PART 3
STRENGTHENING COMMUNITY-BASED CARE

SECTION 2
CAPACITY BUILDING
TRAINING SESSIONS AND MATERIALS
SURVIVOR-CENTRED RESPONSE
“all survivors need good quality care and support to help them heal and recover”
Strengthening good quality survivor-centred care for survivors of sexual violence is a cornerstone of the Communities Care: Transforming Lives and Preventing Violence Programme (CC Programme). This four-day training on survivor-centred practice is for all community-based response actors who manage health, social welfare, education, law enforcement and justice sector services, and who provide direct care and support services to women and girls who have experienced sexual violence. It aims to build knowledge, skills and good practice using a survivor-centred approach care among all those with a role in providing care, support and protection for survivors.

Before participating in this training, it is necessary to complete:

- Three days of training on Sexual Violence, Social Norms and Self-Awareness. The materials for this training are found in Part One: Building Knowledge and Awareness.

- Psychosocial, education and law enforcement actors who complete this training will also attend an additional two-day training focusing on specific knowledge and skills needed for strengthening psychosocial, education and law enforcement response to sexual violence in the community.
Sexual violence has many potential immediate and long-term harmful physical, psychological and social consequences for individuals, as well as negative effects on families and communities. Responding to these consequences through having good quality services that deliver compassionate care and support for survivors and their families is essential to foster recovery and restore physical, psychological and social health and well-being. It also helps to shift social norms that keep sexual violence hidden and stop survivors from disclosing it, as well as other norms that are barriers to survivors seeking help.

**A survivor-centred approach**

Being survivor-centred creates a supportive environment in which a survivor’s rights are respected and in which she is treated with dignity and respect. A survivor-centred approach involves making sure survivors have control over the helping process; for example, that they can choose what happens after they come forward for help. The approach helps to promote a survivor’s recovery and ability to identify and express needs and wishes, as well as to reinforce her capacity to make decisions about possible interventions. A survivor-centred approach involves promoting the empowerment of survivors and recognizes that each person:

- has equal rights to care, support and protection;
- is different and unique;
- will react differently to sexual violence;
- has different strengths, capacities, resources and needs;
- has rights, appropriate to her age and the circumstances, to decide who should; know about what has happened to her and what should happen next.
How does this training relate to the Community Action and Engagement component of the Communities Care Programme?

When service providers use survivor-centred practice, it is more likely that survivors will come forward for help. As more survivors seek assistance from helpers who understand, validate and respond to their experience with compassion and confidentiality, help-seeking for sexual violence will become less stigmatized. This in itself can contribute to shifting social norms in the community that keep sexual violence hidden – the aim of the Community Engagement and Action component of the CC Programme.

Further, service providers are well-placed to build an environment in their workplace and community that is supportive of survivors. Service providers are often in a position of authority in a community and highly respected. As a result, they can be critical agents for changing social norms around sexual violence in a community. The participation of service providers in the community discussion process will encourage them to build understanding about the harms of sexual violence and compassion for survivors in the community to encourage the community to engage in prevention efforts.
PART 3  Strengthening Community-Based Care

OVERVIEW

MODULE 1  RESPONDING TO SEXUAL VIOLENCE

Responding to sexual violence by providing quality services to survivors is a cornerstone of the CC Programme. Good response services help survivors recover and heal, and help build an enabling environment for changing harmful social norms.

Community-based response actors need to be familiar with the CC Programme objectives and the programme’s theory of change. They also need to have a sound understanding of the types of help survivors need and sources of this help in their community so that they, in turn, can be sources of support for survivors. Additionally, community-based response actors can act as agents of change in creating the enabling environment for survivors that is so important to creating social norms change.

MODULE 2  A SURVIVOR-CENTRED APPROACH

Each one of us is entitled to the highest standard of physical, mental and social health and well-being, and people who have experienced sexual violence have a right to compassionate care and support to promote their health, recovery and empowerment. Linked to empowerment, is the right of survivors to decide what help is best for them and who should know about what has happened. A survivor-centred approach to sexual violence aims to create a supportive environment in which each survivor’s rights to services and to self-determination are respected and in which she is treated with dignity and respect.

Using a survivor-centred approach to sexual violence response involves three elements: applying survivor-centred principles in the helping process; providing coordinated care and support; and ensuring compassionate and skilled practice by service providers.
All child survivors of sexual violence have the right to quality, compassionate, child-centred care, support and protection. All helpers who come in contact with child survivors need knowledge and skills in engaging with children and awareness of how beliefs and attitudes about children and power relationships affect their work with child survivors.

This module builds knowledge on the problem of sexual violence against children and introduces participants to child-centred practice for service providers.

Effective and supportive communication with survivors involves knowledge, skills, humility and empathy. It also takes practice. Good communication skills are also essential for changing social norms in the workplace and the community. This module aims to increase participants’ knowledge and build their skills and confidence in communicating with survivors of sexual violence through introducing basic concepts and skills in communication and providing participants with the opportunity to practice and receive constructive feedback. This module also reviews guidelines for interviewing children.
ADAPTING THE TRAINING

Before delivering the training it is necessary to review the entire content and adapt it as necessary to your context. You will need to adapt it in two ways:

1. By ensuring the activities are appropriate to your context, for example that they are culturally acceptable and relevant. If you identify an activity that might not be appropriate, you need to substitute it with one that will enable you to achieve the same objective.

2. There are places in the training that you need to insert locally specific information or material or presentations from your context. Guidance about where and how to do this is contained in the notes to facilitators at the beginning of each module.

TO DO

- Go through the modules and review all sessions, and make sure the activities are locally appropriate. Decide on alternative activities if needed.
- Read the facilitator notes for each module and make sure you have developed and inserted local information and material where indicated and planned for guest presentations before you do the training.

This training is made up of 4 modules, each of which is designed to be delivered in one day.
LEARNING OBJECTIVES
At the end of this module participants will be able to:

1. Discuss the CC Programme objectives, components and pathway to change.
2. Discuss the barriers to care facing survivors in the community.
3. Identify social norms that act as barriers to care and support for survivors.
4. List the formal and informal sources of care and support that survivors turn to in the community.
5. Be familiar with services for survivors in the community.

Participant handouts
Handout 1: Pre-test
Handout 2: Overview of the CC Programme
Handout 3: Common barriers to care and support
Handout 4: Sources of care and support in our community
Handout 5: Formal and informal systems of care and support
Handout 6: Services for survivors in our community – to be prepared by facilitator based on service mapping
Participant handouts

Handout 1: Pre-test
Handout 2: Overview of the CC Programme
Handout 3: Common barriers to care and support
Handout 4: Sources of care and support in our community
Handout 5: Formal and informal systems of care and support
Handout 6: Services for survivors in our community – to be prepared by facilitator based on service mapping
## MODULE 1 SCHEDULE | DAY 1

<table>
<thead>
<tr>
<th>TIME</th>
<th>CONTENT</th>
<th>SLIDES</th>
<th>HANDOUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45–9:45</td>
<td>• Welcome and introductions</td>
<td>1–5</td>
<td><strong>Handout 1:</strong> Pre-test</td>
</tr>
<tr>
<td></td>
<td>• Logistics</td>
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<td>• Group norms</td>
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<td></td>
<td>• Objectives</td>
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<td></td>
<td>• Pre-test</td>
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<tr>
<td>9:45–10:45</td>
<td>• CC approach</td>
<td>6–13</td>
<td><strong>Handout 2:</strong> Overview of the CC Programme</td>
</tr>
<tr>
<td>10:45–11:00</td>
<td>Morning tea</td>
<td></td>
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<tr>
<td>11:00–12:00</td>
<td>• Help-seeking</td>
<td>14–25</td>
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<tr>
<td>12:00–1:00</td>
<td>• Barriers to care and support</td>
<td>26–27</td>
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<tr>
<td>1:00–2:00</td>
<td>Lunch</td>
<td></td>
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<tr>
<td>2:00–3:00</td>
<td>• Barriers to care and support</td>
<td>28–34</td>
<td><strong>Handout 3:</strong> Common barriers to care and support</td>
</tr>
<tr>
<td>3:00–3:15</td>
<td>Afternoon tea</td>
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<tr>
<td>3:15–4:15</td>
<td>• Sources of care and support</td>
<td>35–39</td>
<td><strong>Handout 4:</strong> Sources of care and support in our community</td>
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<td></td>
<td></td>
<td></td>
<td><strong>Handout 5:</strong> Formal and informal systems of care and support</td>
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<tr>
<td>4:15–4:45</td>
<td>• Services in our community</td>
<td>40</td>
<td><strong>Handout 6:</strong> Services for survivors in our community</td>
</tr>
<tr>
<td>4:45–5:00</td>
<td>• Questions</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Summary of day</td>
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</table>
NOTE TO FACILITATORS

Establishing group norms:

If you are facilitating this training with a group that has worked together in previous training you will need to review the group norms established on the first day of the training.

If the group has not yet worked together, you may wish to use the activity below to help explore and establish group norms.

1 Divide participants into small groups of four to six. Ask each group to do the following activity:
   - Reflect on how we have traditions that inform how we behave and interact on special occasions such as weddings, funerals or religious and cultural festivals. Choose one of these occasions and make a list of behaviours that are acceptable/unacceptable for it.
   - Imagine someone is visiting from a completely different place who does not speak your language or know anything about your culture. You do not want that person to be embarrassed because he or she behaves inappropriately. Think about how you will show the visitor what is acceptable and what is not acceptable behaviour.

2 Ask group members to role-play the occasion they have chosen, without speaking. Ask one member of each group to visit a neighbouring group.

3 After a few minutes, bring the whole group together into a talking circle and ask participants the questions below:
   - How easy is it to identify/demonstrate these ‘rules’?
   - Why do these ‘rules’ for special occasions exist?
   - What benefits come from having these ‘rules’?
   - What happens if someone breaks these ‘rules’?
   - What might happen if we had no ‘rules’ to follow at these special times?

4 Explain that during the training participants will be discussing sensitive and challenging topics. It is important that everyone can feel safe to do this. This means that the group should have its own special rules for how participants behave when they are together.
What ‘rules’ do participants want that will help them learn, share and develop together safely and without fear?

List the suggestions and develop these into a set of ground rules/group norms that everyone agrees with.

To prepare to facilitate this module, you need to do the following:

Go through the session plan and review all topics, and make sure the activities are locally appropriate. Decide on alternative activities if needed.

Make sure you are familiar with Part One of the Toolkit *Building Knowledge and Awareness* and have participated in trainings on sexual violence, social norms and self-awareness that accompany Part One.

You also need to be familiar with the content of section 1 of Part Three of the Toolkit *Strengthening Community-Based Care* and have the findings of the service mapping and barrier assessment carried out as part of this component of the programme.

**MORE**

Additional Reading/Resources for Facilitators

**TOPIC 1:** To facilitate the introductory team competition exercise on the CC theory of change, you will need to prepare six sets of ‘puzzle cards’. An example you can use is given in the Activity Sheet found at the end of the session plan before the handouts. You may wish to give a small prize to the winning team, such as sweets or allowing them to be first to get lunch.

**TOPIC 2:** The activity on help seeking can be done in pairs, in small groups or as a large group, depending on the time available and best approach for the group. As with other activities, it might be appropriate to invite participants to present their responses in different formats, e.g., a short role playing activity or a visual map rather than verbal presentations. The aim of the activity is for participants to analyse and share what they know about help-seeking behaviours in the community, to consider how these differ for different groups and to begin to consider what the barriers to care and support might be in terms of availability, access and quality of services.

**TOPIC 3:** To facilitate the activity on identifying barriers to care and support you need to prepare four case studies based on the local context. The purpose of each case study is to illustrate the barriers survivors face in accessing care and support and should therefore include barriers from the local context, for example, the need to obtain a police form before being able to access medical care, distance to services, cost of services, lack of adolescent or child-friendly services, or lack of confidentiality. The case studies should present a realistic example of sexual violence in the community and provide information about the survivor’s circumstances. When developing case studies, never use details of specific cases as this is a breach of a survivor’s right to dignity, confidentiality and privacy. A sample case study is given below:

*A young woman is raped when she is home alone after returning from school. She knows the man who raped her—he is a friend of her father. The friend stopped by the house looking for her father but when he realized she was alone, he attacked her. The young woman decided to tell her mother about the rape. The mother believes her daughter but tells her daughter not to ever talk about the rape to anyone else because it will only create problems for the daughter and family. Some weeks later the daughter tells her mother she thinks what happened has caused some problems with her body and she has some pain. The mother tells her it is too hard to see a health worker because they would have to go to the police first to get a special form to see a doctor and then everyone would find out what has happened. And anyway, the mother says, the health post is too far away and they don’t have money for transport or to pay for medicine.*

The process of identifying a social norm that acts as a barrier to seeking help or encourages help-seeking in topic 3 needs to be carefully guided. It is recommended that you review what a social norm is before putting participants into groups, reminding them of what they learned in the training on social norms and that a social norm is a rule that members of a group are expected to follow by other members of the group. People follow social norms because they see other people following them and believe other people think they should follow them. To do the group activity, you will need to identify four social norms from your setting that the groups can use to develop their skit. You should choose two norms that encourage help seeking (for example, a norm about protecting children from harm) and two norms that are barriers to help seeking (for example, that survivors are to blame for what happened to them).

**TOPIC 5:** To facilitate on available services in the community, you will need to prepare a handout on survivor services available in the community, including information on location, specific services provided and costs associated with services. This information should be based on the service mapping activity (see Part Three: Strengthening Community Based Care).
## MODULE 1 SESSION PLAN

### WELCOME AND INTRODUCTIONS—1 hour

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and housekeeping</td>
<td>15 min</td>
<td>SHOW SLIDES 1-2 Welcome all participants and provide information about the training timetable, facilities and other logistical issues.</td>
</tr>
<tr>
<td>Introductions and ice-breaker</td>
<td>15 min</td>
<td>Facilitate an introductory activity so that all participants are familiar with each other and ready to get started.</td>
</tr>
<tr>
<td>Group norms</td>
<td>5 min</td>
<td>Review the group norms already established with participants or conduct an activity to develop group norms for the day (see Notes to Facilitators for an example).</td>
</tr>
<tr>
<td>Content and objectives</td>
<td>5 min</td>
<td>SHOW SLIDES 3-5 Review the content of the training and objectives for this module.</td>
</tr>
<tr>
<td>Pre-test</td>
<td>15 min</td>
<td>DISTRIBUTE HANDOUT 1 and ask participants to complete the pre-test.</td>
</tr>
</tbody>
</table>

### TOPIC 1: THE CC APPROACH—1 hour

- Prepare six sets of ‘puzzle cards’. An example you can use is given in the Activity Sheet found at the end of the session plan before the handouts.

### SHOW SLIDES 6–10

1. Deliver a presentation that gives an overview of the CC Programme goal and objectives, two components of the programme, programme principles and the community-based care (CBC) component of the programme. Make sure the following points are made during the presentation

**PROGRAMME OVERVIEW:**

- Strengthening community-based care is one of two main objectives of the CC Programme.
- Building good quality care and support for survivors is the first step on the pathway to change.
1. Overview of the CC Programme approach to community-based care (continued)

Two components:
- The two components of the programme are mutually reinforcing. The social norms component of the programme is also relevant to the community-based care component. We need to shift harmful norms that stop survivors from coming forward for help.
- Providing good quality care and support will contribute to shifting harmful norms in the community – if people can see there are services available this will contribute to building positive norms that counteract the harmful norms that blame and stigmatize survivors.
- Service providers, including everyone participating in this training, have an important role as change makers and ‘champions for change’ in the community by demonstrating positive beliefs and behaviours towards survivors of sexual violence.
- Training service providers on social norms and facilitating their participation in community discussions have the following aims:
  - improving the way individual service providers respond to survivors of sexual violence;
  - encouraging service providers to take an active role in shifting harmful beliefs and norms among others in their sector;
  - encouraging service providers to act as champions for change in the wider community.

CBC component
- The CBC component of the programme has the following aims:
  - building coordinated services so that all actors with a role in providing care and support work together and are accessible to women and girls.
  - developing survivor-centred knowledge, skills, beliefs and behaviours among service providers to help them to do a good job in providing care and support, including treating survivors with respect and dignity. This includes community and clinic-based health workers, social welfare workers and volunteers, education staff, and law enforcement officers.
  - helping service providers become ‘champions for change’ and publically show their commitment to creating positive community norms by speaking out and encouraging discussion and debate about harmful community beliefs and norms. This will also encourage survivors to seek help.
  - engaging service providers in dialogue about where the real risks for sexual violence exist and who are the most likely perpetrators, sometimes including members of the immediate and extended family. Determining risk is essential to creating strategies that will protect women and girls from sexual violence.
1. Overview of the CC Programme approach to community-based care (continued)

- Ask participants what they think it means to be a champion of change or a change agent. Ask them if they have been a champion of change for another issue in the community or if they have examples of another person or group being one.

**SHOW SLIDE 11**

2. Explain that the CC Programme follows six steps in a pathway to creating change. Put participants into six small groups and distribute a set of puzzle cards to each group. Tell participants that the first team to put the cards in the right order of the six steps will win the challenge, and if you have decided to award a prize, tell them the winning team will win a prize.

- Wait till all teams have finished putting the cards in the order they think is right, noting the order in which the groups complete the puzzle.
- Ask the team that finished first to share the order in which they put the cards. If they do not have the correct order, continue until you have a winning team. If you are awarding a prize, distribute it to the winners.

**SHOW SLIDES 12–13**

3. Review the theory of change, explaining each step and highlighting the role of service providers in strengthening care, support and protection for survivors and their role in the workplace and community in shifting harmful norms that contribute to sexual violence.

**REFER PARTICIPANTS TO HANDOUT 2: CC Programme overview**

**TOPIC 2: HELP-SEEKING—1 hour**

2. Where survivors turn for help

   **Discussion in pairs**
   **1 hour**

- Show Slides 14–17

1. Briefly review the consequences of sexual violence for individuals, families and communities.

**SHOW SLIDE 18**

2. Ask participants to discuss the following questions with the person next to them:

- Where and when do people who have experienced sexual violence turn for help in this community?
- What about children? Adolescents? Men?
- What help are they looking for?
- Why is it important to have a good community response to sexual violence in place?
As with other activities, it might be appropriate to invite participants to present their responses in different formats, e.g., a short role playing activity or a visual map rather than verbal presentations.

2. Where survivors turn for help (continued)

3. After 20 minutes, discuss participants’ responses to each question as a large group. During the discussion make sure the following points are raised and discussed:

SHOW SLIDES 19–23

Where and when people turn for help

- Where and when a survivor asks for help depends on the person and the violence she has experienced and whether it is perceived as wrong.
- If people don’t think it’s wrong, they may not seek help – for example, if women believe it’s their obligation to submit to sexual violence at the hands of husbands or boyfriends.
- Some people cope and recover on their own and don’t seek help from others.
- Some people need help to cope and recover but don’t tell anyone because of the shame, reactions and treatment by others – blame, rejection, re-victimization – how do we change this?
- We want people to come forward for help, but to encourage them to do so, we need to have the right kind of help available, and we need to be confident that the responses are going to be useful and not harmful.
- Sometimes people present immediately after an incident; other times it may be a long time after.
- There is no right way for someone to seek help; it depends on the person, her needs and the context.
- Their usual coping supports and mechanisms may not be working.
- Someone else may bring them for help – this is especially common in cases in which the survivor is a child.

Children, adolescents, men

- Different groups in the community may face different challenges and barriers to getting help. For example, male survivors may face different reactions from the community, such as being accused of homosexuality; adolescents may be less able to access services; and children may be too frightened to tell anyone about what has happened.

What help people seek

- Survivors may seek help to address problems that have arisen as a result of the sexual violence – physical needs; safety needs; psychological, emotional and practical needs; access to justice.
2. Where survivors turn for help (continued)

Our responsibilities

- Support healing and recovery from the harmful consequences and restore physical and psychosocial health and well-being.
- Help people solve and cope with problems that arise from their experience.
- Ensure no further harm is caused.
- Prevent further violence.
- Provide access to justice if available and appropriate.

SHOW SLIDES 24–25

4. Conclude the session with the following points:

- Different forms of sexual violence may have different consequences – for example, some forms may be more likely to cause serious physical injury, such as multiple perpetrator or gang rape; some may cause more psychological or emotional distress, for example, use of weapons or other atrocities committed at the same time.
- Responses immediately after an assault will be different from responding later, for example, responding immediately after may involve meeting basic needs for safety and health.
- When people seek help, the way they are treated by the people they turn to can either support their healing or cause more harm. When we cause more harm to a survivor because of our attitudes and actions towards her, we are re-victimizing her when she has come to us for help and support. This can be a hugely damaging and harmful to the survivor. It is very important that we recognize that the quality of the care and support we provide affects a survivor’s recovery in the short and long term.

TOPIC 3: BARRIERS TO CARE AND SUPPORT—2 hours

You need to prepare four case studies based on the local context. The purpose of each case study is to illustrate the barriers survivors face in accessing care and support and should therefore include barriers from the local context. See Note to Facilitators at the beginning of the module for more information.

3. Identifying barriers to care and support

SHOW SLIDE 26

1. Tell participants that there can be many barriers facing survivors who wish to get help. Ask participants to brainstorm all the barriers facing survivors in their community. List the barriers and facilitate a brief discussion about the causes of each one.
3. Identifying barriers to care and support (continued)

SHOW SLIDE 27

2. Put participants into four groups. If you have different sectors represented, you may have groups of health workers, social welfare workers, and law enforcement and justice actors. If so, distribute a different case study to each group. Ask the group to read through the case study and to list the possible barriers to getting help facing the survivor in each situation. Once they have listed the barriers, ask them to discuss who each barrier affects, what possible solutions there may be to overcoming each barrier identified and how each solution might work.

3. After approximately 30 minutes, ask participants to join with another group and for each group to share their ideas and to present their list and discussion points to the other group they are paired with.

4. After 10 minutes of discussion, bring the groups back together and allow five minutes for each group to present to the large group. Ask participants what was common between their two groups and what was different.

SHOW SLIDES 28–29

5. Review the following common barriers:
   - lack of awareness and knowledge among women and girls about their own rights, i.e., that they are entitled to live lives free of violence and to seek justice in cases of violence;
   - lack of knowledge about where to get help;
   - sexual violence may be viewed as normal;
   - fear of a partner’s or other family member’s reactions, including further violence;
   - fear of being blamed;
   - fear of not being believed;
   - fear of social consequences for self and perpetrator (e.g., fear of being ostracized or being rejected; being forced to marry perpetrator; perpetrator being imprisoned);
   - costs of services: direct costs (e.g., costs of registering at the hospital and receiving treatment) and indirect costs (e.g., transport fees, costs of medical supplies, etc.);
   - corruption: need to pay extra costs, such as bribes, and perpetrator bribing officials;
   - distance to services;
   - gaps in services;
   - lack of quality services – training, protocols; attitudes of providers;
3. Identifying barriers to care and support (continued)

**SHOW SLIDE 30**

6. Conclude the session by making the following points:
   - Survivors face many barriers to getting help and the CC Programme is working with partners to address these barriers where possible.
   - Some are easier to address than others, which may require significant resources or ongoing advocacy efforts.

**REFER PARTICIPANTS TO HANDOUT 3: Common barriers to care and support**

Review social norms before putting participants into groups, reminding them of what they learned in the training on social norms and that a social norm is a rule that members of a group are expected to follow by other members of the group.

4. Social norms and help-seeking

**Small group work**
1 hour

1. Tell participants that social norms in the community can be a major factor influencing whether survivors do or do not come forward for help. The CC Programme aims to promote social norms that encourage survivors to come forward for help and those that prevent sexual violence from happening. We are going to spend some time looking at some of these social norms and our role as service providers in promoting positive norms that help survivors get the help they need to recover.

2. Ask participants to think back on the social norms training and to explain what a social norm is. Review the definition and key points about social norms, highlighting these facts:

**SHOW SLIDES 31–32**

- A social norm is a rule that members of a group are expected to follow by other members of the group.
- People follow social norms because they see other people following them and believe other people think they should follow them.
- Social norms tell people what behaviour is expected of them or what behaviour is forbidden; female genital cutting is an example of a social norm that tells people what they are expected to do.
- People follow some social norms because they see others doing it and believe others expect them to follow, too, even though they do not themselves agree with the norm.
4. Social norms and help-seeking (continued)

SHOW SLIDE 33

3. Put participants into four groups and assign each group a different norm from their community, making sure the other groups don’t hear what it is. Ask each group to do the following exercise:
   a.) Identify which of the following the social norm does:
      - stops survivors from coming forward for help;
      - encourages survivors to come forward for help.
   b.) Think about their experience as service providers or as community members and discuss how the norm they have been allocated influences people’s attitudes and behaviour in the community and how that affects survivors.
   c.) Develop a brief skit illustrating the attitudes and behaviours of service providers, family or community members related to that social norm. For example, if the norm relates to blaming survivors for what happened, they might do a skit showing family or community members discussing what happened when a woman was raped on her way back from market and how the survivor is to blame for being out alone. The skit might also show how community members treat the woman in this situation. If the norm relates to a lack of confidentiality among service providers, they may wish to do a skit about a health worker or police officer discussing with others in the community what has happened to the woman and how everyone knowing affects a survivor’s dignity and willingness to seek help from others.

4. After 20 minutes, bring the groups back together and allow five minutes for each group to perform its skit. After the performance ask the audience members if they can identify the social norm being shown.

SHOW SLIDE 34

5. Conclude the session with the following points:
   - Social norms that contribute to blaming survivors and to stigma can stop survivors from coming forward for care and support.
   - As service providers, we have a very important role in building and supporting positive norms in the community that reflect beliefs that perpetrators, not survivors, are to blame for sexual violence.
   - Our own beliefs and behaviours can reflect social norms about sexual violence; for example, that it is acceptable, that it should be hidden, that survivors are to blame and should suffer in silence.
TOPIC 4: SOURCES OF CARE AND SUPPORT IN THE COMMUNITY—1 hour

SHOW SLIDE 35
REFER PARTICIPANTS TO HANDOUT 4: Sources of care and support in our community

1. Give participants 10 minutes individually to identify sources of care and support in the community using Handout 4.

2. Facilitate a discussion about participants’ responses. Make sure you discuss different age groups in the community. For example, where do adolescent girls in this community go for help? Married women?

REFER PARTICIPANTS TO HANDOUT 5: Formal and informal systems of care and support

3. Review the handout and clarify the different formal and informal sources and systems of care and support.

SHOW SLIDES 36–38

Formal systems for care include the following:

- Medical and health-care systems to address short and long term health needs may involve physical examination and treatment, forensic services, counselling and mental health/psychological care.
- Social service and welfare systems to address crisis and longer term psychosocial care support may include emotional and practical support for the girl/woman and her family, information and advocacy, court support and community and professional education.
- Law enforcement, legal and justice systems to ensure legal rights and protections may involve criminal investigation and prosecution. In some circumstances, they may involve customary justice systems.

For children, formal and informal systems include the following:

- Formal and informal protection systems exist to protect children at risk of further sexual violence and provide support to families.
- Education systems, both government and non-government schools and other educational facilities, can assist child survivors.
- Emphasize that informal care and protection systems are incredibly important because of these factors:
  - they may be the only source of help that people choose to access;
  - they may be the only source of help available.
- It is possible to protect and help many survivors through creative use of existing resources. These resources include friends and family, local organizations and networks, community and religious leaders, and women’s and children’s groups and networks.
SHOW SLIDE 39

4. Conclude the session with the following points:
   - Formal and informal sources of care and support are both important in providing a good response to survivors of sexual violence.
   - Sources of formal and informal care and support include national and local government and authorities, traditional governance structures, religious groups, non-governmental and community-based organizations and networks, and family and friends.
   - Not all survivors need or want all of this help, and our job is to ensure that formal and informal care and support services have the following qualities:
     - available (they exist);
     - accessible (people can use them);
     - good quality (they help healing and recovery and don’t cause further harm or re-victimization).

TOPIC 5: SERVICES FOR SURVIVORS IN OUR COMMUNITY—30 minutes

6. Services in our community

   Presentation
   30 minutes

SHOW SLIDE 40

1. Put participants into four small groups and ask each group to list all the services for survivors in the community, where they are, what services they provide and costs associated with each service. After 15 minutes ask each group for an answer one by one until all responses are given and list the services under the headings ‘Health’, ‘Psychosocial’, ‘Law Enforcement/Justice’ and ‘Other’.

You will need to prepare a handout on survivor services available in the community. This information should be based on the service mapping activity (see Part Three: Strengthening Community Based Care).

REFER PARTICIPANTS TO HANDOUT 6: Services for survivors in our community

2. Briefly review the handout on services in the community to make sure that participants are aware of any services they may have missed during their discussions.

SUMMARY AND CLOSING—15 minutes

Questions and summary
15 minutes

• Allow time for questions that have not yet been addressed.
• Ask participants to provide a summary of the topics covered during the module.
Strengthen care and support for survivors of sexual violence.

Build awareness and promote reflection about harmful beliefs and norms that foster sexual violence and positive community values that contribute to healthy, safe and peaceful communities.

Explore the ways in which certain beliefs and practices contribute to sexual violence and explore and choose alternative practices.

Collectively commit to taking action to prevent sexual violence.

Communicate positive norms and communicate that change is happening in the community.

Build an environment that supports change by building awareness and advocating for laws, rules and policies that prevent sexual violence.

**Sample puzzle cards for pathway to change activity**

Copy and cut out six sets of cards, mix each set up and distribute one set to each group.
Pre-test

Name: ____________________________________________

Please remember that this is a Pre-test. It is happening before you have taken part in the training or had the opportunity to learn more about the topics. Do not be surprised or upset if you find that you cannot answer many of the questions. Just do your best.

1. The CC Programme includes strengthening community-based care and transforming social norms and achieves both these through a six-step pathway to change. (Circle one answer.)
   True            False
   (1 mark)

2. List four barriers to care that may face a married woman from a poor rural community where sexual violence is not openly discussed.
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   (4 marks)

3. List three social norms that exist in your community that help prevent sexual violence.
   ____________________________________________
   ____________________________________________
   ____________________________________________
   (3 marks)

4. Informal sources of care and support in the community are not really of any value to survivors of sexual violence. (Circle one answer.)
   True            False
   (1 mark)

5. Skilled and compassionate practice and coordinated care and support are both elements of a survivor-centred approach. (Circle one answer.)
   True            False
   (1 mark)

6. There are four principles in survivor-centred care. Which of these describes them correctly? (Circle one answer.)
   a) safety; dignity; freedom from fear; respect for others
   b) safety; privacy; self-determination; non-discrimination
   c) safety; dignity and respect; confidentiality; non-discrimination
   d) safety; freedom from fear; listening; deciding
   e) none of these
   (1 mark)
7. Survivors are more likely to seek help when they have to tell their story many times. (Circle one answer.)
   True              False
   (1 mark)

8. Sometimes there will be a conflict between the need to maintain confidentiality and the need to comply with mandatory reporting. (Circle one answer.)
   True              False
   (1 mark)

9. List three reasons why sexual violence involving children might not be reported.
   ___________________________________________________________________________________________________
   ___________________________________________________________________________________________________
   ___________________________________________________________________________________________________
   (3 marks)

10. We communicate with each other in several ways, through what we say, how we speak and how we behave. The most important form of communication is made up by the words we use. (Circle one answer.)
    True              False
    (1 mark)

11. List four barriers that may get in the way of effective communication.
    ___________________________________________________________________________________________________
    ___________________________________________________________________________________________________
    ___________________________________________________________________________________________________
    ___________________________________________________________________________________________________
    (4 marks)

12. Children may use other forms of communication that are not commonly used by adults. What are these? (Circle one answer.)
    a) singing          b) dancing         c) drawing          d) imaginative play   e) all of these
    (1 mark)

13. What are the three stages of an interview?
    ___________________________________________________________________________________________________
    ___________________________________________________________________________________________________
    ___________________________________________________________________________________________________
    (3 marks)

(Total 25 marks – multiply by 4 to give percentage score.)
PART 3
Strengthening Community-Based Care

CC Programme overview

Goal
To create safer communities for women and girls through transforming harmful social norms that contribute to sexual violence into social norms that uphold women and girls’ equality, safety and dignity.

Objectives

1. To create an environment in which survivors can obtain holistic compassionate care and support from quality survivor-centred services

2. To catalyse community-led action to reduce tolerance of sexual violence and to implement comprehensive prevention measures through transforming harmful beliefs and norms that foster sexual violence.

Guiding principles

1. Sexual violence is a fundamental and unacceptable violation of human rights.
   - All women and girls have the right to live free from sexual violence.
   - Survivors of sexual violence have the right to health, to protection from further violence and to dignity.

2. Preventing sexual violence involves promoting gender equality and promoting beliefs and norms that foster respectful, non-violent gender norms.
   - Ending discrimination and inequality based on gender is at the heart of ending sexual violence against women and girls.
   - Violence is a learned behaviour.

3. Participation and partnership are cornerstones of effective sexual violence prevention.
   - Genuine participation by communities is empowering, gives a voice to unheard members of the community, and fosters ownership of the problem and its solutions.
   - Preventing and responding to sexual violence requires collaborative action and partnerships across organizations and sectors, and most importantly with communities. suggests that perpetrators are generally normal males from all sorts of socioeconomic backgrounds. Most appear to be no different from other men in the community. Only a small percentage of perpetrators of child sexual abuse have a recognizable mental illness.
Pathway to Change

The CC Pathway comprises six steps that are the building blocks of the programme.

**STEP 1**
**Strengthen community-based care and support for survivors of sexual violence.**

Survivors of sexual violence have rights to compassionate and quality care and support that maximizes their health, safety and well-being. The CC Programme strengthens community-based care and support for survivors – including health, psychosocial, law enforcement, and education services – by addressing gaps in services, identifying barriers to access, and providing training and mentoring for providers on sexual violence, social norms, self-awareness and survivor-centred care.

**STEP 2**
**Enable reflection among core groups in the community about human rights and sexual violence.**

Group discussion is at the heart of the CC Programme, and begins by raising awareness and promoting reflection among core groups in the community about harmful beliefs and norms that foster sexual violence, as well as positive community values that contribute to healthy, safe and peaceful communities. This step requires identifying core groups and community members who can be agents of change, and stimulating reflection among them about the relationship between community values and the rights of all people.

**STEP 3**
**Explore shared beliefs and practices.**

Deepening discussion allows exploration into the ways in which certain beliefs and practices contribute to sexual violence against women and girls. Through the facilitated discussions, core groups are given space to explore and choose alternative practices that promote non-violent, respectful relationships between men and women, identifying both immediate and long-term changes that can be made. Opinion leaders are encouraged to become ‘champions for change’ by publically supporting new norms and practices.

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1 These will be groups that have the most influence or impact in daily life, such as religious organizations or clan organizations. These groups should also be representative of the community in terms of gender, ethnicity, and include community members that are marginalized. Core groups will also include service providers in line with facilitating group discussion with service providers in Step 1.
STEP 4
Support collective public commitment to taking action and making changes.

Successfully shifting social norms requires that community members understand the benefits of change, and collectively commit to taking action to prevent sexual violence. The CC Programme supports core groups in identifying collective advantages of promoting change, and organizing public actions that demonstrate their commitment to change. Such public commitments encourage others in the community to adopt positive beliefs and practices that prevent sexual violence against women and girls.

STEP 5
Communicate change.

Change is affirmed and reinforced by communicating positive norms with others in the community, as well as with different communities. Making these changes visible reinforces that change is indeed happening and that people are taking action to prevent sexual violence. The CC Programme works with core groups to communicate change by highlighting evidence of change, taking public actions, and using interpersonal and mass media communication channels to spread the word about new beliefs and practices.

STEP 6
Build an environment that supports change.

The pathway to change requires more than strengthening services and changing collective norms; it requires building an environment that supports members of the community in sustaining change. An ‘enabling’ environment is created by identifying and advocating for laws, policies, protocols, and other mechanisms that support new practices and behaviours, address violations, and further strengthen the capacity of institutions and services to provide care for survivors.

Community-based care component

- Build coordinated services so that all actors with a role in providing care and support work together and are accessible to women and girls.
- Develop survivor-centred knowledge, skills, beliefs and behaviours among service providers to help them to do a good job in providing care and support, including treating survivors with respect and dignity. This includes community and clinic-based health workers, social welfare workers and volunteers, education staff, and law enforcement officers.
- Help service providers become ‘champions for change’ and publically show their commitment to creating positive community norms by speaking out and encouraging discussion and debate about harmful community beliefs and norms. This will also encourage survivors to seek help.
- Engage service providers in dialogue about where the real risks for sexual violence exist and who are the most likely perpetrators, sometimes including members of the immediate and extended family. Determining risk is essential to creating strategies that will protect women and girls from sexual violence.
Common barriers to accessing care and support

- lack of awareness and knowledge among women and girls about their own rights, i.e., that they are entitled to live lives free of violence and to seek justice in cases of violence
- lack of knowledge about where to get help
- sexual violence perhaps viewed as normal
- fear of partner’s or other family member’s reactions, including further violence
- fear of being blamed
- fear of not being believed
- fear of social consequences for self and perpetrator (e.g., being ostracized or rejected; being forced to marry perpetrator; perpetrator being imprisoned)
- costs of services: direct costs (e.g., costs of registering at the hospital and receiving treatment) and indirect costs (e.g., transport fees, costs of medical supplies, etc.)
- corruption: need to pay extra costs, such as bribes; and perpetrator bribing officials
- distance to services
- gaps in services
- lack of quality services – training, protocols
- attitudes of providers
Sources of care and support in our community

In the columns below, list different sources of care and support for survivors in the community according to whether they are formal or informal sources of help.

Under each source, briefly describe what its role in providing care and support is.

<table>
<thead>
<tr>
<th>Sources of care and support</th>
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Formal and informal systems of care and support

Formal systems of care and support

- **Medical and health care systems** to address short- and long-term physical and mental health needs may involve physical examination, treatment and follow-up care, forensic (legal) services, counselling and psychological care.

- **Social service and welfare systems** to address crisis and longer term psychosocial care and support may include emotional and practical support for the girl/woman and her family, information and advocacy, court support and community education.

- **Law enforcement, legal and justice systems** to ensure legal rights and protections may involve criminal investigation and prosecution. In some circumstances, they may involve customary justice systems.

- **Statutory child protection systems** to investigate allegations and protect children at risk of further sexual violence, provide alternative care for children and provide support to families.

Informal systems of care and support

Informal mechanisms and actors have an incredibly important role in care, support and protection. They may be the only source of help that people choose to access. They may be the only source of help available.

It is possible to provide care and support through creative mobilization of existing systems of care.

Sources of care and support include the following:

- friends and relatives;
- schools and peer-based help;
- local organizations and networks;
- community and religious leaders;
- women’s and children’s groups and networks;
- in the case of child abuse in the family, non-abusive family members.
Services for survivors in our community

You will need to prepare a handout on survivor services available in the community, including information on location, specific services provided and costs associated with services. This information should be based on the service mapping undertaken as part of the CC Programme.
MODULE 2

A survivor-centred approach

LEARNING OBJECTIVES

At the end of this module, participants will be able to:

1 List the elements of a survivor-centred approach.

2 List the principles for responding to survivors of sexual violence and discuss how to put these principles into practice.

3 Assess how well their organisation/service applies survivor-centred principles in practice.

4 Discuss the importance of a coordinated response to sexual violence.

5 Know how to make referrals to other services.

Participant handouts

Handout 1: Guiding principles for responding to sexual violence
Handout 2: Principles for responding to child survivors
Handout 3: Guiding principles standards checklist
Handout 4: Referral protocols
Handout 5: Overview of case management
Participant handouts

Handout 1: Guiding principles for responding to sexual violence
Handout 2: Principles for responding to child survivors
Handout 3: Guiding principles standards checklist
Handout 4: Referral protocols
Handout 5: Overview of case management
### MODULE 2: SCHEDULE | DAY 2

<table>
<thead>
<tr>
<th>TIME</th>
<th>CONTENT</th>
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| 9:00–9:15     | • Housekeeping  
                • Review objectives for Module 2            | 41     |                                                 |
| 9:15–9:45     | • A survivor-centred approach                | 42–45  |                                                 |
| 9:45–10:45    | • Rights-based survivor-centred principles  | 46–50  | **Handout 1:** Guiding principles for responding to sexual violence  
**Handout 2:** Principles for responding to child survivors |
| 10:45–11:00   | Morning tea                                  |        |                                                 |
| 11:00–12:00   | • Rights-based survivor-centred principles  | 51–55  | **Handout 3:** Guiding principles standards checklist |
| 12:00–1:00    | • Coordinated interagency and multisectoral response | 56–60  |                                                 |
| 1:00–2:00     | Lunch                                        |        |                                                 |
| 2:00–3:00     | • Coordinated interagency and multisectoral response |  | **Handout 4:** Referral protocols |
| 3:00–3:15     | Afternoon tea                                |        |                                                 |
| 3:15–4:15     | • Case coordination                          | 61–72  | **Handout 5:** Overview of case management      |
| 4:15–4:30     | • Questions  
                • Summary of day                              |        |                                                 |
PART 3
Strengthening Community-Based Care

NOTE TO FACILITATORS

To prepare to facilitate this module, you need to do the following:

Go through the session plan and review all topics, and make sure the activities are locally appropriate.
Decide on alternative activities if needed.

Review the UNICEF/IRC Guidelines for Caring for Child Survivors in Humanitarian Settings, as they contain detailed information regarding survivor-centred practice with children.

TOPIC 2: When facilitating the activity on putting survivor-centred principles into practice, you may wish to consider an alternative to verbal presentations after group work for each group by having participants develop and present a short role play of how or how not to put the principle into practice.

TOPIC 3: To facilitate the string game, you will need to have a ball of string and make up name tags in advance.

TOPIC 3: You will need to prepare and provide copies of the local referral protocols that have been developed by the interagency working group so that participants can learn about how referrals are made in their context.

TOPIC 4: You will need to know which agency is the lead agency for case management so that you can share this information with participants and make sure everyone is clear on who has this responsibility in their setting.
INTRODUCTION—15 minutes

Housekeeping and objectives
15 minutes

Housekeeping.

SHOW SLIDE 41
Review objectives for Module 2.

TOPIC 1: ELEMENTS OF A SURVIVOR-CENTRED APPROACH TO RESPONSE—30 minutes

1. Elements of survivor-centred response

SHOW SLIDE 42
1. Ask participants to reflect back on the training on sexual violence and the activity about reflecting on power. Review the different expressions of power on the slide, and ask participants the following questions:
   - How do acts of sexual violence reflect power over another person?
   - What kind of power might we want to build with survivors to help them recover from having power used over them?
   - How do we, as service providers, have power in relation to survivors?
   - How can we use that power to build power within and power to survivors?

2. Tell participants that one important way we as service providers can empower survivors and help in their recovery is to use a ‘survivor-centred approach to response’. Ask participants to think about what a survivor-centred approach might mean and to draw a picture of survivor-centred response.

3. After five minutes, ask participants to share their pictures and ideas about a survivor-centred approach to response.

SHOW SLIDES 43–44
4. Tell participants that a survivor-centred approach to responding to sexual violence has the following characteristics:
   - Puts the survivor at the centre of the helping process. This means allowing her and/or her caregivers to have control of the helping process by giving her information and allowing her to make decisions and choices about what help she needs and wants and what course of action she should take. Often people in a helping role think it is useful to tell people what to do next rather than allowing them to make their own decisions.
1. Elements of survivor-centred response (continued)

- A survivor-centred approach promotes a survivor’s empowerment and recognizes that each person has the following rights and possible reactions:
  - has equal rights to care, support and protection – regardless of the circumstances surrounding the sexual violence or who the person is, every survivor should be treated with the same dignity and respect. This means that even if we don’t approve of the way a person acts or what they do, for example, even if we do not approve of sex workers, we must treat one who experiences sexual violence with compassion and dignity;
  - will react differently to sexual violence – everyone is affected differently physically, emotionally, socially and spiritually by sexual violence. This means we need to not make assumptions or judgments about how a person does or doesn’t feel or react to sexual violence and about what help they need. Sometimes as helpers we think we know what is best for someone and decide what help they need. In reality, each person may have different needs and may not want the help available;
  - is unique and has different strengths, capacities, resources and needs – related to the above point, empowering and respecting each survivor’s dignity and rights means being aware that each person may need different help depending on her personal circumstances. For example, one survivor may only want medical treatment and may seek emotional or practical support from family or friends, while another person may not have people in her family of social network who can support her;
  - has rights, appropriate to her age and the circumstances, to decide who should know about what has happened to her and what should happen next – this means we need to make sure we follow the principles of survivor-centred practice, which we will look at in the next session.

SHOW SLIDE 45

5. Conclude the session by telling participants that every person is different; so is every community and there is no one way of responding. However, there are three elements of good survivor-centred response to sexual violence:
  - rights-based, survivor-centred principles in the helping process;
  - coordinated care and support;
  - compassionate and skilled practice by service providers.

- Tell participants that we are going to look at survivor-centred principles and coordinated care and support in more detail for the rest of the day and that later in the training we will be learning more about skilled practice by service providers.
TOPIC 2: SURVIVOR-CENTRED PRINCIPLES—2 hours

When facilitating the activity on putting survivor-centred principles into practice, you may wish to consider an alternative to verbal presentations after group work for each group by having participants develop and present a short role play of how or how not to put the principle into practice.

2. Principles for helping: what, why and how?

1. Explain to participants that as helpers we all bring our own qualities, strengths, skills and experiences to our work with survivors of sexual violence. Additionally, the types of services or help we provide are different. However, regardless of all these differences among individuals and services, there are common approaches or guidelines everyone should follow when working with survivors of sexual violence.

2. Ask participants to think about the effects of sexual violence on a person and about how the community perceives and treats people who are survivors. Ask what guidelines might help promote a compassionate, caring response to promote dignity and empowerment and to promote survivors’ rights?

SHOW SLIDE 46

3. Give an overview of the guiding principles.

SHOW SLIDE 47

4. Put participants into five small groups and allocate each group one principle. Each group is to discuss these questions:
   - What does the principle mean?
   - Why is it important?
   - How do we put it into practice?
   - After they have discussed these questions, each group is to develop a short role play demonstrating how the principle can be put into practice.

5. Bring the groups back together and give each group five minutes to present to the larger group. The audience has to guess which principle is being demonstrated and how.

6. Ask participants what they think the obstacles are in implementing each principle in practice in their setting. List the obstacles for each principle on a flipchart and go through each one, asking how it might be possible to overcome each.
PART 3
Strengthening Community-Based Care

3. Applying the guiding principles

Presentation and discussion
1 hour

REFER PARTICIPANTS TO HANDOUT 1: Guiding principles for responding to sexual violence

SHOW SLIDES 48–54

1. Review each principle in detail, highlighting why it is important, and mention strategies for putting each principle into practice not already suggested by participants in the above activity. As you are going through the principles, ask participants for additional suggestions of how each principle can be put into practice in their context and what might need to change in their work with survivors to put them into practice.

Points to highlight during the presentation include the following:

Confidentiality: Limitations to confidentiality include the following:

- In cases of child sexual abuse there are exceptions to confidentiality, and it is very important that children/young people and their carers are not led to believe that nothing they say will be shared. Everyone responding to children needs to understand and communicate the exceptions to confidentiality, which include the following:
  - situations in which there is the threat of ongoing violence or harm to a child and the need to protect her overrides confidentiality;
  - situations in which laws or policies require mandatory reporting of certain types of violence or abuse against adults or children.

Explain the best interests of the child principle and how it can be put into practice:

- The ‘best interests of the child’ is a foundation of the Convention on the Rights of the Child. It is, therefore, a primary consideration in all actions affecting children. This means that decisions and action affecting a girl or young woman should reflect what is best for that particular child’s well-being.
- Every child is unique and will be affected differently by sexual violence, and decisions and actions affecting her should reflect what is best for the safety, well-being and development of that particular individual.
- The primary purpose of intervening is to provide care, support and protection for individual children, not to meet other objectives.
- A child’s best interest is central to good care. Service providers must evaluate the positive and negative consequences of actions with participation from the child and his/her caregivers (as appropriate). The least harmful course of action is always preferred. All actions should ensure that the child’s rights to safety and ongoing development are never compromised.
3. Applying the guiding principles (continued)

- Strategies for ensuring the best interests of the child include the following:
  - taking an approach that takes the individual circumstances of each child into account, including her family situation and her particular vulnerabilities and strengths, and prioritizing her safety and protection needs, mental and physical health needs, etc., above other needs;
  - listening to the voice and perspective of the child and taking her wants and needs into consideration;
  - protecting the child from potential or further emotional, psychological and/or physical harm;
  - empowering children and families;
  - examining and balancing benefits and potentially harmful consequences;
  - promoting recovery and healing.

REFER PARTICIPANTS TO HANDOUT 2: Principles for responding to child survivors

2. Tell participants that the principles provide guidance on how we should respond and behave in relation to children seeking help after sexual violence, and we should consider them as ‘standards’ against which we can measure care and support for survivors of sexual violence.

REFER PARTICIPANTS TO HANDOUT 3: Guiding principles standards checklist

3. Tell participants that Handout 3 is a checklist to help assess how well their service applies the guiding principles. Briefly review the standards in the checklist together. If all participants are from the same sector, go through the checklist for that sector as a large group and discuss whether and how current practices meet the minimum standards. If participants are from different sectors, have them review the minimum standards in sector groups.

4. Ask participants what the consequences of not following each principle might be, using examples from their community. Make sure there are examples given for each principle, for example, the way in which inappropriate sharing of information can lead to further stigma and shame in the community and how a lack of confidentiality has put people at risk. If participants do not have examples, share examples from different contexts, making sure you highlight the safety needs of survivors, including the need to feel safe.

SHOW SLIDE 55

5. Emphasize that not following the guiding principles can have serious and harmful consequences for individuals and for groups, including increasing distress, shame and social isolation, and even exposing people to further violence and harm, as well as having these consequences:
  - Others can be discouraged from coming forward for help.
  - Reinforcing harmful community attitudes and norms about survivors of sexual violence can make the consequences of sexual violence worse for survivors.
TOPIC 3: COORDINATED MULTISECTORAL CARE AND SUPPORT—2 hours

4. String game²

**Large group activity**
1 hour

To facilitate the string game, you will need to have a ball of string and make up name tags for participants in advance.

**SHOW SLIDE 56**

1. Ask participants what might happen if we don’t have a coordinated system between different actors for supporting and referring survivors of sexual violence.

2. When participants have finished responding, get the group to stand in a circle.

3. Ask for a volunteer to be a girl who is a survivor of rape and a volunteer to be her mother and put them into the centre of the circle. Give the ‘mother’ a ball of string.

4. Randomly give members of the circle a name tag with a different character written on each one and ask them to stick it on themselves so everyone knows who they are. If there are more participants than characters, some participants can be observers. **Note:** You can adapt the characters and story to be more locally relevant. The characters you write on the labels can include the following:
   - teacher
   - principal
   - village elder
   - women’s leader
   - nurse
   - doctor
   - social worker
   - father
   - NGO counsellor
   - human rights activist
   - police officer
   - lawyer
   - local government official

5. Explain that the child is a 10 year-old girl and that her mother suspects that her daughter has been raped by an older student at school.

---

4. String game (continued)

- Explain that the mother doesn’t know what to do, so she takes her daughter to the ‘women’s leader’ for advice. Tell the mother to walk her daughter over to the person wearing the ‘women’s leader’ label and to give her the end of the string to hold onto while the mother keeps hold of the rest of the ball. Explain that the mother tells the ‘women’s leader’ the story and the ‘women’s leader’ sends the mother and daughter to the ‘teacher’.

- Tell the mother and daughter to walk over to the ‘teacher’, unrolling the ball of string. When they reach the ‘teacher’, the mother hands the string to that person to hold onto, but keeps the ball. Explain that the ‘teacher’ listens to the story and says she thinks the mother should go to the ‘principal’.

- The mother and daughter carry the ball of string to the ‘principal’ and give it to that person to hold onto, while keeping the ball. Explain that the mother and child tell the ‘principal’ the story and are told that according to the law, rape is a crime and that the mother must go and get legal advice.

- Tell the mother and daughter to walk over to the ‘paralegal’ and give this person some string to hold onto. Explain that the mother tells the story to this person, who advises her to take her daughter to the clinic for an examination.

- Tell the mother and daughter to walk over to the ‘nurse’ and give this person some string to hold onto. Explain that the mother tells the story to the ‘nurse’, who does a physical examination and tells the mother to go to the police.

- Tell the mother and daughter to walk over to the ‘police officer’ and give this person some string to hold onto. Explain the mother tells the story to the ‘police officer’, who interviews the daughter and says he will investigate, but explains they need a medical certificate from a doctor.

- Tell the mother and daughter to walk over to the ‘doctor’ and give this person some string to hold onto. Explain that the mother tells the ‘doctor’ the story, and this person performs another physical evaluation and gives the mother a medical certificate to give to the police.

- Tell the mother and daughter to walk over to the ‘police officer’ and give this person some string to hold onto. Explain that a few days pass and the alleged perpetrator’s father has come over and threatened the mother because he’s heard she’s been talking about his son in public.

- Tell the mother and daughter to walk over to the ‘village elder’ and give this person some string to hold onto. Explain that the mother tells the ‘elder’ the story and explains that she is scared. The ‘elder’ advises the mother to go to the police and to the local government official.

- Tell the mother and daughter to walk back over to the ‘police officer’, who says he/she hasn’t been able to investigate because there is no transport.

- Tell the mother and daughter to walk over to the ‘local government official’ and give this person some string to hold onto. Explain that the mother tells the story to the government official, who advises the mother to go to the ‘principal’, who tells the mother he can’t do anything, but she should try the NGO social worker, who can also help.
### 4. String game (continued)

- Tell the mother and daughter to walk over to the ‘social worker’ and give this person some string to hold onto. Explain that the mother tells the story to the ‘social worker’, who takes down the information, informs the mother of what services are available and the procedures to go through to get help, and also tells the mother this has happened to many other girls and it would be good to tell the child rights worker because then they might be able to take action to prevent further incidents.

- Continue in this way until you have sent the mother and daughter to all the characters. When you have finished, the girl and her mother are in the middle of a tangle of string with all the different actors holding a piece of the tangle.

6. Ask participants what they can see and facilitate a discussion about how many times the child and mother had to tell the story, how many examinations were undertaken, and how much time and energy and resources the child and mother had to use. Use the following questions:

- What might this experience have been like for the child and her mother?
- Does this example of uncoordinated response reflect the principles of safety, confidentiality, dignity and self-determination, and the best interests of the child?
- Has this situation happened in their community?
- How can this situation be avoided?

7. Conclude the activity by emphasizing the importance of coordination between different actors and good interagency communication and referral.

### 5. Coordinated multisectoral response

#### Discussion and small group activity³

- 30 minutes

1. Tell participants that, as we know, no one individual or organization can respond to all the different needs and problems that sexual violence causes – responding involves different people and sectors in the community working together in a coordinated way. This interagency approach is called a multisectoral approach.

SHOW SLIDE 57

2. Explain that the aim of a multisectoral approach to sexual violence response is to provide holistic and comprehensive care and support in line with guiding principles to do the following:

- make medical treatment and health care available;
- facilitate emotional, psychological and social recovery through appropriate care and support;
- promote safety and security;
- provide a law enforcement and criminal justice response, where it is available.

3. On the flip chart, draw four circles and ask participants what they think the four main sectors of a multisectoral response are to meet all of a survivor’s needs. Write each of the four key sectors in each circle as participants name them.

4. Remind participants that each of these circles can contain many different actors – and that the actors need to communicate with each other. Draw arrows between the circles to illustrate communication each way—among, across and between the circles.

5. Point out that there are other actors who may be involved in responding to sexual violence who are not part of these four sectors. Draw more arrows outward from the circles on the flip chart.

SHOW SLIDE 58

6. Explain that there must be agreed ways for coordination and communication among at least these four sectors.

SHOW SLIDE 59

7. Ask participants how they can be champions of change in the coordination process. After they have responded, highlight (if not mentioned) that they can be change agents by doing the following:
   - improving referral between different services;
   - improving access to different services survivors may not have been aware of;
   - reducing how many times survivors need to repeat their story through better coordination and information sharing;
   - making sure a survivor’s rights to privacy and confidentiality are respected and her consent is always obtained in the referral process;
   - providing support and advocacy for survivors with other service providers;
   - making sure that referral mechanisms are working and that referral protocols are adhered to.
5. Coordinated multisectoral response (continued)

SHOW SLIDE 60

8. Conclude the session with the following points:

- No matter how many or how few services are available in the community and who they are provided by, coordination between all providers is essential.

- Good coordination involves good communication, everyone understanding each other’s different roles and responsibilities in providing care and support and how each service is linked to the others, solving problems together and sharing information – which should always be done respecting the safety/security, dignity and confidentiality of survivors.

- One of the ways we are working together to strengthen good coordination between agencies is to have a regular interagency group meeting to make sure that service providers and others providing care and support are clear on each other’s roles and responsibilities, can share information and solve problems collaboratively, and can develop and monitor a good referral system.

You will need to prepare and provide copies of the local referral protocols that have been developed by the interagency working group so that participants can learn about how referrals are made in their context.

6. Referral protocols in our community

Presentation
30 minutes

REFER PARTICIPANTS TO HANDOUT 4: Referral protocols

1. Present the referral protocols developed for the community so that participants are aware of how to make referrals for survivors between services in their community.

2. Make sure participants are clear on how they make referrals to other actors in their setting.

3. Ask participants what the challenges might be in using the referral protocols in practice and how they might overcome these challenges.

4. Explain the district/state-level interagency working group will be monitoring the challenges and problems with the referral process and that it’s important to provide feedback to this group on what’s working well and what isn’t. It’s also very important to meet regularly as service providers in a particular setting to discuss and resolve problems related to interagency referral and coordination.
TOPIC 4: CASE COORDINATION—1 hour

You will need to know which agency is the lead agency for case management so that you can share this information with participants and make sure everyone is clear on who has this responsibility in their setting.

SHOW SLIDE 61

1. Put participants into groups of four, give each group one blank sheet of paper and one marker, and tell the groups to stand so that each group member is near the paper. Tell them to take the cap off the marker and that all group members should hold the marker together. All of the four people should be holding the marker. Tell participants that when you tell them to start, each group has 30 seconds to draw a house, dog and tree, following these rules:
   - do not lift the pen from the paper;
   - do not talk;
   - everyone must keep his or her hand on the pen;
   - tell them to start. Listen for talking and remind everyone there is no talking;
   - after 30 seconds, tell them to stop and ask each group in turn to hold up its picture for all to see;
   - ask the groups who was in charge of the marker and discuss what worked and didn’t work in each group and why.

2. After they have drawn a picture, ask participants to imagine each of them was a different helper involved in responding to a case of sexual violence. If the picture they drew together represented the survivor, how might a lack of communication between them affect her?

3. Highlight the following points:
   - This activity demonstrates that all four people need to coordinate their actions together to be successful in their task.
   - If the picture looks chaotic, shaky and inconsistent, this is a demonstration of collaboration of a new group. It takes time to learn how others think, believe and behave. Drawing a good quality house, dog and tree among a variety of people occurs over time and requires practice, discussion, communication and learning lessons.

4. Tell participants that coordination of care and support for individual survivors is a foundation of a survivor-centred approach. Good care and support for individual survivors relies on interagency coordination but also on different helpers and service providers working together so everyone is clear on who does what and to make sure that there are no gaps and duplications and that all the survivor’s needs are being met.

5. Explain that a good way of having good case coordination is to use a case management approach. Ask if anyone is familiar with the term ‘case management’ and can explain it.

SHOW SLIDE 62

6. Review the definition of case management and explain that although it might sound difficult or complicated, it isn’t; it’s simply a structured way of providing help. It involves one organization taking responsibility for making sure that all the issues and problems facing a survivor and her family are identified and services are delivered and followed up on in a coordinated and holistic way.

SHOW SLIDE 63

7. Tell participants that a case management approach has two objectives:
   • achieving good outcomes through service delivery tailored around individual needs and circumstances;
   • empowering survivors through supporting their participation in decision-making according to their age and developmental level.

8. Tell participants that, in principle, case management can be implemented by staff of any agency or organization with some basic training and resources. For example, social workers, nurses or community volunteers can all act as case managers. The job of the caseworker is to help the survivor to identify and respond to the needs and problems that arise as a result of sexual violence.

9. Tell participants who the designated case management agency in their setting is and explain that although their service may not be expected to be the focal point for case management, it is important that everyone understands what case management is and what the role of a caseworker is.

10. Tell participants that a caseworker provides information and coordinates service delivery through referral, advocacy and follow-up. A caseworker also gives important emotional and practical support, acting as an advocate throughout the helping process. The caseworker works with the survivor and her caregiver to:
   • Assess needs and problems
   • Develop a plan to meet needs and resolve problems
   • Assist in implementing the plan
   • Follow up and review progress

SHOW SLIDES 64–71

11. Present an overview of the six steps in case management.

   **Step 1: Introduction and engagement** – This step involves making the person feel safe and calm and giving her information about who you are and what help you can offer. It also involves making sure the person gives consent if you are going to proceed with making referrals or sharing information.
7. Introduction to case management (continued)

**Step 2:** Gathering information and assessing needs – This step involves listening to the survivor (and her caregiver, in the case of a child) to find out what has happened and identifying her needs, problems and resources.

**Step 3:** Case planning – This step involves giving age-appropriate information to the survivor and together planning how to meet needs, solve problems and make decisions about what will happen next.

**Step 4:** Implementing the plan – This step involves putting the plan into action and making sure that the survivor receives the care, support and assistance necessary. This can include the caseworker providing direct services (e.g., crisis support), referral (e.g., for health care, to police, for legal advice, to other services and helpers), advocacy and support.

**Step 5:** Follow-up and review – This step involves monitoring the case, making sure the survivor is safe and getting the help she needs, and identifying and addressing barriers or problems.

**Step 6:** Case closure – We can’t stay involved forever; how long outside help is needed depends on each case. In cases that proceed to court for prosecution, the survivor may need ongoing support for months or years. In other cases, case closure may take place after a much shorter time.

Tell participants that social welfare and psychosocial service providers will receive further training on case management.

REFER PARTICIPANTS TO HANDOUT 5: Overview of case management

SHOW SLIDE 72

12. Conclude by making the following key points:

- Not all survivors will want or need case management – do not automatically assume that everyone needs or wants to go through this process.
- Some survivors may just want information and to be listened to.
- Case management in sexual violence response should be a supportive and empowering process, where the survivor is at the centre of the helping process and makes the decisions.

SUMMARY AND CLOSING—15 minutes

Questions and summary 15 minutes

- Allow time for questions that have not yet been addressed.
- Ask participants to provide a summary of the topics covered during the day.
Guiding principles for responding to sexual violence

A survivor-centred approach

A survivor-centred approach aims to create a supportive environment in which each survivor’s rights are respected and in which she is treated with dignity and respect.

Using a survivor-centred approach helps to promote the person’s recovery and reinforce her own capacity to make decisions about what to do.

A survivor-centred approach puts the individual woman or girl at the centre of the helping process and aims to empower her. A survivor-centred approach recognizes that every woman or girl has the following rights and qualities:

- has equal rights to care and support;
- is different and unique;
- will react differently to sexual violence;
- has different strengths, capacities, resources and needs;
- has the right, appropriate to her age and circumstances, to decide who should know about what has happened to her and what should happen next;
- should be believed and be treated with respect, kindness and empathy.

Three elements of a survivor-centred approach

Implementing a survivor-centred approach involves three elements:

- applying rights-based, survivor-centred principles in the helping process;
- making sure that services and supports are coordinated;
- having service providers who are skilled and compassionate.

Survivor-centred principles

A survivor-centred approach is based on a set of guiding principles that guide the work of all helpers—no matter what their role is—in all their interactions with women and girls who have experienced sexual violence.

Survivor-centred principles are interrelated and mutually reinforcing: for example, confidentiality is essential to promote safety (principle 1) and dignity (principle 3). The principles are described below.

PRINCIPLE 1: RIGHT TO SAFETY

Safety refers to both physical safety and security as well as to a sense of psychological and emotional safety for people who are highly distressed. It is important to consider the safety and security needs of each survivor, her family members and those providing care and support.

In the case of conflict-related and politically motivated sexual violence, the security risks may be even greater than usual.

Every person has the right to be protected from further violence. In the case of survivors who are children, every child has the right to be protected from sexual violence and, as adults, we all have responsibilities to uphold that right.
Why is safety important?
Individuals who disclose sexual violence may be at high risk of further violence, sexual and otherwise, from the following people:
- perpetrators;
- people protecting perpetrators;
- members of their own family because of notions of family ‘honour’;

PRINCIPLE 2: RIGHT TO CONFIDENTIALITY
Confidentiality promotes safety, trust and empowerment. Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned.

Breaching confidentiality can put the survivor and others at risk of further harm. If service providers do not respect confidentiality, others will be discouraged from coming forward for help.

Why is confidentiality important?
- Confidentiality promotes safety, trust and dignity.
- Confidentiality reflects the belief that survivors, including children, have the right to privacy and to choose who should know about what has happened.
- Breaching confidentiality inappropriately can put the survivor and others at risk of further harm.
- If service providers and other helpers do not respect confidentiality, other survivors will be discouraged from coming forward for help.

Exceptions to confidentiality
In cases of sexual abuse of children, there are exceptions to confidentiality, and it is very important that children/young people and their caregivers are not led to believe that nothing they say will be shared. Helpers need to understand and communicate the exceptions to confidentiality, which include these situations:
- situations in which there is the threat of ongoing violence or harm to a child and the need to protect the child overrides confidentiality;
- situations in which laws or policies require mandatory reporting of certain types of violence or abuse against children.

PRINCIPLE 3: DIGNITY AND SELF-DETERMINATION
Sexual violence is an assault on the dignity and rights of a person, and all those who come into contact with survivors have a role to play in restoring dignity and self-determination; for example, survivors have the right to choose whether or not to access legal services and other support services.

Failing to respect the dignity, wishes and rights of survivors can increase their feelings of helplessness and shame, reduce the effectiveness of interventions, and cause re-victimization and further harm.
PRINCIPLE 4: NON-DISCRIMINATION

All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.

Best interests of the child principle

Every child is unique and will be affected differently by sexual violence. Decisions and actions affecting her should reflect what is best for the safety, well-being and development of that particular individual.

The primary purpose of intervening is to provide care, support and protection for individual children, not to meet other objectives.

Strategies for ensuring the best interests of the child include the following:

• Take an approach that takes the individual circumstances of each child into account, including her family situation and her particular vulnerabilities and strengths, and prioritise her safety and protection needs, mental and physical health needs, etc., above other needs.
• Listen to the voice and perspective of the child and take her wishes into consideration.
• Protect the child from potential or further emotional, psychological and/or physical harm.
• Empower children and families.
• Examine and balance benefits and potentially harmful consequences.
• Promote recovery and healing.
Principles for responding to child survivors

Any service provider talking with children affected by abuse should adhere to these principles, regardless of the purpose of the communication, to ensure that children are not further traumatized during communications with service providers.

1. **Be nurturing, comforting and supportive.** Children who have been sexually abused most likely will come to your attention through a caregiver or another adult; abused children rarely seek help on their own. Children may not understand what is happening to them, or they may experience fear, embarrassment or shame about the abuse, which affects their willingness and ability to talk to service providers. Your initial reaction will affect their sense of safety and willingness to talk, as well as their psychological well-being. A positive, supportive response will help abused children feel better, while a negative response (such as not believing the child or getting angry with the child) could cause them further harm.

2. **Reassure the child.** Children need to be reassured that they are not at fault for what has happened to them and that they are believed. Children rarely lie about being sexually abused, and service providers should make every effort to encourage them to share their experiences. Healing statements such as “I believe you” and “It’s not your fault” are essential to communicate at the outset of disclosure and throughout care and treatment.

Direct service providers communicating with child survivors should find opportunities to tell them that they are brave for talking about the abuse and that they are not to blame for what they have experienced. It is required for service providers to tell children that they are not responsible for the abuse and to emphasize that the service providers are there to help the survivors begin the healing process.

3. **Do no harm: Be careful not to traumatize the child.** Further service providers should monitor any interactions that might upset or further traumatize the child. Do not become angry with a child, force a child to answer a question that he or she is not ready to answer, force a child to speak about the sexual abuse before he/she is ready, or have the child repeat her/his story of abuse multiple times to different people. Staff should try to limit activities and communication that cause the child distress.

4. **Speak so children understand.** Every effort should be made to communicate appropriately with children; information must be presented to them in ways and language that they understand, based on their age and developmental stage.

5. **Help children feel safe.** Find a safe space, one that is private, quiet and away from any potential danger. Offer children the choice whether to have a trusted adult present or not while you talk with them. Do not force children to speak to, or in front of, someone they appear not to trust. Do not include the person suspected of abusing the child in the interview. Tell the child the truth – even when it is emotionally difficult. If you don’t know the answer to a question, tell the child, “I don’t know.” Honesty and openness develop trust and help children feel safe.

6. **Tell children why you are talking with them.** Every time a service provider sits down to communicate with a child survivor, she should take the time to explain to the child the purpose of the meeting. It is important to explain to the child why the service provider wants to speak with him/her, and to explain what will be asked to the child and his/her caregiver. At every step of the process, explain to children what is happening to help secure their physical and emotional well-being.

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7. **Use appropriate people.** In principle, only female service providers and interpreters should speak with girls about sexual abuse. Male child survivors should be offered the choice (if possible) to talk with a female or male provider, as some boys will feel more comfortable with a female service provider. The best practice is to ask the child if he or she would prefer to have male or female trained staff on hand.

8. **Pay attention to non-verbal communication.** It is important to pay attention to both the child’s and your own non-verbal communication during any interaction. Children may demonstrate that they are distressed by crying, shaking, hiding their face or changing their body posture. If the child curls into a ball, for example, that is an indication to the adult working with the child to take a break or stop the interview altogether. Conversely, adults communicate non-verbally as well. If your body becomes tense or if you appear to be uninterested in the child’s story, he/she may interpret your non-verbal behaviour in negative ways, thus affecting his/her trust and willingness to talk.

9. **Respect children’s opinions, beliefs and thoughts.** Children have a right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Service providers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. Empower the child so he/she is in control of what happens during communication exchanges. The child should be free to answer “I don’t know” or to stop speaking with a service provider if he/she is in distress. The child’s right to participation includes the right to choose not to participate.
**Guiding principles standards checklist**

Use this checklist to reflect on how well your service applies the guiding principles in practice.

**PRINCIPLE 1: RIGHT TO SAFETY**

Everybody has the right to safety and security of the person. Individuals who disclose an incident or a history of sexual violence may be at risk of further violence from the perpetrator(s) or from others.

The safety and security of the survivor, her children and other family members, as well as those who have helped her, are of paramount importance.

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<th>Minimum standard</th>
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<tbody>
<tr>
<td>People are able to seek help in a private and confidential manner.</td>
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<td>Locally appropriate options for short-term physical safety are available in the community.</td>
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<td>Safety assessment is a routine part of interviews.</td>
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<td>Reports and other shared information do not contain identifying information about individuals or cases.</td>
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**PRINCIPLE 2: RIGHT TO CONFIDENTIALITY**

Confidentiality promotes safety, dignity and empowerment and must be assured in all aspects of care and support from both informal and formal services and assistance. Breaking confidentiality can put the individual and others at serious risk of further harm, including physical harm and re-victimization and stigmatization. Confidentiality includes the physical spaces used in service delivery, and the storage and access of client data and client/patient files.

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<th>Minimum Standard</th>
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<tr>
<td>Staff/volunteers are trained on confidentiality.</td>
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<td>There is a clear procedure for explaining confidentiality and its limits/exclusions to people seeking help, including mandatory reporting requirements.</td>
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<td>The content of information consented to be shared is specific.</td>
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<tr>
<td>Policies prohibit staff or volunteers from discussing individual cases in public spaces and with those not in a ‘need to know’ position.</td>
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<tr>
<td>All physical spaces where engagement occurs afford an appropriate level of privacy from being overheard or overseen.</td>
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<td>All written and other documents are stored securely.</td>
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**PRINCIPLE 3: RIGHT TO DIGNITY AND SELF-DETERMINATION**

Sexual violence is an assault on the dignity, physical and psychological integrity, and agency of a person, and all those who come into direct contact with survivors have a role to play in restoring dignity and fostering agency and self-determination. Failing to respect the dignity, wishes and choices of survivors can increase feelings of helplessness and shame, reduce the effectiveness of interventions and cause further harm through re-victimization.

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<th>Minimum standard</th>
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<tbody>
<tr>
<td>Female staff/volunteers are available for interviewing and examining survivors.</td>
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<tr>
<td>Where it is not possible to have a female medical examiner, a trained female support person is available to be present during examination.</td>
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<td>The person seeking help has an active role in deciding what services/supports he or she needs and what action will be taken in responding to the violence.</td>
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<tr>
<td>The number of times a person has to tell her story is minimized.</td>
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<td>Survivors can access health care without interacting with any other service before, or as a condition of, obtaining health care.</td>
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**PRINCIPLE 4: RIGHT TO NON-DISCRIMINATION**

All people have the right to the best possible assistance without unfair discrimination on the basis of sex, gender, age, disability, race, colour, language, religious or political beliefs, sexual orientation, status or social class.

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<th>Minimum standard</th>
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<tr>
<td>Staff/volunteers have received training on the human rights dimension of sexual violence.</td>
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<td>Policies are in place affirming the right of all people and groups to the best possible assistance without discrimination.</td>
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<td>Staff/volunteers demonstrate non-judgemental attitudes and behaviours towards individuals and groups.</td>
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<td>Staff/volunteers demonstrate compassion when engaging with people seeking help.</td>
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<tr>
<td>Staff/volunteers are trained on the consequences of sexual violence and responding to needs of particular groups, including these groups:</td>
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<td>• children • adolescents • males</td>
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Referral protocols

You will need to prepare an overview of the local referral protocols that have been developed by the interagency working group so that participants can learn about how referrals are made in their context.
Overview of case management

Definition of case management

Case management is a collaborative process of assessment, planning, facilitation, coordination, evaluation and advocacy for options and services to meet an individual’s needs. Case work is a social work method for helping individuals. Caseworkers are responsible for case management processes. A case management approach is useful for helping survivors with multiple needs for care, support and protection from a range of service providers, organizations and groups.

Objectives of case management

Case management has two main objectives:

• Achieve good outcomes through service delivery tailored around individual needs and circumstances.
• Empower survivors through supporting their participation in decision-making according to their age and developmental level.

In case management, the survivor is at the centre of the helping process and should actively participate in age-appropriate ways in all aspects of the planning and service delivery, and the action plan always reflects her best interests.

STEPS IN CASE MANAGEMENT

Case management has six steps:

Step 1: Introduction and engagement – This step involves making the person feel safe and calm and giving him or her information about who you are and what help you can offer. It also involves making sure the person gives consent if you are going to proceed with making referrals or sharing information. The main tasks in this step are to do the following:

• Greet and comfort the survivor.
• Obtain permission to proceed with services.

Step 2: Gathering information and assessing needs – This step involves listening to the survivor (and her caregiver in the case of a child) to find out what has happened and identifying her needs, problems and resources.

Immediate needs might include the following:

• The need for safety and protection, particularly if the perpetrator is in the household or nearby.
• Health – does the survivor need medical examination, treatment or a forensic examination?
• Emotional and practical needs – how is the survivor feeling and coping? If it was a recent incident, she may be distressed or frightened. Is the survivor able to continue with normal activities, such as work of school?

Step 3: Case Planning – This step involves giving age-appropriate information to the survivor (and to her caregiver in the case of a child) and together planning how to meet needs, solve problems and make decisions about what will happen next. Information includes the following:

- what is going to happen next in cases where there is mandatory reporting;
- possible consequences of the violence, for example, how she might feel and strategies to help the survivor cope;
- information about services and support available;
- the implications of sharing information with other actors;
- the associated costs (if any) of receiving a service;
- the name of the service provider and the estimated time it takes to receive the service;
- an overview of the legal process if relevant.

After providing information about available services, caseworkers must help the survivor understand her options and choices to make informed decisions about what to do.

Step 4: Implementing the plan – This step involves helping the survivor put the plan into action and making sure that the survivor receives the care, support and assistance necessary.

This can include the caseworker providing direct services, (e.g., crisis support), referral (e.g., for health care, to police, for legal advice, to other services and helpers), advocacy and support.

Step 5: Follow-up and review – This step involves monitoring the case, making sure the survivor is safe and getting the help she needs, and identifying and addressing barriers or problems.

Step 6: Case closure – How long outside help is needed depends on each case. In cases that proceed to court for prosecution, the survivor may need ongoing support for months or years. In other cases, case closure may take place after a much shorter time.
MODULE 3

Being child-survivor-centred

LEARNING OBJECTIVES

At the end of this module participants will be able to:

1. Reflect on what influences our perspectives on children.
2. Identify different contexts and perpetrators of sexual violence against children.
3. Give examples of how to be child-survivor-centred in practice.
4. Discuss responsibilities for protecting children from sexual violence.

Participant handouts

Handout 1: How we see children — Influences and contexts
Handout 2: Sexual violence against children
Handout 3: Child sexual abuse — A hidden problem
Handout 4: Being child-centred
Handout 5: Simplified Convention on the Rights of the Child (CRC)
Participant handouts

Handout 1: How we see children — Influences and contexts
Handout 2: Sexual violence against children
Handout 3: Child sexual abuse — A hidden problem
Handout 4: Being child-centred
Handout 5: Simplified Convention on the Rights of the Child (CRC)
# Schedule | Day 3

<table>
<thead>
<tr>
<th>TIME</th>
<th>CONTENT</th>
<th>SLIDES</th>
<th>HANDOUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00–9:15</td>
<td>• Housekeeping</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review objectives for Module 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:15–10:45</td>
<td>• Perspectives on children</td>
<td>74–76</td>
<td><strong>Handout 1:</strong> How we see children – Influences and contexts</td>
</tr>
<tr>
<td>10:45–11:00</td>
<td>Morning tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00–12:00</td>
<td>• Children and sexual violence</td>
<td>77–82</td>
<td><strong>Handout 2:</strong> Sexual violence against children in the family, schools and communities <strong>Handout 3:</strong> Child sexual abuse – a hidden problem</td>
</tr>
<tr>
<td>12:00–1:00</td>
<td>• Being child-centred</td>
<td>83–85</td>
<td><strong>Handout 4:</strong> Being child-centred</td>
</tr>
<tr>
<td>1:00–2:00</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00–2:30</td>
<td>• Being child-centred</td>
<td>86–87</td>
<td></td>
</tr>
<tr>
<td>2:30–3:00</td>
<td>• Foundations for child-survivor-centred practice</td>
<td>88–90</td>
<td></td>
</tr>
<tr>
<td>3:00–3:15</td>
<td>Afternoon tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:15–4:15</td>
<td>• Foundations for child-survivor-centred practice</td>
<td>91–92</td>
<td><strong>Handout 5:</strong> Simplified CRC</td>
</tr>
<tr>
<td>4:15–4:30</td>
<td>• Questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Summary of day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTE TO FACILITATORS

To prepare to facilitate this module, you need to do the following:

Go through the session plan and review all topics, and make sure the activities are locally appropriate.

Decide on alternative activities if needed.

Review the UNICEF/IRC Guidelines for Caring for Child Survivors in Humanitarian Settings, as they contain detailed information regarding survivor-centred practice with children.

TO DO

TOPIC 2: To facilitate the activity on definitions, you will need to have pre-prepared signs for the walls with the following headings in large letters:

- A child is...
- Adolescence is...
- Child sex abuse is...
- Sexual exploitation is...

You will also need to print and cut out four sets of the statements in the Activity Sheet in black and white at the end of the session plan before the handouts.

TOPIC 3: As part of this module, you are encouraged to invite young people from the local community to come and present on what being child-friendly means to them. It is suggested that you contact a local youth group to prepare a presentation. The aim of engaging young people in this process is to put the principle of participation into practice and empower young people to have a voice and speak out. They should be encouraged to be as creative as possible and to demonstrate in locally appropriate ways, for example, through theatre, what they need from service providers and other helpers in the community when they come to us voluntarily or are brought forward after they have been subjected to sexual violence.

If it is not possible to find young people from the community who are able to present, you will need to facilitate a brainstorming or focus group with young people from the local community to get their ideas and suggestions, and you can then present these during the training.

MORE

Additional Reading/Resources for Facilitators

## INTRODUCTION—15 minutes

<table>
<thead>
<tr>
<th>Housekeeping and objectives 15 minutes</th>
<th>Housekeeping.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOW SLIDE 73</td>
<td>Review objectives for Module 3.</td>
</tr>
</tbody>
</table>

## TOPIC 1: PERSPECTIVES ON CHILDREN—1 hour 30 minutes

1. **Reflecting on childhood**
   - **Personal reflection 30 minutes**
   - **SHOW SLIDE 74**
     1. Tell participants that to get us thinking about children and childhood we are going to start by reflecting back on our own childhoods.
   - **SHOW SLIDE 75**
     2. Tell participants to think of someone in their childhood who was special to them because she or he said or did something that made a difference to their life. It may have been a small or a big thing; it may have been as simple as someone encouraging them in some way, teaching them a lesson about life or making them feel special. If it is helpful, share an example, such as the following: A woman whose mother taught her when she was seven to dance in the sunshine in their garden wrote to thank her mother for teaching her joy and optimism in the face of hardship. At the time, their life was difficult; her father was disabled by injuries during the war, and her mother worked two jobs to support the family and also took care of her husband.
     3. Once participants have thought of a special or influential person, they are to write a letter to that person, explaining to the person how that person affected them and their life positively. Tell participants that we are not going to share the letters in the group, but if they wish they could read them to the person they have written to.
     4. Allow participants 25 minutes to reflect on the person and write their letters.

2. **Attitudes towards children**
   - **Small group activity 1 hour**
   - **SHOW SLIDE 76**
     1. Put signs with “Agree” and “Disagree” on the floor or wall on different sides of the room.
     2. Tell participants you are going to read out a series of statements and they are to move to the sign that best reflects their response to the statement. If they are unsure, they can stand in the middle.

---

Sample statements

- Children make up stories or lie about sexual abuse; we can’t always believe them.
- Sexual abuse of children should be handled within the family and not reported to authorities.
- A girl should not report sexual violence to authorities so as to protect her family’s dignity.
- Girls are to blame if they are raped.

3. After you have read one statement and participants have had time to move to the place in the room that reflects their response, ask for volunteers to discuss why they chose to stand where they did. Discussions about each statement should include comments from those who agreed, disagreed and were unsure, and cover their responses and reactions to the statement and what has shaped their beliefs and attitudes.

4. Read two or three more statements, repeating the step above.

5. Have participants return to their seats and ask them what shapes the way we see children and childhood? Where do our beliefs and attitudes come from? Explain that the way we see the world is built up from a number of different lenses. Appreciating that we see the world in this way can help us understand how we see children and why others have different perspectives.

REFER PARTICIPANTS TO HANDOUT 1: How we see children – Influences and contexts

6. Review the handout as a large group.

7. Ask participants to identify three points for each context that apply to the participant’s setting. For example, in the ‘legal context’, what does the law say about age of consent and marriage for children?

TOPIC 2: CHILDREN AND SEXUAL VIOLENCE–1 hour

You will need to prepare signs for the walls with the following headings in large letters:

- A child is...
- Adolescence is...
- Child sex abuse is...
- Sexual exploitation is...
3. Definitions

**Small group activity**
10 minutes

SHOW SLIDE 77
1. Explain that we are going to look at some definitions and review the following pre-prepared signs or cards stuck on the wall in large letters:
   - A child is...
   - Adolescence is...
   - Child sex abuse is...
   - Sexual exploitation is...

2. Ask participants to form four groups and give each group one set of statements (see Activity Sheet at the end of the session plan).

3. Ask participants to discuss each statement in the group and to decide which of the headings they think each statement goes with.

4. Tell them there are some statements that are false and may not go with any of the items on the wall. The red boxed statements are those that are incorrect.

5. Tell them they only have seven minutes to stick all the statements they think are correct on the wall under the correct heading.

6. After seven minutes, read out the statements the groups put up under the five headings and clarify any incorrect answers.

4. Facts about children and sexual violence

**Presentation and discussion**
50 minutes

SHOW SLIDE 78
1. Tell participants that because sexual violence against girls and young women is commonly reported, we are going to look at the issue in more detail.

SHOW SLIDE 78
2. Tell participants that sexual abuse of children was ‘discovered’ by the medical profession in the 1960s, and that now more and more research is being done around the world to learn about it. As a result of this research we know the following facts:
   - Sexual violence occurs throughout childhood, across contexts, cultures and classes.
   - Girls are more than three times more likely than boys to experience sexual violence.
   - Sexual violence is most often perpetrated by someone known to the child, either from the family or within the family circle, but people outside these circles also perpetrate a significant number of sexual assaults on children in many countries.
   - Particular groups of girls are particularly vulnerable, for example, children with disabilities are disproportionately at risk of sexual violence and abuse.

---

4. Facts about children and sexual violence (continued)

- Sexual abuse of children can include contact and non-contact behaviours.
- Sexual assault, abuse and exploitation of children is a hidden problem.

**SHOW SLIDE 79**

3. Explain that there is evidence to show that children commonly experience sexual abuse across settings, including in these settings:
   - home and family;
   - schools and educational settings;
   - community;
   - work settings;
   - care and justice institutions.

**REFER PARTICIPANTS TO HANDOUT 2: Sexual violence against children in the family, schools and communities**

4. Elaborate on sexual abuse of children in the home and family, schools and the community. Ask participants about what they know about forms in each setting in their context.

   *Note: While it is highly unlikely that prevalence data exists, some participants will have good knowledge of the problem, and you should aim to facilitate participant-led learning where possible.*

   - **Sexual abuse in the home and family** is perpetrated by immediate and extended family members and for married girls, by husbands. Everywhere that sexual violence has been studied, it is increasingly acknowledged that a substantial proportion of children are sexually harassed and violated by the people closest to them. Forced sex within forced and early marriage is common in many states. Until recent decades, sexual abuse in the family wasn’t even spoken about or acknowledged, and while there is now more awareness about it, sexual abuse and other kinds of sexual violence against children remain hidden because so many people never speak about what has happened to them.

   - **Sexual harassment, assault and abuse in schools** is perpetrated by teachers and peers; at, around and on the way to school, including in related settings, such as accommodation for students and teachers. The levels and patterns of violence in schools often reflect the levels and patterns of violence in countries, communities and families.

   - **Sexual assault and abuse in the community** is most commonly perpetrated by people known to the child and family, such as neighbours and acquaintances, though other forms are also common, such as commercial sexual exploitation.

5. Ask participants why they think sexual violence against children remains so hidden, and note answers on the flipchart.
SHOW SLIDE 80

6. Tell participants that sexual violence against children remains a hidden problem because of the following reasons:
   • secrecy and shame;
   • norms about gender, sex and children.
Furthermore, most children never tell anyone because:
   • they don’t think anyone will believe them;
   • they are scared of punishment or retribution or breaking up the family;
   • they are ashamed or embarrassed;
   • they think they are to blame or feel guilty;
   • they think they are strange in some way;
   • they feel alone;
   • they don’t want the abuser to get into trouble;
   • violence, coercion and lack of consent may be considered ‘normal’.

SHOW SLIDE 81

7. Perpetrators may use strategies to stop children speaking out, for example, perpetrators may try the following:
   • making threats of violence to the child and family;
   • giving gifts or money to keep children or others from telling;
   • making friends with the family;
   • convincing the child it’s his or her fault;
   • convincing the child it will be bad for the child and his or her family if the child tells someone.

SHOW SLIDE 82

8. When children do tell us, often our attitudes about and towards children mean that we don’t listen to them or believe them.
   • We sometimes don’t want to believe adults could do such terrible things.
   • In cases of sexual abuse by people in power or positions of authority, when children do tell we might feel intimidated by their authority and power.
   • Social norms can stop us from speaking out.

9. Ask participants if they have any experiences or knowledge from their community they would like to share, making sure they speak in general terms and do not mention names or other identifying features of cases.

REFER PARTICIPANTS TO HANDOUT 3: Child sexual abuse – A hidden problem
TOPIC 3: BEING CHILD-CENTRED–1 hour 30 minutes

5. Being child-centred

Large group discussion
45 minutes

SHOW SLIDE 83

1. Ask participants to discuss in small groups of three what being ‘child-centred’ means and what being ‘child-survivor-centred’ means. Note participants’ ideas on the flipchart under the headings ‘child-centred’ and ‘child-survivor-centred’.

SHOW SLIDES 84-85

2. Overview the meanings of ‘child-centred’ and ‘child-survivor-centred’.

   - Being child-centred means the following:
     - putting the individual child and her best interests, needs and rights at the centre of what we do and how we do it;
     - remembering that every child needs to feel loved, protected, respected and recognised.

   - Being child survivor-centred means promoting empowerment and respect for each girl, recognizing that each has the following rights and qualities:
     - has equal rights to care, support and protection;
     - is different and unique;
     - will react differently to sexual violence;
     - has different strengths, capacities, resources and needs;
     - has rights, appropriate to her age and developmental level, to participate and have a voice in actions and decisions affecting her.

3. Ask participants for examples of how we can be ‘child-survivor-centred’ in practice.

SHOW SLIDES 86–87

4. Conclude the session by reviewing the following points about being child-centred, asking for examples from participants as you go through the list:

   - Ensure an environment that is safe, accessible and appropriate for children/young people of different ages.

   - Ensure that child survivors do not have to be subjected to multiple examinations and interviews.

   - Ensure that those interacting with the child have the following qualities:
     - skilful in communicating with children appropriate to their age and developmental level;
     - able to communicate respect to the child/young person;
     - able to listen and to ensure the child’s/young person’s participation;
     - adopt particular values and attitudes about sexual violence that recognize sexual violence as a human rights violation and do not blame the survivor;
     - compassionate.
5. Being child-centred (continued)

- Being child-centred requires us to consider how the guiding principles for working with survivors relate to children, as in the following examples:

  **Safety:** we have an obligation to make children safe because they are not in a position to protect themselves. This can be particularly challenging when the sexual violence is occurring in the family and family members do not want to acknowledge the violence or take action to protect the child.

  **Confidentiality:** in cases of child sexual abuse there are exceptions to confidentiality, and it is very important that children/young people and their carers are not led to believe that nothing they say will be shared. Helpers need to understand and communicate the exceptions to confidentiality, which include these situations:
  - situations in which there is the threat of ongoing violence or harm to a child and the need to protect the child overrides confidentiality;
  - situations in which laws or policies require mandatory reporting of certain types of violence or abuse against children.

- Working in the area of sexual violence against children is complex and full of challenges and tensions, for example, tensions between confidentiality and mandatory reporting, between mandatory reporting and the best interests of the child, etc. Tell participants that there are no easy solutions, that every case is different, and that we always need to come back to the ‘best interests of the child’.

**REREFER PARTICIPANTS TO HANDOUT 4: Being child-centred**

6. **Young people’s perspectives**

   **Guest presentation**
   **45 minutes**

1. Tell participants that we are going to hear from young people in our community about how we can do a better job of helping child survivors feel safe, listened to and comfortable when they come to us for help.

2. Allow 30 minutes for a presentation by young people on what being child-friendly means to them.

3. At the end of the presentation, ask participants to reflect on their own services and work with children and to think about whether they are child-friendly. Encourage participants to ask the young people for advice and suggestions about how to be more child-friendly.
TOPIC 4: FOUNDATIONS FOR CHILD-SURVIVOR-CENTRED PRACTICE–1 hour and 30 minutes

7. Layers of protection

SHOW SLIDE 88

1. Ask participants who is responsible for protecting children from sexual violence.

SHOW SLIDE 89

2. Present the ‘layers of protection’ diagram and explain that there are various layers of protection around children.

3. Ask participants to name the people, institutions and structures that make up each ring (e.g., immediate and extended family members; community networks and leaders; peers; institutions such as schools and churches; government structures, including national laws and organs of government; and international laws and mechanisms) and note answers on the flipchart under the headings ‘family’, ‘community’, ‘national’, ‘international’.

4. Discuss the roles of different actors and structures in each ring in protecting children. Where do they get their obligations to protect children from? Is their responsibility moral, traditional or legal?

5. Ask participants to identify social norms in their community that protect girls from sexual violence and that put them at risk of sexual violence.

6. Starting with the inner rings, ask what a safe and supportive family offers to a child and make the point that in addition to providing care and protection, the family is where children learn about social norms and customs, values, attitudes and beliefs that are reinforced at the community level.

7. Point out that, unfortunately, girls are often at highest risk of sexual violence from those closest to them because the majority of perpetrators are known to the child. Ask who is responsible for protecting children when the family is unable or unwilling to.

SHOW SLIDE 90

8. Conclude the session with the following points:
   - There are multiple ‘duty-bearers’ for protecting girls from sexual violence.
   - There are legal obligations for protecting children at national and international levels.

8. Children’s rights

SHOW SLIDE

1. Tell participants the following:
   - human rights are universal; they apply to everyone;
   - everybody is entitled to all rights and freedoms;
   - we all have rights from birth.

2. Explain that as well as being entitled to human rights, children have their own set of rights. Ask why participants think children have their own set of rights.

SHOW SLIDE 91

4. Explain that the CRC is the international legal norm that sets the human rights standards for children. This document, accepted by almost all states, says that children are entitled to protection, care and development.

5. The CRC defines a child as any human being below the age of 18.

6. Ask participants why they think it is important to have a separate set of rights for children and how they might be vulnerable to violations of their rights.

SHOW SLIDE 92

7. Highlight the following points:
   - Children need protection because they are vulnerable. They are, for instance, very often the first victims of war and other emergencies. In many parts of the world, children are victims of discrimination, poverty, neglect and violence, including sexual violence and abuse.
   - Children need care: They need access to health care, to education, to social security, etc.
   - But children also develop autonomy and competence. Their capacity to make decisions or to express their opinions, evolving with age, needs to be recognised and respected, so that they can grow up in a balanced way.
   - The CRC brings together these ideas: Children need protection and care but also autonomy and empowerment.

8. Ask participants what they think this means in the context of engaging with child survivors of sexual violence.

9. Make the following points, emphasizing those not already mentioned by participants:
   - Children need protection from sexual violence.
   - Child survivors of sexual violence need maximum care and protection.
   - Whenever we suspect child abuse, we have the duty and obligation to act.
   - Whenever we deal with child survivors, we need to ensure that special measures are in place to guarantee sufficient care and protection.
8. Children’s rights (continued)

- Children have the right to participate in decisions about them and to speak out about violence that was done to them, for example, in the following instances:
  - they should be asked for their consent before a medical examination, assessment or interview;
  - they have the right to participate and be heard in court cases about abuse or exploitation, etc.;
  - this also means that procedures should be adapted to the stage of development of the child and should take into consideration the evolving capacities of the child.

REFER PARTICIPANTS TO HANDOUT 5: Simplified CRC

Homework
How do children communicate?

Ask participants to reflect on how children communicate. If they are able to, they should spend 15 minutes observing a child or children this evening to help them.
### Statements for definitions activity

Print and cut out four sets of the statements in black and white. Note there are incorrect items included – they are outlined in red.

**A child is...**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Incorrect Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>any person under the age of 18</td>
<td>any person under the age of 12</td>
</tr>
</tbody>
</table>

**Adolescence is...**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Incorrect Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>the period following the onset of puberty during which a young person develops from a child into an adult</td>
<td>a description of young people in stage of development between the beginning of puberty and adulthood</td>
</tr>
<tr>
<td>a period of rapid physical and mental development with significant hormonal changes during which children’s roles in society change significantly</td>
<td>a period of time between the ages of 10 and 13 when a child starts to enter puberty</td>
</tr>
<tr>
<td>a period in a child’s development when changes slow down as they approach adulthood</td>
<td></td>
</tr>
</tbody>
</table>
### Child sexual abuse is...

<table>
<thead>
<tr>
<th>Description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society</td>
<td>the inducement or coercion of a child to engage in any unlawful sexual activity</td>
</tr>
<tr>
<td>the exploitative use of a child in prostitution or other unlawful sexual practices</td>
<td>the exploitative use of children in pornographic performances and materials</td>
</tr>
<tr>
<td>any form of sexual activity with a child by an adult or by another child who has power over the child</td>
<td>can include sexual kissing, touching, and oral, anal or vaginal sex with a child</td>
</tr>
</tbody>
</table>
## Child sexual abuse is... (continued)

<table>
<thead>
<tr>
<th>Showing a child private parts</th>
<th>Forcing a child to witness rape and/or other acts of sexual violence, or forcing children to watch pornography or show their private parts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploiting children as prostitutes or for pornography</td>
<td>An act that requires penetration, force, pain or even touching; inappropriate sexual language addressed to a child or the showing of sexual images is not classed as sexual abuse</td>
</tr>
</tbody>
</table>

## Sexual exploitation is...

| Any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes | Any act that includes profiting monetarily, socially or politically from the sexual exploitation of another |
How we see children - Influences and contexts

Our perspectives on what is a normal experience for a child are affected by a number of factors that overlap and create a particular world view. The factors include the following:

<table>
<thead>
<tr>
<th>Context</th>
<th>Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>what the law says (for example, about the age of consent, marriage, etc.)</td>
</tr>
<tr>
<td>Societal</td>
<td>what the commonly held view is in the social situation</td>
</tr>
<tr>
<td></td>
<td>that we live in, including social norms</td>
</tr>
<tr>
<td>Cultural</td>
<td>how our culture views things</td>
</tr>
<tr>
<td>Religious</td>
<td>what our religion says</td>
</tr>
<tr>
<td>Personal</td>
<td>how our past experiences have taught us to see the world</td>
</tr>
<tr>
<td></td>
<td>and shaped our view</td>
</tr>
<tr>
<td>Professional</td>
<td>what our profession tells us</td>
</tr>
<tr>
<td>Environmental</td>
<td>what people have to do to survive (for example, how do they feed</td>
</tr>
<tr>
<td>and economical</td>
<td>their family if the crop fails)</td>
</tr>
<tr>
<td>Institutional</td>
<td>what the culture of the organization or institution is</td>
</tr>
</tbody>
</table>

Sexual violence against children

- Child sexual abuse is one of the most under-reported of all crimes.
- Adults who perpetrate child sexual abuse exploit the dependency and immaturity of children.
- Coercion, which can be physical or psychological, differentiates sexual violence from consensual sexual activity between peers.
- The harmful and far-reaching effects of sexual abuse during childhood are widely recognized.
- Sexual violence is most often perpetrated by someone known to the child and occurs in the family, in schools, in the wider community, in care and justice institutions and in the workplace.

Sexual Violence in the Family

- Much sexual violence against children is inflicted by family members or other people residing in or visiting a child’s family home – people normally trusted by children and often responsible for their care.
- A review of surveys from 21 countries, mainly high- and middle-income countries, found that between 7% and 36% of females reported sexual victimization during childhood.
- According to these studies, between 14% and 56% of the sexual abuse was perpetrated by relatives or step-parents.
- Most children do not report sexual violence they experience at home because they are afraid of what will happen to them and their families, that their families will be ashamed or reject them, or that they will not be believed.
- In communities and families with rigid norms about masculinity, femininity and family honour, boys who disclose sexual violence may be viewed as weak and unmanly, and girls who disclose sexual violence risk being blamed – and frequently beaten and killed.
- A recent WHO multi-country study interviewed more than 24,000 women in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, the former Serbia and Montenegro, Thailand, and the United Republic of Tanzania), and asked if someone had touched them sexually or made them do something sexual they did not want to do, before the age of 15 years. In some of these countries, the proportion of childhood sexual abuse perpetrated by family members is extremely high:
  - In the two Brazil sites 12% and 9% respectively of the women reported childhood sexual abuse. Of these, 66% and 54% reported that a family member was the perpetrator.
  - In Namibia, 21% of the women reported childhood sexual abuse. Of these, 47% indicated that a family member was the perpetrator.
  - In the two Peru sites 19.5% and 18% of the women reported childhood sexual abuse, with 54% and 41% of the perpetrators being family members.
- The most commonly reported perpetrators of sexual violence towards girls were male family members (brothers, uncles), followed by step-fathers, fathers and female family members.
- Male friends of family were also commonly named as perpetrators. Other research con-irms that parents, caregivers, aunts and uncles, siblings, grandparents, cousins, and friends of the family perpetrate sexual violence against children.

SEXUAL VIOLENCE AGAINST CHILDREN (continued)

Sexual Violence in Schools

• The levels and patterns of violence in schools often reflect the levels and patterns of violence in countries, communities and families.

• Whether perpetrated by adults or children, violence in schools reflects a ‘hidden curriculum’ that promotes gender inequality and stereotyping. For example, boys taunt each other about their lack of masculinity and harass girls with verbal and physical gestures that are sexual in nature. Sexual aggression by male teachers and boys is often dismissed as ‘just boys being boys’, while girls are blamed for ‘asking for it’.

• The messages are that males should be tough and sexually assertive but females should be passive, sheltered, and unassertive. These stereotypes often make schools unsafe and uncomfortable for girls and are prominent among the reasons why, in some countries girls, particularly during adolescence, are less likely to attend school than adolescent boys.

• Sexual violence in schools may be motivated by the desire to punish or humiliate girls because of their sex or sexuality, or by sexual interest and bravado.

• It serves to intimidate, humiliate and diminish girls. This is demonstrated by the widespread practice of blaming girls who are victims of rape, and that where gender discrimination is an unquestioned norm, blaming girls may extend to almost any kind of sexual harassment, assault or exploitation.

• Studies suggest that sexual harassment of schoolgirls is common throughout the world, to varying degrees by teachers themselves as well as by students, and that it may be particularly common and extreme in places where other forms of school violence are also prevalent.

• Teachers often see the sexual harassment among students – most often girls – as a normal part of school life, and therefore ignore it.

Sexual Violence in the Community

• For many adolescents, the first experience of sexual intercourse is unwanted or actively coerced. Much of this initial sexual coercion is perpetrated by peers, including in the context of an intimate relationship.

• Research indicates that the younger the age of sexual initiation, the more likely that it was coerced in some way. This is particularly true for girls, who face a greater risk of forced first sex than boys.

• The WHO’s Multi-Country Study on Women’s Health and Domestic Violence against Women found that women reporting first sex before the age of 17 were more likely to report forced sexual initiation than women who reported later sexual initiation. Of women who reported first sex prior to age 15, between 11% and 45% reported that it was forced.

• In addition to forced sexual initiation, many children experience ongoing sexual coercion from boyfriends or girlfriends.

• One study of sexual coercion among young people in Kenya found that boyfriends were the most common perpetrators (51%), followed by husbands (28%) and acquaintances (22%). A study in Thailand found that 54% of adolescent and young women’s experiences of forced sexual intercourse occurred with steady or casual partners, and an additional 27% with acquaintances.

• The Australian Study of Health and Relationships found that most sexual coercion of both males and females occurred at or before the age of 18. Among women who reported sexual coercion, one-third said that the first experience occurred between the ages of 9 and 16, and 40% of men reporting sexual coercion were between the ages of 9 and 16 at the first occurrence.

• Perpetrators can include a wide variety of people, some who may have planned the assault.
Child sexual abuse—a hidden problem

Why is CSA hidden?
Sexual abuse of children is hidden because of taboos and secrecy surrounding it and surrounding sex and sexuality, and because of community attitudes and values about children and women. Attitudes about children in particular mean that we don’t listen to children, think they are important, or believe them.
In cases of sexual abuse by people in power or positions of authority, when children do tell we might not want to believe adults we respect could do such terrible things or we might feel intimidated by their authority and power.

Why don’t children tell?
Most children never tell anyone about sexual abuse. The reasons can include:
• Taboos around talking about issues related to sex and sexuality
• They don’t think anyone will believe them
• They are scared of punishment or retribution or breaking up the family
• They are ashamed or embarrassed
• They think they are to blame or feel guilty
• Think they are strange in some way
• They feel alone
• They don’t want the abuser to get into trouble
• Violence, coercion and lack of consent may be considered ‘normal’

Also, perpetrators may use strategies to stop children speaking out, for example:
• Making threats of violence to the child and family
• Giving gifts or money to keep from telling
• Making friends with the family
• Convincing the child it’s their fault
• Convincing the child it will be bad for them and their family if they tell someone

It may be even harder for particularly vulnerable girls to tell, for some, such as those with disabilities or who have been trafficked for sexual exploitation – there may be no one to tell.
Children with disabilities

Children with disabilities are:

- Nearly 4 times more likely than non-disabled children to be victims of any sort of violence
- 3 times more likely to be victims of sexual violence
- Children with mental illness or intellectual impairments are the most vulnerable with four and a half times the risk of sexual violence compared with children without disabilities. Factors which increase risk for children with disabilities are stigma, discrimination, and ignorance about disability, as well as a lack of social support for those who care for them. Placement of children with disabilities in institutions also increases their vulnerability to violence. In these settings and elsewhere, children with communication impairments are hampered in their ability to disclose abusive experiences.  

Barriers to disclosure for children with disabilities

First, the isolation of children with disabilities from other children, from school and from other sources of information means they may not be aware that sexually violent behaviour towards them constitutes abuse. Perpetrators often imply that what they are doing is normal or an act the child should be grateful of and that the child must accept it. It can also be particularly difficult for children who have high levels of dependency, and who need intimate care, to understand that some forms of touching are unacceptable, and to take measures to protect themselves. Even if the child understands that what is happening is wrong, they may not be aware that they are entitled to protection from such abuse and violence, and are unlikely to know how to report the violence. They are less likely than non-disabled children to have contacts with, or access to, adults outside the home from whom they can seek help. Even where children with disabilities have information about possible sources of help, children who are deaf, blind or have restricted mobility may find it impossible to reach that help. Their dependency on family members, who in many cases are the perpetrators or relatives of the perpetrators, means these children are often trapped into situations of violence. They may also risk punishment if they do seek help. Finally, even if all those hurdles are overcome, and they succeed in reporting abuse, it is all too common for the police and courts to refuse to believe a child with a disability, assuming that they lack the competence to make a reliable report or to serve as a credible witness in court.

Being child-centred

A child-survivor-centred approach to meeting the care, support and protection needs of sexual violence survivors is a way of helping that accomplishes the following:

- puts the child in the centre of the helping process
- takes each individual's physical, psychological, emotional, social and spiritual aspects into account
- recognizes that every child needs to feel loved, protected and respected
- recognizes the inherent dignity and worth of every child and that each has the following rights and qualities:
  - has equal rights to care, support and protection
  - is different and unique
  - will react differently to sexual violence
  - has different strengths, capacities, resources and needs
  - has rights, appropriate to her age and developmental level, to participate and have a voice in all actions and decisions affecting her

To put this approach into practice we should take the following steps:

- Ensure an environment that is safe, accessible and appropriate for children/young people.
- Ensure that the child does not have to be subjected to multiple examinations and interviews.
- Ensure that those interacting with the child have the following characteristics:
  - are skilful in communicating with children
  - are able to communicate respect to the child
  - are able to ensure the child’s participation
  - adopt particular attitudes about sexual violence
Simplified Convention on the Rights of the Child\textsuperscript{13}

\textbf{Article 1} Everyone under 18 years of age has all the rights in this Convention.

\textbf{Article 2} The Convention applies to everyone, whatever their race, religion, abilities, whatever they think or say, or whatever type of family they come from.

\textbf{Article 3} All organisations concerned with children should work towards what is best for each child.

\textbf{Article 4} Governments should make these rights available to children.

\textbf{Article 5} Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.

\textbf{Article 6} Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

\textbf{Article 7} Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.

\textbf{Article 8} Governments should respect a child’s right to a name, a nationality and family ties.

\textbf{Article 9} Children should not be separated from their parents unless it is for their own good – for example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.

\textbf{Article 10} Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact or get back together as a family.

\textbf{Article 11} Governments should take steps to stop children being taken out of their own country illegally.

\textbf{Article 12} Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.

\textbf{Article 13} Children have the right to get and to share information, as long as the information is not damaging to them or to others.

\textbf{Article 14} Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.

\textbf{Article 15} Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

\textbf{Article 16} Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.

**Article 17** Children have the right to reliable information from the media. Mass media, such as television, radio and newspapers, should provide information that children can understand and should not promote materials that could harm children.

**Article 18** Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

**Article 19** Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.

**Article 20** Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.

**Article 21** When children are adopted, the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.

**Article 22** Children who come into a country as refugees should have the same rights as children who are born in that country.

**Article 23** Children who have any kind of disability should receive special care and support so that they can live a full and independent life.

**Article 24** Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.

**Article 25** Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.

**Article 26** The government should provide extra money for the children of families in need.

**Article 27** Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.

**Article 28** Children have the right to an education. Discipline in schools should respect children’s human dignity. Primary education should be free. Wealthier countries should help poorer countries achieve this.

**Article 29** Education should develop each child’s personality and talents to the full. It should encourage children to respect their parents, their cultures and other cultures.

**Article 30** Children have the right to learn and use the language and customs of their families, whether or not these are shared by the majority of the people in the country where they live, as long as this does not harm others.

**Article 31** Children have the right to relax, play and to join in a wide range of leisure activities.
Article 32  Governments should protect children from work that is dangerous or that might harm their health or education.

Article 33  Governments should provide ways of protecting children from dangerous drugs.

Article 34  Governments should protect children from sexual abuse.

Article 35  Governments should make sure that children are not abducted or sold.

Article 36  Children should be protected from any activities that could harm their development.

Article 37  Children who break the law should not be treated cruelly. They should not be put in a prison with adults and should be able to keep in contact with their family.

Article 38  Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

Article 39  Children who have been neglected or abused should receive special help to restore their self-respect.

Article 40  Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Article 41  If the laws of a particular country protect children better than the articles of the Convention, then those laws should override the Convention.

Article 42  Governments should make the Convention known to all parents and children.
MODULE 4

Communicating with survivors

LEARNING OBJECTIVES

At the end of this module participants will be able to:

1. Describe different ways that humans communicate.
2. Demonstrate effective verbal and non-verbal communication skills.
3. Describe the phases of an interview.
4. Demonstrate how to listen effectively to children.
5. Demonstrate basic skills in engaging and communicating effectively with survivors.

Participant handouts

Handout 1: Feelings
Handout 2: Barriers to good listening
Handout 3: Good listening to children
Handout 4: Three stages of an interview
Handout 5: General guidelines for interviewing child survivors
Handout 6: Skills checklist
Handout 7: Post-test
**Participant handouts**

**Handout 1**: Feelings
**Handout 2**: Barriers to good listening
**Handout 3**: Good listening to children
**Handout 4**: Three stages of an interview
**Handout 5**: General guidelines for interviewing child survivors
**Handout 6**: Skills checklist
**Handout 7**: Post-test
### MODULE 4 SCHEDULE | DAY 4

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<td>• Review objectives for Module 4</td>
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<td>9:15–10:45</td>
<td>• Introduction to communication</td>
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<td>11:00–11:30</td>
<td>• Introduction to communication</td>
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<td>11:30–1:00</td>
<td>• Listening skills</td>
<td>105–106</td>
<td>Handout 2: Good listening to children&lt;br&gt;Handout 3: Barriers to good listening</td>
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<td>Lunch</td>
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<td>• Interviewing skills</td>
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<td>Afternoon tea</td>
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<td>3:15–4:15</td>
<td>• Interviewing skills</td>
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| 4:15–5:00    | • Questions and summary<br>• Post-test        |        | Handout 7: Post-test
NOTE TO FACILITATORS

To prepare to facilitate this module, you need to do the following:

Make sure you have a sound understanding of basic communication skills to facilitate this module. You need to possess the skills you are teaching, and you need to be able to demonstrate good interview and interpersonal skills to participants.

Go through the session plan and review all topics, and make sure the activities are locally appropriate. Decide on alternative activities if needed.

Review the UNICEF/IRC Guidelines for Caring for Child Survivors in Humanitarian Settings, as they contain detailed information regarding survivor-centred practice with children.

TOPIC 1: You will need to make enough copies of the shape for communication Activity Sheet found at the end of the session plan to provide to half the participants, as this activity involves working in pairs.

TOPIC 3: You will need to prepare four realistic case studies based on the local context for participants to use to practice their interpersonal and interviewing skills. When developing case studies, never use details of specific cases, as this is a breach of a survivor’s right to dignity and privacy. Examples of case studies that might help you develop some from the local context are these:

Cornelia is 5 years old and was referred to the ministry of social welfare because of suspicion that she has been sexually abused. She has had a medical examination that shows evidence that she has been abused but she is refusing to answer any questions. You are a social worker with the ministry of child welfare trying to find out what has happened.

Gertrude is 7 years old, very afraid and sad. She was staying at her uncle’s and aunt’s house because her mother was sick, and it is believed that her uncle raped her. Her mother is with her and is very angry and also crying. You are a community counsellor trying to find out what happened and help the child.

TOPIC 3: If possible, it is good to have some materials that can be used in the role-playing exercises for communicating with children so that people can use them as they practice. Examples might include materials for drawing, dolls, puppets and local musical instruments.

TOPIC 3: One way of helping people develop interpersonal and interviewing skills is to videotape them practicing their skills and play the video back to them so they can view their technique and style. Doing this enables people to observe themselves in action and become aware of their strengths and areas they need to work on, such as body language they may not be aware of. However, if you do not have the technology available or you or participants do not feel comfortable using this method in training, it’s fine to just provide feedback to participants by observing them.
MORE

Additional Reading/Resources for Facilitators


- Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, International Rescue Committee and UNICEF, 2012,

- B. Mitchels, Let’s Talk: Developing effective communication with child victims of abuse and human trafficking, UNICEF and Government of Kosovo, 2004,

- N. Richman, Communicating with Children: Helping Children in Distress, Save the Children, 2000,
  <www.savethechildren.org.uk/sites/default/files/docs/COMMUNICATING_WITH_CHILDREN.pdf>. 
### INTRODUCTION – 15 minutes

**Housekeeping and objectives**  
15 minutes

- **SHOW SLIDE 93**  
  Review objectives for Module 4.

### TOPIC 1: INTRODUCTION TO COMMUNICATION—2 hours

#### 1. Basic communication

**Large group discussion**  
15 minutes

1. Ask participants to give examples of different ways people communicate with each other.

**SHOW SLIDE 94**

2. Ask participants:
   - How do we exchange information?
   - How do we exchange thoughts?
   - How do we exchange feelings?

**SHOW SLIDE 95**

3. Explain that when we communicate with another person, we are sending and receiving messages to and from each other. We send and receive four types of messages. Explain each, asking for and giving examples/demonstrating each one:
   - **voice messages**: how we talk, the volume, tone and speed;
   - **verbal messages**: what we say;
   - **body messages**: the messages we send with our face and other parts of our body, sometimes called ‘body language’;
   - **behaviour messages**: what we do.

4. Tell participants that we are going to do some activities to explore these types of messages further.

#### 2. Voice messages

**Large and small group exercises**  
15 minutes

1. **Exercise 1 Pass the message**: Whisper the message below, or a similar one, to a participant, who, in turn, whispers what he or she has heard to the next person and so on around the room without repeating any of the message. Go around the whole room and ask the last person to say the message out loud. Usually, the message has become very distorted, particularly after a large number of people have passed it on.

   **Message**: At 10 a.m. tomorrow, all women under the age of 45 must report to the clinic with their children. They will also need to bring with them a cup and a bag. Those over the age of 45 must come tomorrow with just a cup. The women who don’t come tomorrow will be seen next week on Monday at 9 a.m.
2. Ask participants what we can learn about the way we speak and use our voice from this exercise and point out that speech volume, tone and speed can all affect how we are understood by others.

3. **Exercise 2 Using your voice**: Say the same sentence in a variety of ways using different voice tone, volume and speed to convey different emotions; for example, say the same sentence angrily, happily, sadly, etc., and ask participants to guess the emotions behind the voice messages.

4. Tell participants to turn to the person next to them and demonstrate an emotion using voice tone, volume and speed. Can their partner guess the emotion? Allow participants a few minutes to take turns.

5. Ask participants what we can learn from this exercise. Point out that the way we speak can be more powerful than what we say.

6. Ask participants how we think we should use our voices when we communicate with survivors. What about if the survivor is a child?

**SHOW SLIDE 96**

7. Summarize by making the point that when we are communicating with survivors we need to think about these factors:
   - volume – do not speak too loudly or softly;
   - speed – do not speak too fast;
   - tone – think about the tone you use and how a survivor might perceive it.
   
   This is especially important if we are communicating with someone who is distressed, as being in a state of shock or distress can affect a person’s capacity to communicate.

**3. Verbal messages**

*Pairs exercise*

30 minutes

1. Ask participants to choose a partner and sit back-to-back. Give one partner the drawing of interconnected geometric shapes (see Activity Sheet at the end of the session plan).

2. Tell the speaker to give instructions to the listener on how to reproduce this drawing. The listener is not allowed to ask any clarifying questions and receives no feedback.

3. Once the task has been completed, repeat the activity, allowing the listener to ask clarifying questions.

4. Ask participants if there is any difference between the two drawings. Ask the listeners if it felt different the second time. Why? What can we learn from this activity about communication?
3. Verbal messages (continued)

SHOW SLIDE 97

5. Conclude by making the point that good verbal communication involves the use of clear and simple language and the opportunity to ask clarifying questions and check for understanding. When we are speaking with children in particular we need to do the following:
   - Use simple language and sentences.
   - Check that they have understood what we are saying and that we understand what they have said.
   - Encourage the child to speak freely.
   - Ask the right questions.

SHOW SLIDE 98

4. Body messages

Small group exercise
30 minutes

1. Ask participants how else we show feelings apart from our voice and verbal messages. While you are waiting for responses, demonstrate disinterested, distracted feelings to the group non-verbally (e.g., shuffle through papers, look away from participants, out the window, yawn, look at your watch, etc.)

SHOW SLIDE 99

2. Tell participants that the most important form of communication is non-verbal communication, or communicating using our bodies. It is estimated that 7 per cent of communication is verbal (the words we use), 38 per cent is voice (volume, speed and tone), and the remaining 55 per cent is non-verbal (communicating with our bodies and behaviours).

3. Tell participants that survivors, children in particular, can’t always use words to describe how they are feeling. Sometimes they show their feelings through body language. Often you can guess what people are feeling through body language – how they sit, move, facial expressions, etc. It is particularly important with children to learn to read their non-verbal cues. Non-verbal cues are different in different cultures.

SHOW SLIDE 100

REFER PARTICIPANTS TO HANDOUT 1: Feelings

4. Put participants into small groups of four or five and, using the list of feelings on the handout, allocate each person three different feelings to act out, making sure no one else in the group hears the feelings allocated to others. Tell participants to go around the group and one by one act out one feeling to the rest of the group without using words. The rest of the group has to guess the feeling. They can go around the group a few more times, allowing everyone the opportunity to practice.

SHOW SLIDE 100

5. Ask participants to discuss the following questions:
   - Were some emotions easier to guess than others? Why?
   - Which non-verbal cues were most helpful in guessing the emotion?
   - What can you assume if you can’t observe non-verbal communication?
4. Body messages (continued)

SHOW SLIDE 101

6. Summarize by telling participants that non-verbal communication can reveal is what someone is feeling. When we are working with survivors, particularly children, we need to remember the following:

- It is always important to check that your guess is right by reflecting back to the survivor how you think the survivor is feeling or by asking if the person is feeling the way you think he or she is.
- Don’t assume that a survivor does not have feelings about a situation or issue just because you can’t find any non-verbal clues. It is very common for people in shock to appear as though they have no emotions; this is a normal response to a traumatic event. So a person who has just been raped may appear emotionless on the outside. Also, every person expresses feelings differently; some people who are sad may cry while others may not show any outward signs of being sad.
- Common non-verbal cues are: facial expression, body posture, seating (close or far), eye contact, holding body rigid or relaxed, and the use of hands or other nervous gestures.

SHOW SLIDE 102

7. Tell participants that in every culture there are different ways of communicating, showing feelings, coping with sadness and trauma, and giving comfort. There are variations in the ways that we use words, our voices and body language to communicate, and different ways of comforting someone who is distressed.

8. Ask participants to respond to the following questions about their culture and expressing emotions:

- How do we express our sadness in our culture? Our anger? Our fears? Our joys?
- What does our culture teach us about emotions?
- Which emotions can we express openly?
- Is it different for men and women? For boys and girls?
- In some cultures, the expression of sadness is disapproved of, in others it might be permitted for women but not men. How about our culture?
- How do we comfort people in our culture? Is it different for children?

5. Behaviour messages

| Large group discussion | 30 minutes |

1. Ask participants how we communicate through our behaviour. Examples include saying one thing, then doing another; saying you will do something, then not doing it; turning up late for training, etc. Invite volunteers to work in pairs to demonstrate a behaviour message in a brief role play.

2. Ask participants how our behaviour communicates to survivors?
3. Tell participants that survivors judge us by our actions and when we are helping them we need to remember the following:
   - not make promises we can’t keep;
   - follow through when we say we will do something;
   - make sure that we turn up when we say we will.

4. Ask participants about children’s behaviour. What does it tell us?

5. Tell participants that as well as the language of speech and language of the body, children have another language they speak. Ask for suggestions on what it might be.

**SHOW SLIDE 103**

If no one guesses it, explain that children also have the language of play and that they often communicate with us through their play. Ask participants for examples of how children use the language of play and make sure the following are mentioned:

- imaginative and creative play;
- interactions with other children;
- drawing;
- singing;
- dancing.

6. Ask participants for examples of materials that we could use to encourage children to communicate through play. Examples might include drawing materials, dolls, puppets or musical instruments. Brainstorm with the group members how we could use each of the materials suggested to help their communication with children.

7. Ask for volunteers to role play using the materials differently.

8. Observing each language and how a child expresses herself can teach us a lot about how the child is feeling and coping. It is important that we know how to recognize these languages that children speak, and that we are able to incorporate these languages into our communication with children.

**SHOW SLIDE 104**

9. Tell participants that there are a few simple guidelines to consider for effective communication with survivors, and they are those listed below:
   - really paying attention to the survivor;
   - listening to what she says and how she says it with your ears, eyes and heart; using simple language that is age-appropriate;
   - asking open questions;
   - checking the survivor understands you/you understood him or her.
TOPIC 2: LISTENING SKILLS–1 hour 30 minutes

6. Listening

Pairs activity
45 minutes

SHOW SLIDE 105

1. Place a piece of paper on one side of the room with the word ‘easy’ on it and on other side of the room, a piece of paper with the word ‘hard’ on it. Explain that there is an invisible line on the floor of the room, running from easy to hard.

![Easy and Hard](image)

Explain that you will ask a series of questions and that participants should come up and stand on the line at a location they feel reflects their response to the question you asked, if they feel comfortable to do so.

If it is quite an open group, maybe they will all feel comfortable reflecting their views by standing on the line.

You do not need to ask all the questions below; choose ones that you think will be most suitable in the context or select your own statements. Follow-up questions when they are in their positions on the line may include – Who did you feel more comfortable talking to? Why? Why didn’t we want to talk to our parents?

Statements:

- How easy is it for community members to talk about sexual abuse occurring in the community?
- How easy was it for you to talk to your parents when you were a teenager about your feelings?
- How easy was it to ask about or talk about sex with your parents? What about your friends or siblings?
- How easy or hard is it to talk about child sexual abuse within your work? With survivors? With each other?

2. Ask participants to comment on what they observed during this activity.

3. Ask participants to think for a moment about when they feel comfortable talking about a difficult topic. What is it that makes it easier to talk about a difficult topic? It can be who it is they are talking with, the relationship they have with the other person, the location, the way the other person talks or listens. Write participants’ responses on the flip chart.

4. Explain to participants that listening is a skill that we have to learn and practice and that it takes humility. Some people are naturally good listeners, but most of us learn how to do it well. Tell them we are going to do some activities to help us practice listening.

14 The first three steps of this activity are adapted from the UNICEF/IRC, Draft training manual on Caring for Child Survivors, (2013).
6. Listening (continued)

5. **Listening pairs exercise**: Tell participants to take turns sharing a problem with a partner – it can be anything, a problem at home or work. The partner is to demonstrate poor listening skills, interrupting, being distracted, impatient, judgemental, etc.
   - Bring participants back to the large group and share how it felt to not be listened to.
   - Ask participants to identify the emotional impact and effects of not being listened to on a person who has experienced sexual violence. Get participants to think about the consequences of sexual violence, such as shame, and the way in which not listening can potentially exacerbate negative emotions and feelings of powerlessness.
   - Ask participants to choose another partner and to take turns sharing the same problem; this time the partner should practice good listening skills, showing he or she is attentive, communicating empathy, being non-judgemental, encouraging, etc.

**SHOW SLIDE 106**

6. Bring participants back to the large group and discuss:
   - How did it feel to be listened to?
   - How did it feel to listen?
   - Did you feel your partner understood your problem?
   - What body language communicated this understanding?
   - Ask participants how it might feel for a survivor of sexual violence to be really listened to.

7. Brainstorm blocks to listening and communicating with survivors and note responses on the flipchart. Examples include: distractions, comprehension, language, tone, environment, gender, disruption, interpretation, mood, time constraints, listener not attentive, embarrassment, values, etc.

**REFER PARTICIPANTS TO HANDOUT 2: Barriers to good listening**

8. Review the handout as a large group.

7. **Listening to children**

   **Small group exercise**
   45 minutes

1. Ask participants to consider verbal, non-verbal and voice messages and brainstorm what good listening to children involves.

**REFER PARTICIPANTS TO HANDOUT 3: Good listening to children**

2. Review the handout on good listening to children as a large group.

3. **Listening in threes exercise**: Tell participants to work in groups of three. One person is speaker, one is listener, and the third is observer. The speaker should talk for five minutes about an issue of his or her choice. The listener is to try to listen well. The observer is to remain silent and to notice what the listener does that encourages the speaker, in particular paying attention to eye contact, body language, words and other good listening skills shown. The observer should take notes and give constructive feedback to the listener.
7. Listening to children (continued)

4. Repeat the exercise twice more with each person having a turn at practicing good listening.

TOPIC 3: INTERVIEWING SKILLS—2 hours

8. Phases of an interview

Large group discussion 15 minutes

1. Tell participants that we all have different roles to play in responding to survivors of sexual violence and that some of us may need to have a structured conversation with survivors for the purpose of obtaining information about what has happened. For example, police officers, health workers and child protection workers may all need to interview survivors to find out specific information about what has happened. Tell participants that while active listening is the most important skill that we can all bring to working with survivors, it may be helpful for many of us to have a structured way of communicating with survivors.

SHOW SLIDE 107

2. Tell participants that a structured conversation or interview generally has three phases:
   • the introduction and rapport-building phase;
   • asking questions and getting the story;
   • closing the interview.

3. Ask participants what they think each phase involves.

REFER PARTICIPANTS TO HANDOUT 4: Phases of an interview

4. Review the handout as a large group.

5. Ask participants to think about statements we could make during a conversation or interview with a survivor that might foster healing and recovery.

SHOW SLIDE 108

6. After participants have shared their ideas, highlight the following healing statements and what they promote:
   • “I believe you.” Promotes trust.
   • “I am glad that you told me.” Promotes relationship building.
   • “I am sorry this happened to you.” Expresses empathy.
   • “This is not your fault.” Promotes non-blaming.
   • “You are very brave to talk with me and we will try to help you.” Promotes reassurance and empowerment.
### 9. Guidelines for interviewing children

**Large group discussion**

15 minutes

1. Tell participants that many of us may have to interview child survivors of sexual violence, and there are basic things that each of us should know and do when interviewing child survivors. Following these guidelines will minimize the risk of further harm to a child and will promote the child’s healing and well-being.

2. Ask if any participants have interviewed child survivors of sexual violence and if they would like to share their experiences. Was it easy or difficult? What guidelines would they suggest for interviewing children?

**REFER PARTICIPANTS TO HANDOUT 5: General guidelines for interviewing child survivors**

3. Present an overview of the general guidelines for interviewing child survivors on the handout and check if participants have questions.

### 10. Interview practice

**Small group activity**

45 minutes

**SHOW SLIDE 109**

1. Tell participants to take turns role-playing how to open an interview for a few minutes. The interviewer should play his or her usual role. The person playing the child should role-play a 10-year-old girl who has been sexually abused by a family member. Each person should have a turn practicing these parts of the interview:
   - introductions;
   - answering the child’s questions;
   - establishing rapport;
   - explaining confidentiality;
   - using healing statements.

2. The observer should take notes and then provide feedback to the interviewer.

3. After everyone has had a turn opening an interview, bring the participants back to the large group and review the section on the second phase of an interview on the handout.

4. Ask participants what the difference is between open and closed questions and share examples.

**SHOW SLIDE 110**

5. Explain that open questions encourage children to express themselves, their feeling and ideas and that there are no right or wrong answers. Closed questions require a yes, no or short answer and are useful for getting information such as a child’s age, who she lives with, etc. They do not encourage discussion or expression.
SHOW SLIDE 111

6. Ask participants to change the questions below from closed to open questions:
   - Are you feeling sad today?/How are you feeling today?
   - Did you tell your mother what happened next?/What happened next?
   - Did you feel scared?/How did you feel?

SHOW SLIDE 112

7. Divide participants back into groups of three and ask them to take turns role-playing asking questions. This time the child is a 14-year-old girl who has been raped by a neighbour. They should choose questions that are relevant to their role, for example, a nurse or social worker responsible for child protection might ask questions about what has happened, a community volunteer might be asking questions about how the child is feeling and coping. A police officer might be asking questions about the abuse. They should practice both of the following:
   - open questions;
   - closed questions.
   The observer should take notes and provide feedback to the interviewer.

8. Bring participants back to the large group and review the purpose of the final stage of the interview.

SHOW SLIDE 113

9. Divide participants back into groups of three and in this role play, each person should have the opportunity to practice closing an interview. They should cover the following parts of the interview:
   - thanking the child;
   - valuing the child;
   - validating the child’s experience;
   - allowing opportunity for further questions;
   - providing the opportunity to meet again if in the child’s interests to do so.
You will need to prepare four realistic case studies based on the local context for participants to use to practice their interpersonal and interviewing skills. See Note to Facilitators for more information and guidance on facilitating this session.

<table>
<thead>
<tr>
<th>11. Interpersonal and interviewing skills</th>
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</thead>
<tbody>
<tr>
<td><strong>Small group practice</strong></td>
<td>45 minutes</td>
</tr>
</tbody>
</table>

1. Tell participants in this final session, participants have the opportunity to put their knowledge and skills into practice through practicing interviewing a survivor based on case studies from the local context and receiving constructive feedback from their peers.

**REFER PARTICIPANTS TO HANDOUT 6: Skills checklist and the handout with case studies**

2. Put participants into groups of four and distribute fictitious case studies based on the local context. Participants are to take turns being an interviewer or a child, and two people will be observers.

3. Tell participants the interviewer is to practice interacting and interviewing the child/young person in a way that is consistent with the job that the participant does; for example, if the participant is a lawyer or paralegal, he or she should be interviewing the child about the criminal justice response to what has happened; if the participant is a nurse, he or she should practice interviewing the child about what happened and the health consequences, etc.

- When they are doing the role play, participants need to demonstrate the following:
  - age-appropriate verbal and non-verbal communication;
  - an ability to engage the child in age-appropriate ways;
  - different phases of an interview with a child, for example, the ability to establish rapport and help the child feel comfortable, the ability to ask open questions, elicit and give information to a child, and the ability to end an interview appropriately.

- Observers need to use the skills checklist to make notes and provide feedback to the interviewer at the end of the practice. Feedback should be honest but constructive.

<table>
<thead>
<tr>
<th>SUMMARY AND CLOSING—45 minutes</th>
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<tbody>
<tr>
<td><strong>Questions, summary and post-test</strong></td>
<td>45 minutes</td>
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</tbody>
</table>

- Allow time for questions that have not yet been addressed.
- Provide a summary of the topics covered during the day.
- Have participants complete the Post-test.
Shape for verbal messages activity
Feelings

anxious, angry, afraid, ashamed, apprehensive, agitated, annoyed, abandoned, bored, bitter, bewildered, crazy, choked up, confused, clever, calm, cheerful, concerned, content, cross, crafty, confident, distraught, desperate, defeated, distrustful, dishonest, depressed, delighted, disappointed, distressed, dismayed, desolate, deceived, defensive, disgusted, erratic, enraged, ecstatic, embarrassed, excited, energized, elated, fearful, furious, frustrated, frightened, fearless, fretful, flustered, forlorn, foolish, frantic, fulfilled, guilty, gloomy, glad, happy, humble, hurt, hopeful, humiliated, hostile, isolated, impatient, irritated, irate, infuriated, joyful, jovial, jealous, lonely, longing, lazy, lost, lustful, livid, loving, manic, mad, miserable, melancholy, nervous, overwhelmed, offended, outraged, overjoyed, petrified, pleased, proud, quiet, restless, relaxed, regretful, relieved, resentful, reassured, scared, sad, sensitive, stupid, smug, self-conscious, safe, shy, serene, sly, shocked, stressed, terrified, timid, tranquil, thrilled, tense, upset, uneasy, uncomfortable, unhappy, virtuous, victorious, worried, wistful, wounded, wary, worthless
Barriers to good listening

Acoustics
- Background noise
- Interruptions

Physical environment
- Inadequate seating
- Uncomfortable seating
- Lack of privacy

Body language
- Looking away from person
- Eyes darting around room
- Crossed arms
- Clenched hands
- Slouched posture
- Hands on hips
- ‘Closed’ body language

Tone
- Slow
- Monotone
- Emotional

Language
- Unfamiliar or strange
- Too wordy
- Use of technical/medical terms
- Rambling speech

Other barriers
- Being tired
- Preoccupied
- Uninterested
- Having a bias against the child
- Moving away, turning away
- Trivialisation or scouring
- Being patronising
- Asking too many questions, interrogating
- Making assumptions
- Judging and evaluating
- Blaming
- Moralising
- Advising, teaching or preaching
- Inappropriately talking about yourself
- Directing and leading
- Jumping in before the speaker has finished
- Explaining or over-interpreting
- Faking attention
- Falling asleep, yawning
Good listening to children

**Things that make listening to children more effective:**

- being on the same physical level
- Relaxed posture
- Physical safety
- Pleasant surroundings
- No distractions
- Privacy
- Confidentiality and limits to it explained
- Genuineness
- Non-judgmental acceptance
- Respect and valuing the other person
- Showing interest and alertness
- Open-mindedness
- Good eye contact
- Acknowledgment of the other person and what is said (e.g., Reflecting back, nodding)
- Open body language
- Trust
- Showing undivided attention
- Not interrupting
- Reflecting back
- Clarification of confusion or lack of understanding
- Allowing enough time
- Open questions
- Patience
- Encouragement
- Supportiveness

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15 This list was put together by young people reflecting on their experiences of being interviewed. See Source: B. Michels, op. cit.
Three stages of an interview

Stage 1: Introductions and making the survivor feel safe
In the first stage, you need to make sure the survivor knows why she is being interviewed and feels safe. You need to do the following:

1. make introductions
2. build trust and rapport
3. address confidentiality

Introductions
- Introduce yourself and any other person present.
- Tell the survivor why she is there.
- If the survivor has strong feelings about not wishing any specific person to be present, explore the reasons why, and respect her wishes and feelings.

Build trust and rapport
- Explain to the survivor what will happen in the interview.
- Explain the purpose of the interview and make sure that the survivor understands as far as her age allows.
- Confirm that the survivor consents to being interviewed.
- No one should be forced to answer questions. There should be breaks for comfort.
- Emotional safety is established through trust, honesty, clarity and openness.
  Trust: The survivor needs to have trust in the interviewer. Never lie or mislead a child, or make promises that cannot be kept.
  Honesty: Tell the survivor the truth in an age-appropriate way, for example, when they want to know why you are interviewing and what you will do with the information gained.
  Clarify: If the survivor asks questions (for example, about the circumstances of the interview) give clear, understandable answers in language she can understand.
  Openness: Be open to the survivor’s feeling and emotions.

Confidentiality
- Explain to the survivor, including a child in an age-appropriate way, about why you are interviewing her and what you will do with the information she shares.
- Explain what confidentiality means and the limits to confidentiality.
- Never lie to a survivor or avoid the truth. If the information from the interview might result in legal action against an offender, for example, in the case of mandatory reporting, then the survivor needs to know this.

Adapted from: B. Michels, op. cit.
Strengthening Community-Based Care

Stage 2: Asking questions

What happens during this stage of an interview depends on the purpose for talking to the survivor. If you are investigating child abuse, in this stage you are helping the child to talk about what has happened to her. If you are providing psychosocial support to a survivor, you will be finding out how she is feeling and coping.

- Remember that survivors need to tell their story in their own way.
- Each survivor’s experience is unique and different from that of others. Survivors will describe their experience according to their character, culture and level of understanding. Do not make assumptions about what a survivor means. Try to remain open to her way of describing what happened and to find out what it is that she wants to say.
- The interviewer should gradually move from the general discussion to establish rapport, to asking open questions about the issues that have given rise to concerns.
- It is important to move at the survivor’s pace.
- The following are examples of possible general lines of questioning, gradually moving towards specific events.
  - “Tell me why you think — has brought you here today?”
  - “My job is to talk with children about things that may be troubling them. If there is something troubling you, I would like to understand what it is, so that we can try to help you.”
  - “Can you tell me about anything that worries you?”
  - “Can you tell me about what happened before you came here…?”
  - “Tell me about what happened to you when….” “What happened next?”
  - “What did you do?”
- Once a survivor has started to tell her story, then just listen carefully and show that you understand and are open to what she says. Try not to interrupt, but try to get a picture of what the experience is.
- Once the survivor has come to a natural stop, then specific questions may be asked to elicit more details.

Stage 3: Closing the interview

- The closing part of the interview is as important as the opening. If the person has been trusting and has spoken of many things, it may be the first time that the survivor feels anyone has listened to her.
- If the things talked about have been painful and difficult, the survivor may feel relieved to have told someone about them, perhaps for the first time, but she may also feel sad and upset by the memories.
- It is very important to make sure that the survivor, especially in the case of a child, has a person to be with after the interview (a carer or other safe adult) who will offer her the appropriate support and help if she is sad and upset.
- Closure is also an important part of the interview process because it provides an opportunity to thank the survivor and also to answer any questions she may wish to ask.
- The ending of the interview should ensure that the survivor leaves the room feeling confident, safe and supported in the process.
General guidelines for interviewing child survivors

- Interviews should take place as soon as possible after the allegation or suspicion of abuse emerges.
- The child should feel supported and safe during the interview.
- Interviews should take place in an informal setting.
- If possible, interviews should not be too long, to avoid tiring the child.
- The child’s developmental stage and needs should be considered in planning the interview.
- Give the child information about who you are and why you are talking with her and what will happen next.
- The children should be given an opportunity to tell their story in their own way, before they are asked explicit questions.
- The questions should begin with open questions and direct or leading questions should be reserved for the later part of the interview.
- Speak slowly.
- Allow time for the child to understand what has been said and to consider her response.
- Be patient.
- Don’t ask too many questions.
- Avoiding interrupting the child if she hesitates; she may be taking time to think.
- Be empathic and responsive to the needs of the child. If the interview becomes too emotionally painful for the child, it should stop.
- Remember, not all survivors will react the same way.
- Treat the child gently, with respect and compassion, even if she doesn’t look or act affected.
- Don’t force a child to talk if she doesn’t want to or if she is distressed.
- Remain calm at all times. This will help the child feel calm.
- Assure her that her feelings are normal.
- Encourage the child to talk about what happened and how she is feeling with someone she trusts.
Skills checklist

Name: ___________________________________________________________ Date: ____________________
Completed by: __________________________________________________

Interpersonal skills
☑ greets survivor
☑ introduces self
☑ introduces role and purpose of interview
☑ discusses confidentiality
☑ engages survivor and makes her feel comfortable and safe
☑ shows survivor he/she is attentive
☑ observes
☑ is supportive and non-judgmental
☑ shows empathy
☑ can deal with difficult emotions
☑ uses healing statements

Gathering information
☑ encourages survivor to speak
☑ uses good questions
☑ seeks clarification/checks understanding

Giving information
☑ gives clear and simple age-appropriate information (and to her carer if relevant)
☑ gives survivor time to absorb information and to respond
☑ checks for understanding/misunderstanding

Closure
☑ thanks survivor
☑ tells survivor what will happen next

Strengths
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________

Areas to practice
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________________________
Post-test

Name: ________________________________

1. The CC Programme includes strengthening community-based care and transforming social norms and achieves both these through a six-step pathway to change. (Circle one answer.)
   True  False  
   (1 mark)

2. List four barriers to care that may face a married woman from a poor rural community where sexual violence is not openly discussed.

   ____________________________________  ____________________________________  
   ____________________________________  ____________________________________  
   ____________________________________  ____________________________________  
   ____________________________________  ____________________________________  
   (4 marks)

3. List three social norms that exist in your community that help prevent sexual violence.

   ____________________________________  ____________________________________  
   ____________________________________  
   ____________________________________  
   (3 marks)

4. Informal sources of care and support in the community are not really of any value to survivors of sexual violence. (Circle one answer.)
   True  False  
   (1 mark)

5. Skilled and compassionate practice and coordinated care and support are both elements of a survivor-centred approach. (Circle one answer.)
   True  False  
   (1 mark)

6. There are four principles in survivor-centred care. Which of these describes them correctly? (Circle one answer.)
   a) safety; dignity; freedom from fear; respect for others  b) safety; privacy; self-determination; non-discrimination  c) safety; dignity and respect; confidentiality; non-discrimination  d) safety; freedom from fear; listening; deciding  e) none of these  
   (1 mark)
PART 3
Strengthening Community-Based Care

HANDOUT 7
POST-TEST (continued)

7. Survivors are more likely to seek help when they have to tell their story many times. (Circle one answer.)
   True False
   (1 mark)

8. Sometimes there will be a conflict between the need to maintain confidentiality and the need to comply with mandatory reporting. (Circle one answer.)
   True False
   (1 mark)

9. List three reasons why sexual violence involving children might not be reported.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   (3 marks)

10. We communicate with each other in several ways, through what we say, how we speak and how we behave. The most important form of communication is made up by the words we use. (Circle one answer.)
    True False
    (1 mark)

11. List four barriers that may get in the way of effective communication.
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________
    (4 marks)

12. Children may use other forms of communication that are not commonly used by adults. What are these? (Circle one answer.)
    a) singing b) dancing c) drawing d) imaginative play e) all of these
    (1 mark)

13. What are the three stages of an interview?
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________
    (3 marks)

(Total 25 marks – multiply by 4 to give percentage score.)