine when they don't feel safe

- What are the risks that you may face in your community?
- Do you feel unsafe in certain places? (public transport, clinic, at school, on the way to school)
- Are there risks or do you feel unsafe in situations such as a public events (ceremony, wedding, funeral, party, etc)
- Are there any behaviours that can put you at risk or make you feel unsafe? (teasing, flirting, shouting, insulting, breaking things, etc)
- Are there risks or do you feel unsafe near certain people? (other youth, local leaders, people who were directly affected by conflict)
- Are there any risks related to the armed group or armed force you were part of? (probe: people may come back and search for you, want to hurt you)
- Are there any risks or do you feel unsafe with law enforcement agencies such as the police? (risk of arrest, interrogation, physical or psychological harm)
- What are the risks that you may face in your family?
- Is there certain family member who is not supportive of your reintegration?
- Do you feel safe at home?

2. List the risks in the first column of the table below.

3. Discuss with the child the likelihood of this happening (low, medium, high) and the impact (low, medium, high) and complete the level of risk using the table below.

Risk level		Impact		
		Low	Medium	High
Likelihood	High	Medium		
	Medium		Medium	High
	Low			Medium

4. Discuss mitigation measures for each risk using the following questions and complete the table.

- Is there a way you can avoid ... [location, place or people]?

- Is there an adult who you trust who could be with you ... [at the time or in the place identified]?
- Is there anything we could do to make you feel safer ... [at the time or in the place identified]?
- If there is trouble, you can call or go to ...
- Is there a place you could go to if you don't feel safe? (e.g. neighbour, community leader, child friendly space etc.)
- How would you get out of the home if there was danger?
- Is there a particular day or time when you are able to leave the house and move more freely?
- Is there anyone nearby who you go to for help and support or if you do not feel safe?
- Is there someone who could talk to people who make you feel unsafe?