

Preface

Abuse in the Context of the Abstinence and Be Faithful for Youth (ABY) Programs

The ABC approach¹ to HIV prevention focuses on the ability of youth to make informed and assertive decisions in regards to their sexuality. It operates under the premise that youth have, or can develop, the skills to refrain from sexual acts that put them at risk for HIV infection. It also empowers youth to make informed decisions, if they choose to be sexually active, to reduce the risk of HIV transmission.

Unfortunately, there are factors in society that limit the ability for youth, especially girls, to be able to make and enforce decisions about their own sexuality. Often the choice of abstinence is taken away by force from those with more power or authority. Sexual abuse among adolescents is a worldwide problem. Experts estimate that as many as 1 out of 3 girls and 1 out of 8 boys will sustain some form of sexual abuse during their childhood or adolescence.²

How Prevalent is Sexual Abuse Among Young Adults?

- In Uganda, half of sexually active primary school girls reported being forced to have sexual intercourse.³
- In a survey of 134 men and 202 women between 25-44 years of age in Nicaragua, 27% of women and 19% of men reported sexual abuse in childhood and adolescence.
- One-third of all reported rape victims in India are under the age of 16, and incidences increased 26% among 10-16 year olds between 1991-1998.
- In Sri Lanka, 7.4% of 314 young men surveyed reported having sex with an older male at age 13 or younger under coercion.
- In Zimbabwe, 30% of 549 secondary school students reported sexual abuse; half were boys abused by female perpetrators.
- All of the 143 Guatemalan street youth in a 1991 study reported sexual abuse, some by more than one perpetrator – 53% by family members (often stepparents), 6% by friends, 3% by neighbors, and 46% by strangers.
- A 1993 study among 10,000 female secondary school students in Kenya showed that 24% of the sexually experienced females reported that they had been forced into their first sexual encounter.⁴
- In Uganda, 31% of school girls and 15% of boys reported sexual abuse, many by teachers.⁵

¹ “A” stands for Abstaining from sex, “B” stands for Being faithful (fidelity) and “C” stands for Condom use. The ABC approach emphasizes abstinence for youth and other unmarried persons, including the delay of sexual debut; mutual faithfulness for sexually active adults; and correct and consistent use of condoms by those who are sexually active and at risk for transmitting or becoming infected with HIV.

² Tracy, S. “Mending the Soul.” Zondervan Publishers. 2005. Page 15.

³ The first six bullets points are taken from the following resource: Shanler, Heise, Stewart, and Weiss. “Sexual Abuse & Young Adult Reproductive Health.” IN Focus. September 1998. Available: <http://www.pathfind.org/pf/pubs/focus/IN%20FOCUS/sexabuseinfocus.html>

⁴ Youri, P. “Female adolescent health and sexuality in Kenyan secondary schools: a survey report.” Nairobi, Kenya: African Medical Research Foundation. 1994.

Say: According to the United Nations¹¹ Convention on the Right of the Child, a “right” is what any person, child or adult, is entitled to legally and morally. To be entitled means that these rights are given to each child or adult. They can claim these things freely – and no one should take them away. Nobody, not even parents, can violate the rights of a child.

Say: Nobody, not even parents, can violate the rights of a child. Do you agree with this statement?
Allow participants to respond.

Facilitator’s Note: Some participants may not believe that men, women, and children are equal, or deserve equal justice. Some may believe that men have rights that are more important than the rights of women and children. In cultures where there is a bride price or dowry for marriage, men may feel they are entitled to more privileges. The facilitator should reinforce that all people have rights, and we should not define the rights by the age or gender. Human rights are for all persons.

Say: Let us talk about the sexual rights of youth and children. These are the rights related to their sexuality that no adult, parent, or community member can take away. We are going to meet in small groups to define these rights. We also want to talk about our expectations for adults who work with children. What are the behaviors that demonstrate that they respect the sexual rights of children?



Do: Ask the participants to meet in small groups and make two lists.

List 1: Participants will make a list of the sexual rights of children and youth.

List 2: Participants will make a list that explains the behaviors that are expected by adults who work with children and youth. What adult behaviors demonstrate that they respect the sexual rights of children?

Do: Give each group 20 minutes to write down their ideas on flipchart paper. If groups are having trouble, give them a few examples from the list below.

Facilitator’s Note: For groups with low literacy, participants can draw pictures of the child rights and adult behaviors.

¹¹The United Nations (UN) is an international organization that works to facilitate international co-operation in international law, international security, economic development, social progress, and human rights. It was founded in 1945 by the signing of the United Nations Charter (constitution) by 50 countries.

Sample rights of youth and children

- The right to avoid unwanted pregnancy
- The right to refuse sex
- The right to protect yourself from the risk of disease
- The right to sexual maturity: not exposing children to sexual activities before they are ready
- The right to sexual enjoyment when the youth is mature and can make their own decisions

Sample responsibilities of adults who spend time with children

- Respecting a child or youth's right to say no
- Not coercing or using power, wealth, or strength to manipulate a child or youth
- Protecting the child or youth from people who might harm them

Do: Allow each group to share their list with the main group. (5 minutes each)

Say: Does everyone agree about the rights of a child and responsibilities of adults? Does anyone disagree?

Allow participants to respond.

Do: Share with participants any additional information that you gathered from the legal documents in Annex 3.

Exercise 2:4 Session Review

Goal: To reinforce key points from the discussion.

Description: Large group game

Time: 15 min

Do: Choose one volunteer to “play the drums.” Give participants a ball of paper to pass or throw between participants.

Do: Instruct the drummer to drum for a short time with his eyes closed and to stop suddenly. While the drumming is heard, tell the participants to pass the ball of paper as fast as they can. As soon as the volunteer stops drumming, the person with the ball must answer one review question from the facilitator. Repeat the exercise until all questions are answered.

Say: What is sexual abuse?

Response: Any sexual activity forced on another person of any age, by threats, force, or coercion.

Say: Name one common belief that is NOT true about sexual abuse.

Response: *The participant can share any of the incorrect beliefs from Exercise 2:2.*

Say: True or False? Most perpetrators of coercive sex are strangers.

Response: False. Most victims of coercive sex know the perpetrators. They are rarely strangers.

Say: True or False? It is the child's responsibility to say no and stop sexual abuse.

Response: False. It is the responsibility of the adults in the community to raise awareness of sexual abuse and stop it from happening to children.

Say: What is the difference between a perpetrator and a victim?

Response: A perpetrator is the person who abuses others. The victim is the person who is abused.

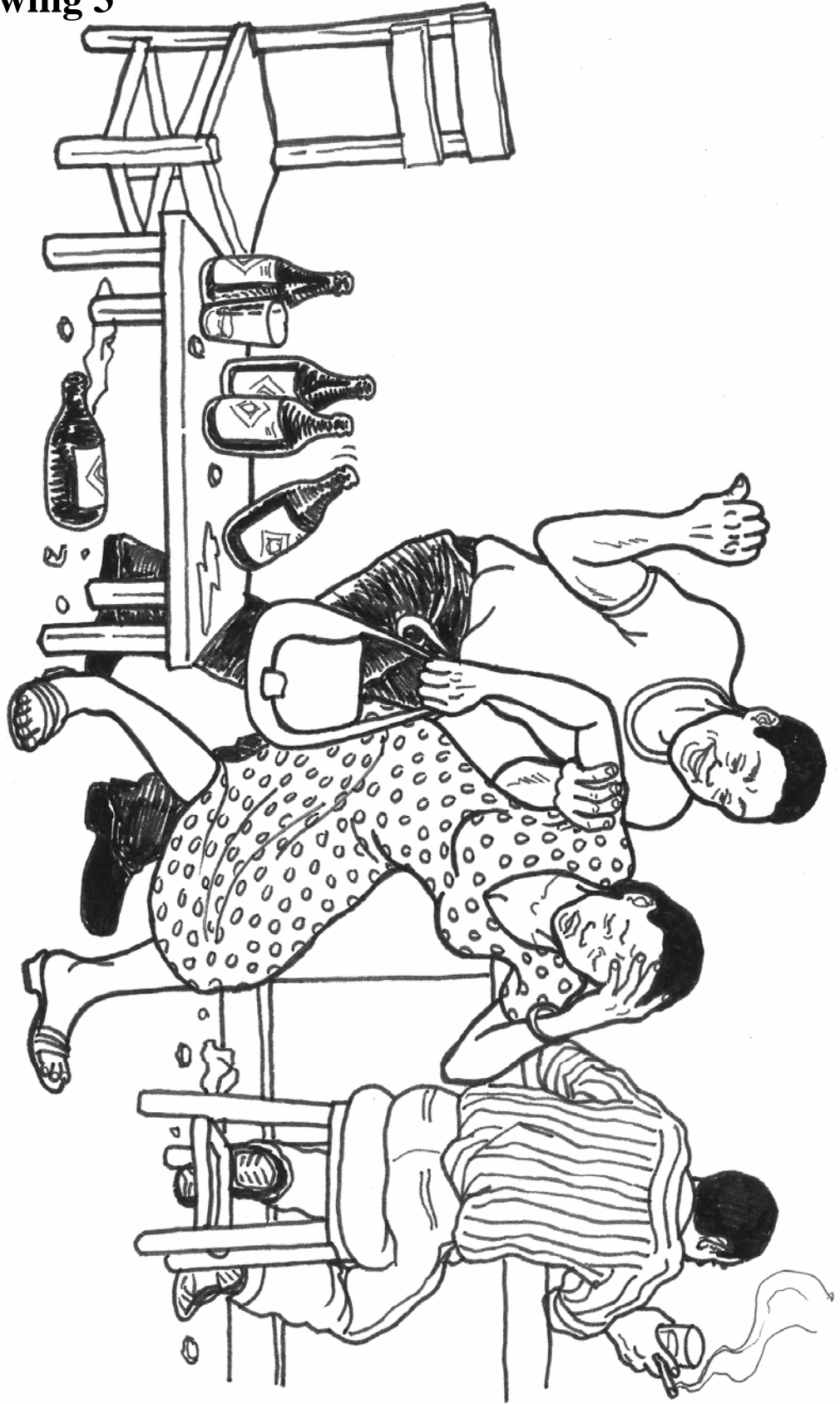
Drawing 1



Drawing 2



Drawing 3



Drawing 4



Session 3: Stories of Abuse

Session Length: 150 minutes (2 ½ hours)

Objectives:

- Participants will be able identify ways to counsel abused children and youth.
- Participants will be able to identify ways to refer abused children and youth.
- Participants will be able to identify ways to intervene when children report cases of sexual abuse.
- Participants will be able to identify consequences of sexual abuse.
- Participants will be able to name two reasons sexual abuse increases the risk of HIV infection.

Activities:

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| • Exercise 3:1 Story Discussion | 105 minutes |
| • Exercise 3:2 Consequences and Risks of Abuse | 30 minutes |
| • Exercise 3:2 Session Review | 15 minutes |

Stories:

- Story 1: Forced anal sex between boys
- Story 2: Rape by a caretaker
- Story 3: Sexual suggestions from a teacher
- Story 4: Youth using sex to obtain goods
- Story 5: Sexual touching by a caretaker
- Story 6: Rape by a stranger
- Story 7: Acquaintance rape with alcohol

Materials needed:

- Flipchart and markers (or chalkboard)
- Handouts 2 (Stories 1-7) – one story for each small group
- (Optional) Story Responses from this session – one for each participant or small group as appropriate.
- Handout 3 for each participant
- Matches for Session Review

Exercise 3:1 Story Discussion

Goal: To promote discussion and preparation for the development of a sexual abuse prevention program. This exercise will allow participants to consider current policies, brainstorm new policies, and work together to develop solutions for cases of sexual abuse.

Description: Small group discussion and presentation

Time: 105 minutes

Facilitator's Note: There are seven stories included in this curriculum. Choose the stories that are most relevant to your area. You may add stories that are relevant to participants in your region. Be sure to include discussion questions that ask for 1) the consequences of abuse, 2) the risks of HIV transmission, 3) the problems of keeping silent, and 4) prevention ideas for the future.

Say: We have already defined abuse, discussed common attitudes and beliefs, and defined the rights of children and youth. Now we will begin discussing the risks and consequences of abuse, as well as some ideas for abuse prevention.



Do: Divide the participants into small groups. Hand out one story sheet for each group. (See Participant Handouts 2: Stories 1-7) Ask participants to read the stories and answer the discussion questions.

Say: Some of the questions may be challenging. We have not talked about prevention methods or the consequences of abuse. The exercise will encourage you to develop your ideas. Answer all of the questions. You will have 45 minutes to work on this assignment.

Facilitator's Note: After the groups have completed their discussion, you will need to share the answers below with each group. Do not spend more than 45 minutes discussing the answers. Choose one of the options below.

- Trainings with two or three small groups: Ask each group to summarize their story, and read aloud their questions and answers (15 minutes for each group). Correct misunderstandings and add responses below that they do not mention.
- Trainings with more than three groups: Ask a spokesperson from each group to summarize the story and share what they found to be most challenging about this exercise. Ask this spokesperson to share the questions and answers of the underlined questions only. Allow group discussion. Then continue the session with Exercise 3:2.
- Another option for groups of all sizes: Give each group one copy of the questions and responses (as listed in the facilitator's guide) so they can check their answers.

Ask the groups if they have questions. Review aloud the questions and answers for the underlined questions for each story. Then move onto Exercise 3:2.

Story 1: Forced anal sex between boys

(See Handout 2: Story 1)

Thirteen-year-old **M** (replace with local boy's name) was visiting his aunt when an older boy from the neighborhood lured him to a secluded area and raped him; forcing him to have anal sex. Ashamed and afraid of the consequences of reporting the rape, **M** did not tell his parents. Every time he visited his aunt, this boy abused him. **M** developed painful anal sores and a sexually transmitted infection. Because of the pain, he finally told his brother who brought him to a hospital for treatment.¹²

1. **At first, **M** did not report the problem to his parents, family or teachers.**

Why not?

Response: He was ashamed, embarrassed and afraid of the consequences.

2. **Is anal sex a high or low risk activity for the transmission of HIV?**

Response: High risk. Anal sex (the insertion of the penis into the anal cavity) has a much higher risk of HIV transmission than vaginal sex. The anal canal is more likely to tear or bleed during intercourse. If one partner is infected, there is high risk for HIV transmission.

3. **What problems did **M** develop by keeping this problem silent?**

Response: The boy continued to abuse him. He developed painful sores and a sexually transmitted infection.

4. **Do you think **M**'s silence negatively affected the other boys in the neighborhood? If yes, how?**

Response: Because **M** did not tell anyone, the boy was able to continue abusing him. He may have been abusing other boys in the neighborhood too.

5. **What short and long-term consequences could **M** develop from this abuse?**

Emotional consequences:

He may suffer from low self-esteem, anxiety, feelings of powerlessness (lack of power or control), and deep sadness. He may blame himself for the rape and feel shame and guilt.

Social consequences:

He may have trouble concentrating at school and his schoolwork may suffer. He may be frightened of visiting his aunt. He may isolate himself from his friends, fearing that they will find out and make fun of him. Because of his feelings of powerlessness, he may try to gain power by sexually abusing others.

Physical consequences:

¹² Story adapted from Jaswal, S. "One Boy's Experience: Ashamed and Afraid." Family Health International. Vol. 23. Number 4. 2005. Available: http://www.fhi.org/en/RH/Pubs/Network/v23_4/index.htm

He has a risk of HIV infection and will need to get his STI treated. He may have difficulty sleeping and nightmares. The anxiety may cause him to develop digestive problems (i.e. constipation, diarrhea).

(Optional) Spiritual Consequences:

Abuse may cause M to doubt that God cares for him. He may feel that God has abandoned him and allowed these terrible things to happen.

Future relationship problems:

For many victims whose first sexual encounter was forced, they begin consensual sex earlier than their peers. M may also be more likely to engage in high-risk sexual activities in the future (sex without a condom, anal sex). This increases his risk of HIV infection. M may become a perpetrator of sexual abuse.

6. Are there people in our schools and neighborhoods where M could go for help?

Allow participants to respond.

7. How often does this type of abuse happen?

Allow participants to respond.

8. What can we do to prevent other boys from experiencing this type of sexual abuse?

Possible Responses: Educate boys and girls about the how to say no to sexual abuse. Educate boys and girls about the risks of sexual abuse – and warn them about going places with people whom they do not trust. Educate parents and community members about the signs of sexual abuse so they can counsel and report abuse when the first symptoms appear. Inform boys and girls about places where they can get counsel and medical treatment if they are abused. Educate youth about ways they can watch out for each other – to protect each other from this type of sexual abuse.



Story 2: Rape by a caretaker¹³

(See Handout 2: Story 2)

When J (replace with local girl's name) was 12, she married an older man with four wives. J did not know what to do with the man. He was the age of her grandfather. J's Auntie briefed her on how to please a man during sex, but she was confused and did not understand. Her new husband forced her to have sex with him. She tried to say no and refuse him, but he got angry and forced her.

She fled her husband's home and went to her Auntie. Her Auntie agreed that the man was very old and allowed J to stay in her home. Auntie's husband agreed to pay

¹³ Story adapted from an anonymous email. "I am Positive with HIV." HIV/AIDS Positive Stories. March 2005. Uganda. Available: <http://www.hivaidsworld.com.au/text/st260.html>.

school fees for her and J returned to school. When J turned 14, Auntie's husband began asking for sex. J had no interest in sex and knew it would be wrong to sleep with her Auntie's husband. One day Auntie's husband (her Uncle) raped her. J was too frightened to tell her Auntie. She was afraid her Auntie would send her away.

1. At what age was J first sexually abused?

Response: At the age of 12, her husband forced her to have sex. Although he had the right (as her husband) to have sex with her, he did not have the right to force her into sexual intercourse whenever he wanted – or at a time when she was not sexually mature for this kind of activity.

2. Did J have an obligation to do what her Uncle wanted because she was staying in his home?

Response: No. She has no obligation to have sex with her Uncle. As a caretaker, he does not have the right to force himself on her or to violate her human rights.

3. What short or long-term consequences could J develop from this abuse?

Emotional consequences:

She may feel anxiety, helplessness, and fear.

Social consequences:

She may have trouble concentrating at school. She may not be able to interact with her peers.

Physical consequences:

She is at risk for sexually transmitted infections (including HIV) and unwanted pregnancy. Repeated rape may cause physical damage to her genitals.

(Optional) Spiritual consequences:

She may feel abandoned by all the “father-figures” in her life, and this may cause her to doubt God's care and provision.

Future relationship problems:

J does not know how to have a healthy sexual relationship with a man.

She may engage in high-risk sexual activities and allow others to abuse her – thinking this behavior is normal and acceptable.

4. Do you think J's silence could negatively affect the girls in the Auntie's village?

Response: Yes. If J keeps silent, it is possible that her Uncle could abuse other children in the village.

5. If J came to you for help after her first interaction with her Uncle, what would you advise her to do?

Response: Add culturally appropriate responses. These might include words of comfort to the youth, advice on talking with her Auntie, or help in seeking a new place to stay.

6. How often does this type of abuse happen?

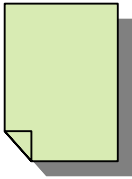
Allow participants to respond.

7. **Are there people in our schools and neighborhoods where J could go for help?**

Allow participants to respond.

8. **What can we do to prevent other girls from this type of sexual abuse?**

Possible Responses: Educate parents about the risks and consequences of early child marriage. Educate parents and community members about the signs of sexual abuse so they can counsel and report abuse when the first symptoms appear. Inform boys and girls about places where they can get counsel and medical treatment if they are abused. Locate safe houses (a place where an abused child or youth can go) when they are not safe sleeping at home.



Story 3: Sexual suggestions from a teacher

(See Handout 2: Story 3)

V (replace with local girl's name) is 16 years old. She lives far away from school and does not have enough money to take public transportation. Her parents arranged a ride with one of her teachers who lives nearby. Along with two other youth, the teacher drives V to school each day. Recently, the teacher has started to say strange things to her on the drive home. Once he has dropped off the other students, he says things like, "I'm tired. I need a bath. My wife has not been home. I need to be rubbed." V tells him that she does not like that kind of talk and has asked him to stop. She is afraid to tell her parents. V worries that if she says something, her parents might take action against the teacher and he might harm her. V also worries that she will not be able to finish her studies if she stops riding with the teacher.

1. **Does V have an obligation to have sex with her teacher if he asks her to?**

Response: No. She should not feel pressured to have sex with him just because she is dependant upon him for a ride. As a teacher, he does not have the right to abuse students by coercing them into sexual relationships for his pleasure.

2. **How do you think V's parents will respond if V tells them her teacher is saying such things?**

Allow participants to respond.

3. **What problems could V develop by keeping silent?**

Response: As she continues to spend time with him, her teacher may force her into sexual activities.

4. **How do you think V's silence could negatively affect the other youth at school?**

Response: It is possible that this teacher is abusing other youth at the school. If V keeps silent, this teacher could abuse many others before someone seeks help.

5. What short and long-term consequences could V develop from this attempted coercion?

Emotional consequences:

She may have a feeling of helplessness. She may feel anxiety and fear about being with this teacher or other teachers. She may fear that the man will hurt her.

Social consequences:

She may have trouble concentrating at school. She may not be able to interact with her friends and isolate herself.

Physical consequences:

Her anxiety may cause her to stop eating and lose weight.

(Optional) Spiritual consequences:

She may struggle with understanding why God would allow her teacher to act this way towards her.

Future relationships problems:

If her teacher continues to coerce her, V may allow others to abuse her in the future thinking that this behavior is normal and acceptable.

6. How often does this type of abuse happen?

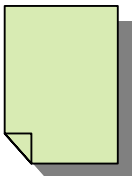
Allow participants to respond.

7. Are there people in our schools and neighborhoods where V could go for help?

Allow participants to respond.

8. What can we do to prevent other girls from this type of sexual abuse?

Possible Responses: Find safe transportation systems for youth who live far away from town. Help youth to start income generating projects to afford the costs of getting to and from school. Educate boys and girls about how to say no to sexual abuse. Educate parents and community members about the signs of sexual abuse so they can counsel and report abuse when the first symptoms appear. Inform boys and girls about places where they can get counsel and medical treatment if they are abused. Inform boys and girls how to talk to their parents about abuse.



Story 4: Youth using sex to obtain goods

(See Handout 2: Story 4)

S (replace with local girl's name) is 12 and lives in a rural village where there is very little to do. S knows that it is possible for her to earn money for her family by selling goods in the market, but she and her mother have worked out a different plan. They regularly visit the traditional healer. The traditional healer helps S to manipulate a wealthy man that lives in her neighborhood. By consulting the healer, S is able to have a transactional sex relationship with this man so she can support her family. Although her mother tells S that this is a wise choice, S is worried that this relationship will prevent her from marrying. She is unable to talk to her mother, since she knows that her mother financially depends upon this transactional relationship.

1. **Who is the perpetrator in this story?**
Response: S and her mother have asked a traditional healer to manipulate someone for their personal gain. S is being coerced by her mother to engage in transactional sex. Her mother is the perpetrator of sexual abuse for encouraging S to engage in transactional sex. The man is also a perpetrator of sexual abuse for agreeing to exchange sex for goods.

2. **Does transactional sex have a high or low risk for HIV transmission?**
Response: High Risk. A relationship with an older partner increases the chance of HIV infection. Older partners have more years of sexually activity. This increases the chances that they have already been exposed to HIV from previous partners. Though S may not have a choice in this relationship, using a condom correctly and consistently will help to lower her risk of HIV infection.

3. **What short and long-term problems could S develop if she continues to have sex with this man?**
Emotional consequences:
S may feel guilty about this choice and blame herself if something happens. She may feel powerless, anxious, and fearful.
Social consequences:
S may worry that the man's wife or family will find out. She may worry that others in the community will find out and shame her.
Physical consequences:
She is dependant upon this man for her finances and is more likely to engage in high-risk activities (dry sex, anal sex, sex without a condom) because she wants to keep the relationship. This increases her chances of future abuse, and sexually transmitted infections.
(Optional) Spiritual consequences:
S may blame God for not providing for her financial needs. This relationship may cause her to lose hope and understanding of the true value of sex within marriage (as God designed it). She may feel guilt about this relationship and feel that she is unable to reconcile with God.
Future relationship problems:
She may continue to use sex for economic reasons, and find it difficult to have a healthy sexual relationship with a long-term partner.

4. **Are there people in our schools and neighborhoods where S could go for counsel and advice?**
Allow participants to respond.

5. **How often does this type of abuse happen?**
Allow participants to respond.

6. **What can we do to prevent other girls from transactional sex relationships?**
Possible Responses: Educate parents, traditional healers, community members, and youth about the risks and consequences of transactional sex. Create job opportunities for youth, or income generating projects to prevent them from

transactional sex relationships. Inform youth about places where they can get counsel and medical treatment.

7. What can our community do to provide more economic activities for youth?

Allow participants to respond.



Story 5: Sexual touching by a caretaker¹⁴

(See Handout 2: Story 5)

N (replace with local girl's name) is thirteen years old. She works in the home of another family because of a debt owed by her parents. Every day she prepares breakfast for the family and begins her daily chores. She accompanies the family's children to school, then washes and irons their clothing. She washes the dishes, sweeps the floor, and gathers the water supply from the water depot.

After school, **N** picks up the children and brings them home. Then she prepares the evening meal for her family. By 8:00 p.m., she is tired and ready to go to sleep. Her bed is a sheet on the floor under the dinner table. If she is lucky, she will be free to sleep in peace, but often her Uncle (the name she gives her surrogate father) returns to her side late in the night and touches her private parts. **N** tries to tell her Aunt (her surrogate mother). She does not believe **N**, and beats her for telling "lies."

1. Does **N have an obligation to allow her Uncle to touch her since he is providing for her?**

Response: No. She is not obligated to let him touch her, because she is dependant upon him for food and housing. As her employer/caretaker, the Uncle does not have the right to abuse her or force her to do things for his pleasure.

2. What are the risks of HIV transmission (low risk, some risk, or high risk) for **N if her Uncle has penetrative sex with her?**

Response: High Risk: A relationship with an older partner increases the chance of infection. Older partners have more years of sexually activity. This increases the chances that they have already been exposed to HIV from previous partners. **N** is also at risk because of her age. Her sexual organs may not have fully developed. Forced sex with an older, larger man may increase the chances that she will tear or bleed during sex. If a condom is used, this would lower the risk of HIV transmission, but would still cause great harm to **N**.

3. What short and long-term consequences could develop if **N keeps silent?**

Emotional consequences:

She may feel anxiety, fear, and helplessness. She may fear physical abuse from her Aunt. She may have nightmares and trouble sleeping.

¹⁴ Story adapted from Andrews, B. "Life is Tough: Children in Domestic Labor in Haiti." The World & I Online. January 2004. Available: http://www.accessmylibrary.com/coms2/summary_0286-19905342_ITM

Social consequences:

She may have trouble concentrating and doing her work during the day. She may withdraw from others. N's silence may also allow her Uncle to abuse other children in the area.

Physical consequences:

Her Uncle will continue to touch her. Her Uncle may become more aggressive and force her into penetrative sex, which could result in unwanted pregnancy, and sexually transmitted infections, including HIV.

(Optional) Spiritual consequences:

It may be very hard for N to believe that God cares for her. She may doubt God and his provision for her needs.

Future relationship problems:

She may allow others to abuse her in the future, thinking that this behavior is normal and acceptable. She may have trouble maintaining a healthy sexual relationship when she grows older.

4. If you lived next door to the home where N worked and suspected that the caregivers were mistreating her, what would you do?

Response: It is the responsibility of adults to protect children. Ignoring the problem is not an option. If the child is too young to speak out, or cannot speak for himself for some other reason, it is the responsibility of influential adults to rescue them. Also, the closer the relationship of the abuser, the more damaging the consequences will be. Especially for young children, if the abuser is someone they know and trust, the damage will be much more severe than if it is from a stranger.

5. How often does this type of abuse happen?

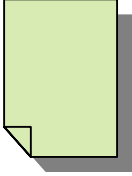
Allow participants to respond.

6. If N lived in your neighborhood, where could she go for help?

Allow participants to respond.

7. What can we do to prevent other girls from this type of sexual abuse?

Possible Responses: Educate parents about the risks and consequences of child labor. Educate community members about the signs of sexual abuse so they can counsel and report abuse when the first symptoms appear. Educate boys and girls about sexual abuse so that they understand that it is not normal or acceptable behavior. Inform boys and girls about places where they can get counsel and medical treatment if they are abused. Locate safe houses (a place where an abused child or youth can go) when they are not safe sleeping in their home.



Story 6: Rape by a stranger

(See Handout 2: Story 6)

Every week **T** (replace with local girl's name) goes to the field to fetch wood. She dresses in a traditional, conservative dress. One afternoon, someone attacks her while she is in the field and rapes her. She runs back towards home, leaving the wood on the path and meets an old woman there. She tells the woman what happened. The old woman is not supportive. She says to the girl, "What were you wearing?" "Why did you go to the field by yourself?" "Why didn't you scream?" "Are you sure you did not make any arrangements to see this man?" The girl feels shamed by the old woman and returns home. She never speaks about the incident again.

1. Do you think that **T deserved to be raped because she was alone in the field?**

Response: No one deserves to be raped. Even if a youth or child is alone, it is a violation of their human rights to force them into sexual activities for the pleasure of the perpetrator.

2. Why do you think the old woman in the story said these things to **T?**

Response: Many people (like the old woman) blame the child/youth for rape. The old woman does not understand that the girl did nothing wrong and was an innocent victim.

3. What short and long-term consequences could **T develop if she does not tell anyone else?**

Emotional consequences:

She may fear that her parents might find out that he is no longer a virgin and punish her – or that this act will prevent her from getting married. She may feel shame and guilt, low self-esteem, anxiety, and extreme sadness. She may have difficulty sleeping, have nightmares, or be unable to stop thinking about the rape. She may attempt suicide. Often victims blame themselves for the abuse, even though they had nothing to do with it.

Social consequences:

She may fear going to the field and leaving her home, which will affect her work in the house. She may withdraw from her peers because of distrust, anxiety and fear.

Physical consequences:

She has a risk of a sexually transmitted infection, including HIV. She may become pregnant. The trauma of the rape may cause her to develop physical problems, including digestive problems, headaches or other illnesses. She may also begin to abuse alcohol or drugs in an effort to forget the rape.

(Optional) Spiritual consequences:

T may feel that her future is ruined by this event. She may feel "dirty" by the rape, and feel that she is unable to go to religious meetings or approach God.

Future relationship problems:

Many victims whose first sexual activity was forced will begin consensual sex earlier than their peers. She may allow others to abuse her in the future, thinking that this behavior is normal and acceptable.

4. **Do you think T's silence could negatively affect the other youth in the community?**

Response: Yes. This man may attack other girls in the field.

5. **How often does this type of abuse happen?**

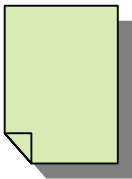
Allow participants to respond.

6. **What would you do if you met T on the path coming back from the field? What would you tell her to do?**

Response: Add culturally appropriate responses. These might include words of comfort to the youth, advice on seeking medical attention, and help in reporting the incident to the authorities.

7. **What can we do to prevent other girls from this type of sexual abuse?**

Possible Responses: Educate parents and community members about sexual abuse so they will respond appropriately to youth who come to them for help. Help community members develop plans to protect youth and children who work in the fields (i.e. by promoting youth to work in pairs, with an adult, or only between certain hours when others are present). Educate parents and community members about the signs of sexual abuse so they can counsel and report abuse when the first symptoms appear. Inform boys and girls about places where they can get counsel and medical treatment if they are abused.



Story 7: Acquaintance rape with alcohol

(See Handout 2: Story 7)

After a difficult exam, several youth from school go to a shop nearby to buy alcohol. One of the boys, **F (replace with local boy's name)** invites **R (replace with local girl's name)** to go with them. She does not usually drink alcohol, but decides to go with the boys. **F** buys several beers for **R** as they talk at a nearby table. **R** is nervous and drinks the alcohol that he has purchased for her. **R** has made many friends with boys at the school. She often wears very modern, sexy clothing. When they leave the bar, **R** is very drunk from all of the alcohol that **F** has purchased for her. Although **R** says no and tries to leave, **F** forces her to have sex with him.

1. **Do you think R deserved to be raped because she was drinking alcohol and wearing sexy clothing?**

Response: No. No one deserves to be raped even if they wear sexy clothing. **F** has no right to use alcohol to coerce **R** to have sex with him. **F** abused her by forcing her to have sex.

2. **If you were walking by the shop and noticed the girl struggling with F or trying to refuse him, what would you do?**

Response: Adults need to be active in protecting and watching out for youth who may be in danger. One thing someone could do is to ask the girl if she needs help. Add other culturally appropriate responses.

3. What are the risks of HIV transmission (low risk, some risk or high risk) for victims of rape?

Response: Female rape victims have a high risk of sexually transmitted infections, including HIV. Since the female victim is not usually sexually stimulated or aroused by forced intercourse, her vaginal canal may be dry and more likely to tear during penetration, increasing the chances of HIV transmission.¹⁵ The risks are lower only if a condom is used, which is rare in situations of rape.

4. What problems could R develop if she keeps silent?

Emotional consequences:

She may feel anxiety, fear, helplessness, and sadness. She may not be able to stop thinking about the rape. She may blame herself for the rape, even though it was not her fault. She may also fear that losing her virginity will keep her from marriage or cause people to talk about her.

Social consequences:

She may be frightened of leaving the safety of friends. She may fear seeing this boy and his friends at school. She may be unable to concentrate at school, especially if the boy is in her class.

Physical consequences:

There is a risk of getting a sexually transmitted infection, including HIV. She may become pregnant. She may have trouble sleeping and have nightmares.

(Optional) Spiritual consequences:

She may feel distant from God. She may blame herself thinking that it was her fault, or falsely believe that God is punishing her for something.

Future relationship problems:

This boy and his friends may continue to abuse R. Many victims whose first sexual activity was forced will begin consensual sex earlier than their peers. She is also more likely to engage in high-risk sexual activities (sex without a condom, anal sex, sex in combination with drugs or alcohol) than those who have not been sexually abused. She may allow others to abuse her in the future thinking that this behavior is normal and acceptable. She may have difficulty experiencing a healthy sexual relationship with a long-term partner.

5. How do you think R's silence could affect the other youth at the school?

Response: This boy may continue sexually abusing R or other girls at the school. If no one knows what he has done, he may continue raping others.

6. How often does this type of abuse happen?

Allow participants to respond.

7. Are there people in our schools and neighborhoods where R could go for help?

Allow participants to respond.

¹⁵ Women and girls are not always aroused during coerced sex, rape, or even when touched by a perpetrator. However, it is possible to become aroused or stimulated under these conditions. Women and girls should not feel guilty or ashamed if this occurs; it does not mean that they desired the behavior, nor does it mean that they are guilty of any wrongdoing.

7. What can we do to prevent other girls from this type of sexual abuse?

Possible Responses: Educate youth about the risks of sexual abuse – and warn them about going places with people whom they do not trust. Educate vendors, parents, and community members about sexual abuse so they can stop abuse before it happens.

Exercise 3:2 Consequences and Risks of Abuse

Goal: To reinforce the risks and consequences of sexual abuse.

Description: Small group activity

Time: 30 min

Say: We have discussed some of the risks of sexual abuse. This handout will give you more details about nonconsensual sex and HIV.

Facilitator’s Note: This training assumes that the participants have a basic knowledge of HIV/AIDS and its transmission. If you find that participants need more information, or do not know the basic facts of HIV infection, review Annex 4 and 5 with them. Annex 5 helps to explain high-risk sexual activities.

Do: Give each participant Handout 3: *Sexual Abuse and HIV* and review the main points below.

Say: (Overview of Handout 3) Children and youth who have been coerced or forced into sexual activities have a higher risk of HIV infection compared to children or youth who have NOT been coerced or forced. Why do you think this is true?

Add any of the following points that the participants do not mention.

- During forced sex, a condom is rarely used – allowing HIV transmission if one of the partners is infected.
- During forced sex, the vaginal canal is often dry (if the female is not aroused). This increases the chances of tears and bleeding – allowing HIV transmission if one of the partners is infected.
- During forced sex, if the child or youth is not full-grown and the perpetrator is an adult, this increases the chances of tears in the vaginal or anal canal (because they are much smaller than an adult) – allowing HIV transmission if one of the partners is infected.
- If the perpetrator is an older adult, he/she will have had more sexual partners than the victim. The more sexual partners one has had, the greater the possibility that he/she has already been exposed to HIV.

- Studies have shown that youth who have been abused, are more likely to start consensual sex earlier than their peers. Again, the more partners that they have, the more likely they will be exposed to HIV.
- Studies have also shown that youth who have been abused, are more likely to participate in other high-risk sexual activities (sex without a condom, anal sex, etc.) than their peers who have not been abused. These high-risk sexual activities increase the chances of getting HIV if one partner is infected.

Say: We discussed some of the long and short-term consequences of sexual abuse. We know that it abuse can cause emotional, social, physical, and spiritual damage. Abuse can also affect how children and youth interact with friends, family, and future partners.

We also know that very few youth tell someone when they have been sexually abused. Some youth may be too frightened to speak, some youth may feel too ashamed, and some may not know who to talk to. Sometimes, youth are silenced by their abusers, or other family members who want to protect the perpetrator.¹⁶

If we see abuse, we need to be ready to speak out immediately.

Say:

- The longer the abuse continues the more emotional, social and physical damage it causes for a child or youth.
- The longer the abuse continues the more likely the type of sexual activity will become more intimate and abusive. What may have started as simple touching may become penetrative and violent as time passes.

¹⁶Optional Biblical reference: **Say:** In the Old Testament there is a King whose daughter is raped by one of his sons. Who is this King? What does he do to protect and comfort his daughter?

Do: Allow group discussion. If the participants do not know the story, ask someone to read the following passages (2 Samuel 13:1-14, 20-21).

Response: King David did nothing to protect Tamar. He was angered (v 21) by the rape, but did not take action. He protected his son, Amnon, and left his daughter Tamar desolate.

Say: Just a few chapters earlier, we read the story of David and Bathsheba. Here again, David tries to cover up the truth of his sexual relationship with Uriah's wife. Nathan however, confronted David (2 Samuel 12: 1-15) about his actions.

If we see abuse, we need to ready to speak out immediately. Proverbs 31:8 says, "Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy."

- The longer the abuse continues the harder it will be for the victim to confide in someone.

Say: Does anyone have any questions about Handout 3?

Say: We have talked a lot about the consequences of sexual abuse for the victim. Are there risks and consequences for the perpetrators of sexual abuse?

Allow participants to respond.

Response: Add any of the following points that participants do not mention.

Consequences for the Perpetrator

Emotional consequences:

Many perpetrators do not feel empathy for others. They do not understand or believe there are any real consequences of their actions. They may blame the victim for the abuse.

Social consequences:

They may have trouble interacting with others because they believe they are entitled to great things and do not consider the feelings or thoughts of others. Sexual perpetrators have an increased risk of perpetrating again. If caught, perpetrators may be prosecuted, imprisoned, or even executed, according to local laws and customs.

Physical consequences:

The perpetrator is also at risk of obtaining HIV, as well as other sexually transmitted infections. If they are married or in a committed relationship with someone, it is likely that they will pass HIV to their spouse.

(Optional) Spiritual consequences:

Perpetrators may feel that their lives are out of control and that they are far from God. They may not understand how to make things right. They may never understand what a healthy sexual relationship was meant to be (in God's design of marriage).

Relationship problems:

Perpetrators often do not take responsibility for their actions and blame others and other circumstances for their faults or problems.

Do: Refer participants to the back of Handout 4 for additional warning signs of abusers/perpetrators.

Say: As we consider how to address the needs of the victim, we also need to find appropriate ways to confront the perpetrators of sexual abuse. They may be our friends and neighbors. They may also be carriers of HIV.¹⁷ We will not specifically discuss this in our training, but I encourage those of you who start prevention programs to develop your own guidelines for confronting perpetrators of abuse.

¹⁷ If participants are interested in finding out more about this topic, see this website for a brochure (in English) that discusses talking to adults about their behavior with youth.
<http://www.stopitnow.com/downloads/LetsTalk.pdf>

Exercise 3:3 Session Review

Goal: To reinforce key points from the discussion.

Description: Large group discussion

Time: 15 minutes

Do: Have participants sit or stand together in a circle. Light a match and ask the participants to pass it around the circle. The person holding the match when it goes out, must answer a review question below. Repeat the exercise (with a new match) until all the questions are answered.

Say: Name two reasons why sexual abuse increases the risk of HIV infection.

Response: *See the Handout 3 or the discussion notes above.*

Say: Name three emotional consequences (feelings) that an abuse victim may feel.

Response: guilt, anxiety, depression, worthlessness, low-self esteem, fear

Say: True or False? Anal sex is a low-risk sexual activity for HIV transmission.

Response: False. Anal sex (the insertion of the penis into the anal cavity) has a much higher risk of HIV transmission than vaginal sex. The anal canal is more likely to tear or bleed during intercourse. If one partner is infected there is high risk for HIV transmission.

Say: True or False? There are no long-term consequences of sexual abuse.

Response: False. Even if abuse happens only one time, the victim may suffer the consequences of this abuse for years to come. Sexual abuse has both short and long-term consequences.

Say: True or False? Victims of sexual abuse are LESS likely to participate in high-risk sexual activities in the future.

Response: False. Victims of sexual abuse are MORE likely to participate in high-risk sexual activities in the future. Some of these activities include having multiple sexual partners, having sex without a condom, dry sex, anal sex, or using drugs and alcohol in combination with sex.

Session 4: Sexual Abuse Prevalence and Signs

Session Length: 90 minutes (1¼ hours)

Objectives:

- Participants will be able to identify prevalence rates of sexual abuse in the region.
- Participants will be able to name three causes of sexual abuse in their region.
- Participants will be able to list emotional, behavioral, and physical signs of sexual abuse.

Activities:

- | | |
|---|------------|
| • Exercise 4:1 Country and Regional Information | 20 minutes |
| • Exercise 4:2 Causes of Sexual Abuse | 30 minutes |
| • Exercise 4:3 Signs of Sexual Abuse | 30 minutes |
| • Exercise 4:4 Session Review | 10 minutes |

Materials needed:

- Prior to this meeting, collect local statistics of abuse from the Ministry of Health and/or local clinics and/or abuse centers in the region. Supplement this with the ABY KPC¹⁸ data from your region.
- Handout 4 for each participant

Facilitator's Note: Have you been using energizers and games to keep participants energized? Refer to Annex 1 for ideas.

¹⁸ KPC stands for the Knowledge, Practice and Coverage surveys that are part of the ABY program.

Exercise 4:1 Country and Regional Information

Goal: To inform participants about the prevalence of sexual abuse in the region.

Description: Presentation by the facilitator

Time: 20 minutes

Do: Share information and prevalence data that you have gathered from local resources (Ministry of Health, local counseling centers, health clinics, etc.). Supplement this information with the statistics from the ABY KPC¹⁹ surveys.

Remind participants that many people do not report sexual abuse. Therefore, the statistics are underreported – meaning that sexual abuse happens more frequently than these surveys show.

Exercise 4:2 Causes of Sexual Abuse

Goal: To identify things that cause (or allow) abuse to continue.

Description: Discussion in pairs, followed by large group discussion

Time: 30 minutes

Say: In order to stop sexual abuse in our community, we need to consider the reasons why it happens.



Do: Ask participants to discuss the following question with the participant sitting next to them. They have 5 minutes to answer the question.

Say: What are some of the things that CAUSE sexual abuse (or allow abuse to happen)? Why do people coerce or force others like this?

Do: Ask several participants to share their response. Write their responses on flipchart paper for the others to see. Mention any of the points below that participants do not mention.

¹⁹ KPC stands for the Knowledge, Practice and Coverage surveys that are part of the ABY program.

Things that allow abuse to continue...

Poverty

- Poverty may cause some people to sell (or trade) their sexuality.
- Poverty may force children to work for others or be on the street where they are more vulnerable to abuse.

Lack of Education

- Youth may not know the risks and consequences of their sexuality and desire the immediate results of money or goods (transactional sex). This allows others to abuse them.
- Children and youth may not know where to go for help. This leaves them vulnerable to future abuse.
- Adults who see abuse may not understand the importance of stopping it. This allows abuse to continue.
- Adults who abuse youth and children may not realize the consequences of their actions. They continue to abuse others.
- Many girls do not know or understand that they have a right to refuse sex. They may think that nonconsensual sex is normal and acceptable.

Gender Inequality

- Female children and youth may be dependent upon men for survival and may have little or no choice to refuse sex. They may not even understand that they have a choice.
- A girl may know that if she tries to refuse sex with a boyfriend he will hit her or rape her. She may consent to sex to avoid physical abuse/violence.

Poor Justice Systems

- Poor justice systems allow perpetrators to continue abusing others without punishment.

Power

- Men may feel that they are more masculine or strong if they control others through sex. Some men may feel that controlling women is a sign of masculinity.
- Some men feel entitled to have sex and will not take no for an answer.
- In times of insecurity or war, rape is often used as a weapon.

Drugs and Alcohol

- Youth who use drugs and alcohol are more easily abused. They are unable to refuse sex or easily coerced into sexual activities. This allows abuse to continue.

Say: As we make sexual abuse prevention plans, we need to consider the things that cause abuse, or allow it to continue. If we do not work on the things that cause abuse, we will not be able to stop abuse from happening.

Next, we will talk about the signs that should alert us that something is wrong.

Exercise 4:3 Signs of Sexual Abuse

Goal: To teach participants the warning signs of sexual abuse.

Description: Large group discussion

Time: 30 minutes

Say: Earlier in our training, we discussed that many victims do not tell others about sexual abuse. They may be too frightened, they may feel it was their fault, or they may be too young to know how to talk about what they are feeling. As adults, we need to be aware of the signs of abuse, so that we can initiate conversations with children and youth to protect them from harm.

Do: Pass out Handout 4: *Signs of Sexual Abuse* and review the main points below.

(Overview of Handout 4)

Say: Because of the trauma of sexual abuse, a child (under 12 years of age) may react with a sudden change in behavior. Here are some behavior changes that should alert you that something is wrong.

- A sudden decline in chores or school work
- Withdrawal from friends and family
- Loss of concentration
- Destructiveness with toys and possessions
- Difficulty sleeping and/or nightmares
- Over- and under-eating and sudden weight gain or loss
- Wetting or soiling themselves in the day or night
- Washing too often, or not at all
- Reluctance to change clothes

Other warning signs include the sudden increase in knowledge or interest in sexual activities – activities that are not appropriate for a child of this age. Here are some warning signs for children (under 12 years of age).

- Inappropriate sexual play with friends
- Child may begin to confuse sex with affection and inappropriately touch or talk to others
- Increased touching of genitals (masturbation)

A child (under 12 years of age) may not talk about the abuse, but you may see emotional signs that show that the child is struggling.

- Sudden anger and violence towards others

- Poor self-esteem – saying things like, “I hate myself,” or “I wish I was dead.”
- Loss of interest in their favorite activities.
- Return to childlike behaviors (for example, thumb-sucking)

There are physical signs that should also alert you that a child may have been sexually abused.

- Unexplained bruises, redness or bleeding of the child’s genitals, anus, or mouth
- Pain or itching at the genitals, anus, or mouth
- Genital sores or milky fluids in the genital area
- Frequent urinary tract or vaginal infections
- A sudden start of pain when urinating
- Partial or complete loss of bowel control

Children and youth 13 years of age and older may show some of the same symptoms as younger children.

- Sudden change in daily routines or behaviors
- A sudden decline in their chores or school work
- A drastic change in appearance (clothing, hairstyle, makeup)
- Over- and under-eating and sudden weight gain or loss
- Deep sadness and loss of interest in things
- Sense of hopelessness
- Increased anger and irritability
- Withdrawal from friends and family
- Difficulty sleeping and/or nightmares

They may also show more severe changes in their behavior.

- Sudden start of behavior problems, such as drug use, lying, stealing, or running away
- Self-mutilation or cutting of one’s body
- Youth may attempt to kill themselves
- Dressing in sexy clothing

Youth may also avoid things that might remind them of the abuse.

- Fear or avoidance of certain people or places
- Avoidance of people of the opposite sex, or same sex as the abuser

Not all children and youth will show outward signs of sexual abuse - especially youth who engage in a transactional sex relationship, or youth who internalize their pain and pretend that nothing has happened. If you suspect abuse, even if there are no obvious signs, talk to the child or youth to make sure.

It is important to remember that children and youth are growing and changing – some changes in behavior are normal. If a child or youth has one or two of these symptoms, this does not necessarily mean that they were sexually abused. However, it does show that the child or youth is experiencing grief or stress. Talk to them to find out why.

Say: Does anyone have questions about Handout 4?

Say: During this training, we will develop a plan of action so that you have steps that to follow if someone comes to you with a case of abuse. You may refer the youth to a clinic, a school counselor, or a religious leader, but you still need the skills to talk to youth or children in case they come to you first! In the next session, we will learn the basics of good listening skills that are important to counseling children and youth.

Exercise 4:4 Session Review

Goal: To reinforce key points from the discussion.

Description: Large group activity

Time: 10 minutes

Do: Explain to the group that they must follow instructions from “Simon.” If the facilitator does not begin the instructions with the words “Simon says,” then the group should not follow the instructions! The facilitator begins by saying something like, “Simon says clap your hands,” while clapping his/her hands. The participants follow. The facilitator speeds up the actions, always saying, “Simon says” first. After a few phrases, the facilitator omits saying “Simon says.” (Ex. “Simon says, Jump up and down. Sit down.”) The first participant who follows the instructions when the facilitator omits “Simon says” must answer one of the session review questions. Once they have answered the first question, this participant takes on the role of the facilitator and gives instructions to the other participants. The next participant to follow instructions when the facilitator omits “Simon says,” must answer the next review question. Continue the game until all questions have been answered, or until there is only one person standing.

Say: Name two things that cause abuse (or allow abuse to continue).

Response: *See the notes from Exercise 4:2.*

Say: Name two (other) things that cause abuse (or allow abuse to continue).

Response: *See the notes from Exercise 4:2.*

Say: Name two physical signs that should alert a parent that their child may have been sexually abused.

Response: *See the notes from Exercise 4:3 or Handout 4.*

Say: List three behavioral warning signs for sexual abuse. (New behaviors that a child or youth might begin after sexual abuse.)

Response: *See the Handout 4 or the discussion notes from Exercise 4:3.*

Say: True or False? If a child displays any two of the warning signs listed on Handout 4, the child has been sexually abused.

Response: False. Children are growing and changing – some changes in behavior are normal. If a child has two of these symptoms, this does not necessarily mean that they were sexually abused. However, it does show that the child or youth is experiencing intense grief or stress. Talk to the child to find out why.

Session 5: Counseling Skills

Session Length: 185 minutes (3 - 3 ½ hours)

Objectives:

- Participants will learn effective guidelines to use when talking to children and youth about sexual abuse.
- Participants will learn the principles of good listening skills.
- Participants will practice good listening skills with a partner.

Activities:

- | | |
|---|------------|
| • Exercise 5:1 Good Listening Skills | 45 minutes |
| • Exercise 5:2 Practicing the OARS | 30 minutes |
| • Exercise 5:3 Guidelines to Counseling | 30 minutes |
| • (Exercise 5:4 Optional Practice) | 70 minutes |
| • Exercise 5:5 Session Review | 10 minutes |

Materials needed:

- Small pieces of paper and tape for each participant
- Three large pieces of flipchart paper and markers
- Stories from Session 3 for Optional Practice Exercise 5:4

Exercise 5:1 Good Listening Skills

Goal: To gain skills in reflective listening for youth counseling.

Description: Presentation by facilitator

Time: 45 minutes

Say: When counseling others, the first thing we must do is LISTEN. There will be time to fix the problem later. First, we need to let the youth or child speak what is on their mind. A good way to remember good listening techniques is to use the word OARS. Each letter in the word, OARS, reminds us of a different technique for good listening.²⁰

Facilitator's Note: If OARS is not an easy word to remember, find a common word, song, or saying in the local language to help participants to remember the four techniques (**O**pen-ended questions, **A**ffirmations, **R**eflections and **S**ummarizing).

Say: The first letter is "O," which reminds us to use open-ended questions. What are open-ended questions?

Response: An open-ended question is a question that does not have a simple yes or no answer. Open-ended questions invite a long response.

Say: A question with a yes or no answer is a closed question. When counseling youth, you want the youth to tell you the whole story. Open-ended questions encourage long answers. We will try a few questions for practice.

Do: Read the questions below asking participants to identify closed questions and open-ended questions.

- Did the woman tell you her name? **Response:** closed question
- Why did you leave the house? **Response:** open-ended question
- What happened next? **Response:** open-ended question
- Do you need to see a doctor? **Response:** closed question
- How are you feeling? **Response:** open-ended question
- Will you see him tomorrow at school? **Response:** closed question
- What are the reasons that you want to continue this relationship? **Response:** open-ended question

²⁰ The OARS is a reflective listening technique developed by Dr. William Miller and Dr. Stephen Rollnick outlined in their Motivational Interviewing literature. See <http://mi.fhi.net/> for more information on this technique and how FH has adapted it for HIV Prevention.

Say: Using open-ended questions when counseling a child or youth helps to clarify the events in the story. Asking yes or no questions discourages the child/youth from telling you the full story.

Be very careful when using “why” questions. Although they are open-ended questions, they may sound accusatory. It is important not to blame the victim or make them feel that the abuse was their fault.

Say: The second letter is “A,” which reminds us to use affirmations. What are affirmations?

Response: An affirmation is a compliment. It praises positive behavior and supports the person as they talk about difficult things.

Say: What can you say to affirm an abused child?

Response: Praise the youth or child for sharing their story and coming to you for help. Praise the youth or child for the positive actions. Example: “That was very smart of you to scream for help,” or “That situation must have been very painful for you, but you have kept very strong.”

Say: The third letter in OARS is “R,” which reminds us to use reflections. What is a reflection?
Allow participants to respond.

Say: A reflection is a statement that repeats or mirrors what the person has already said using different words. Reflections can start with the phrases, “In other words...” or “What I hear you saying is...” Using reflections when counseling a child or youth confirms what the child/youth has said, and encourages the child or youth to continue telling the story.

Say: The last letter in OARS is “S,” which reminds us to use summary statements.

Say: What is the difference between a summary statement and a reflection?

Response: A summary statement restates everything that was said. It is used at the end of a discussion or story. A reflection is used more frequently, after every few sentences.

Say: It is helpful to use a summary statement after you have heard the child’s story. Here is an example: “You are feeling a lot of pressure to have sex with this man. He offers you money for nice clothes, to pay your school fees, and for other things that you want.”

Your parents will not object. You don't want to do it, but you feel trapped."

Say: Using summary statements confirms what the victim has shared with you. It also allows you to move onto the next step, the action plan. This involves referring the youth to someone designated to professionally counsel or follow-up with the needs of the child or youth. We will talk about this more in Session 6.

Facilitator's Note: Remind the participants that these skills will not prepare them to work professionally with children or youth who have been abused. These are very basic techniques to help adults talk more effectively with youth. Later in the training, participants will work to form an effective plan of action where they will refer children or youth to designated counselors or medical personnel who can deal specifically with their needs.

Do: Review the OARS with the participants. Make sure that they understand what they mean, and can give an example of each one.

Exercise 5:2 Reflection Practice

Goal: To allow participants to practice using reflections in conversation.

Description: A small group exercise

Time: 30 minutes

Say: Asking questions (O), giving affirmations (A) and summarizing(S) are things that we probably use in our everyday language. However, learning to use reflections (R) effectively can be challenging. We will try a short exercise to give you some practice.

Do: Show or read the three questions in the box below.

- 1) One thing I really like about myself is _____.
- 2) One thing you should know about me is that I am _____.
- 3) One thing I wish I could change about myself is _____.

Say: Each of you should answer these three questions with one word or a short phrase. The answer to these questions cannot be a description of your physical appearance (like height or body shape). It must be something that others cannot see with their eyes. It should be a quality or personality trait. For example:
"One thing I really like about myself is that I am persistent."
"One thing you should know about me is that I am energetic."

"One thing I wish I could change about myself is my lack of courage."

Say: I will divide you into groups of three. One person will begin by reading their first statement. The others must find out more information about this statement but can only use reflections. No questions allowed! The two listeners can work together giving reflections. Each person must use at least five reflections. The speaker must remember not to give too much information at one time. Say one or two sentences and pause, allowing the listeners to respond. Once each listener has used five reflections, move to the next participant who will share one of their statements. I will give you an example so that you understand...

Do: Model this activity in front of the participants. Ask a volunteer to share one of their statements. Respond with reflections. This will encourage the participant to tell you more information. After using five reflections, ask the participants if they have any more questions. Divide the participants into groups of three. They have 20 minutes to complete this exercise.

Say: Did you find this exercise difficult? If so, why?
Allow participants to respond.

Say: How did the "speakers" feel receiving only reflections?
Allow participants to respond.

Say: Why are reflections important for good listening?

Response: They encourage the "speaker" to talk freely about themselves and their feelings.

Say: Why is this important for counseling children and youth?

Response: It helps to confirm what the child/youth has shared, and encourages them to give more information.

Say: Good listening and counseling skills require a lot of practice. It may seem strange at first, but it will become easier as you practice. Try using the OARS with your family and friends so that you will become more comfortable with these techniques.

We have discussed some simple listening skills. Let us talk more about how you should respond if a youth or child comes to you with questions about sexual abuse.

Exercise 5:3 Guidelines to Counseling Abused Youth

Goal:	To learn the basic guidelines for talking about abuse with children and youth.
Description:	Large group activity
Time:	30 minutes

Say: First, we need to set a few guidelines for talking with youth and children. Let us begin with answering Where, When, and How. I would like to hear your thoughts first.

Do: Give each participant a small piece of paper and a piece of tape. Count off all participants by the number three.

Persons with number one: Each participant will write one suggestion about WHERE you should talk to youth and children who come to you with a question about sexual abuse.

Persons with number two: Each participant will write one suggestion about WHEN it is appropriate to talk to youth and children about sexual abuse.

Persons with number three: Each participant will write one suggestion about HOW you should talk to children and youth who are sexually abused.

Do: Post three large pieces of flipchart paper on the wall. On the top of the first piece of paper write “WHERE,” on the top of the second piece write “WHEN,” and write “HOW” on the top of the last sheet of paper. Ask each participant to tape his or her suggestion on the appropriate piece of flipchart paper.

Do: Ask each participant to share what they posted. Add any of the following points that participants did not mention. (Overview of Handout 5)

Where:

- Talk to the child/youth in a quiet place where no one can interrupt.
- Talk to the child/youth in a place where they feel “safe” and do not have to worry about others listening to the conversation.

When:

- Talk to youth before abuse happens. Raise awareness of children and youth about the problem of sexual abuse. Teach them to identify the difference between healthy affection and inappropriate touch. Teach them their right to say no to sex. Teach them the consequences and risks of coercive and nonconsensual sex. Give them information about where to report abuse or seek help.
- Talk to the youth immediately when you see symptoms of sexual abuse.
- Talk to the youth immediately if they come to you reporting sexual abuse.
- Talk to the youth a few days after they report abuse to you. Continue to talk to them to make sure they are safe and recovering.

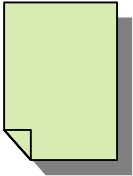
How:

- Respond in a normal tone of voice. Be calm and relaxed. Children will wait to see how you respond before they tell you the full story.

- Be a good listener – use the OARS to gather information.
- Do not pressure them to reveal all the details if they are hesitant or slow. Do not put words in their mouth if they are having difficulty verbalizing the details. This is their story and the words must be their own.
- Use nonverbal communication. Use culturally appropriate ways to show that you are listening. Examples are: eye contact, nodding your head, showing the child/youth with your voice and body that you are listening.
- Affirm the child/youth that you hear and understand their concerns.
- Tell the child/youth that it is good that they decided to talk to you about their concerns. Let them know that you will be there to listen to them in the future.
- Do not blame the youth/child for what has happened. Use assuring responses such as: “It’s not your fault.” “Nobody is mad at you.” “This is a very bad thing, but we will work together to solve this problem.”
- Do not tell others about the abuse. Talk only to the designated mediator or counselor whom you have identified to follow-up on the abuse.
- If the child or youth is having trouble explaining what happened to them, encourage them to draw pictures, or use dolls or puppets to explain the story and express their feelings.

What to do:

- Take action: report the case of abuse to the authority you have identified during this training.
- If you feel that the safety of the youth/child is in danger, find a solution that will prevent the youth from continued abuse.
- Help the child/youth get immediate medical help for any physical injuries or potential infections that may have resulted from the abuse. If there is a risk of HIV infection, antiretroviral (ARV) therapy must begin within 72 hours.



Do: Give each participant a copy of Handout 5: *Guidelines to Speaking to Abused Children and Youth*. Encourage participants to add to the handout other important points mentioned by the participants.²¹

Say: Does anyone have questions about Handout 5?

²¹ (Optional Faith Discussion) **Say:** How should the faith-based community respond to sexual abuse? What type of activities can restore and heal the spiritual consequences of abuse?

Do: Allow participants to respond with practical examples. Write these ideas on a flipchart for all participants to view.

Say: Sexually abused children and youth may experience guilt and shame. This is false guilt! The child or youth should never be blamed. Youth who have partially chosen the relationship, such as youth involved in transactional sex, may experience real guilt about the choices they have made. They need to be assured of God’s forgiveness (Mark 11:25). Show compassion and care to those who have been abused. Help to restore their spiritual relationship to God.

Exercise 5:4 (Optional) Additional Practice

Goal: To give participants more opportunity to apply the skills they have learned.

Description: Small group activity

Time: 70 minutes

Do: Divide the participants into small groups of three people each. Give each group one of the stories from Session 3. Copy the directions below onto a flipchart so that participants can refer to it during the exercise.

Person 1: Pretend to be the child or youth in the given story.

Today, you have come to a counselor seeking help.

Person 2: Pretend to be a community counselor. Talk to the youth using the OARS technique. Follow the guidelines from Handout 5.

Person 3: Listen and observe the interaction between the counselor and the youth. Record the number of Open Questions, Affirmations, Reflections, and Summarizing statements that the counselor uses. Make sure that they follow the guidelines from Handout 5. After 15 minutes, stop the discussion.

After the discussion: Person 3 should give helpful feedback to the "counselor" about the use of the OARS and guidelines from Handout 5. (5 minutes). Then each person should change roles so that everyone has a turn being a counselor, a youth, and an observer.

Do: After one hour, call the group back together and answer the following questions.

Say: Were you able to use the OARS effectively?

Allow participants to respond.

Say: How did the counselors do?

Allow participants to respond.

Say: Will this help you to speak with children and youth?

Allow participants to respond.

Say: Next, we will play a short game to review the material from the last two sessions!

Exercise 5:5 Session Review

Goal: To reinforce key points from the discussion.

Description: Small group activity

Time: 10 minutes

Do: Ask the participants to count off by numbers starting with number 1. The first participant says, “One,” the second participant says, “Two,” etc. Participants who have a number that is a multiple of five (5, 10, 15, etc.) must say “tomato” when it comes to their turn. If the participant forgets or says their number instead, they must answer one of the following review questions.

Repeat the game until all of the review questions are answered.

Say: What do the letters O A R S stand for?

Response: Open-ended questions, Affirmations, Reflections, and Summarizing statements.

Say: Give one affirmation to the participant sitting next to you.

Response: *The participant should respond with a praise or compliment.*

Say: HOW you should talk to a youth or child when they come to you reporting sexual abuse? List three things.

Response: *See the Handout 5 or the discussion notes from Exercise 5:3.*

Say: WHEN should you talk to a child or youth about sexual abuse? List three times.

Response: *See the Handout 5 or the discussion notes from Exercise 5:3.*

Say: Give a summary statement of today's discussion.

Response: *The participant should say a few sentences that summarize the entire session.*

Session 6: Planning Sexual Abuse Prevention

Session Length: (180-240 minutes) 3- 4 hours

Objectives:

- Participants will develop a Sexual Abuse Prevention Committee to begin prevention efforts in the community.
- Participants will identify a plan of action for referral of youth.
- Participants will develop an outline for informational sessions to inform children and youth about the problems of sexual abuse, and the consequences and risks of nonconsensual sex.
- Communities (or schools, religious institutions) will develop a code of conduct explaining what sexual behaviors are not acceptable between adults and youth – especially as it relates to teacher/employee conduct.

Activities:

- | | |
|--|-------------|
| • Exercise 6:1 Planning our Program | 120 minutes |
| • Exercise 6:2 Training Reflection and Celebration | 30 minutes |
| • Exercise 6:3 Posttest | 30 minutes |

Materials needed:

- Posttest for each participant
- Handout 6 for each participant
- Certificate for each participant

Exercise 6:1 Planning our Program

Goal: To allow participants to develop plans for a sexual abuse prevention program.

Description: Small group exercise

Time: 2-3 hours

Facilitator's Notes: This time is for participant planning. Listed below are several goals for the end of the training. It is imperative that goals 1 and 2 are in place. If there is no committee, and/or there is no system for reporting abuse, devote this time to working on these two goals.

Depending upon the systems that are currently in place, they may need to revise them, change them, or develop new plans. There may be gaps in the current system that they would like to address. Some of the activities above may require conversations with others from the community or specific sectors (religious institutions, schools, or community groups).

Participants may work in small groups, each taking a different goal, or they may work together. Guide participants during this time, helping them to set goals, make plans and/or develop policies to prevent sexual abuse. Help them to designate leaders for their plans and dates when they will complete these actions.

Do: Explain the following training goals to the participants. Help participants decide which goals they need to address. Have participants work in small groups to develop plans and strategies for the specific goals.

Training goals:

1. **Is there a committee** in your sector (religious institution, community group, or school) to train others, discuss problems, and raise awareness of the issues of sexual abuse? If no, each sector should discuss how they plan to form a committee, develop goals for the committee, and identify a committee leader. (See Handout 6 for more information.)
2. If a child comes to you for help, what is your **plan of action**? Ask participants from each sector (religious institution, community group, or school) to respond. If they do not have a plan of action, they should develop a plan, including all of the following points:
 - a. Identification of designated counselors (professional or nonprofessional)
 - b. Identification of medical facilities for referral of youth who need immediate treatment
 - c. Protocol for the action steps that the designated counselor will follow

- d. Guidelines for reporting the abuse (to the police, local authorities, or other designated authorities)
 - e. Guidelines for the follow-up of the youth or perpetrator of abuse by the designated counselor (or others)
3. **Are children and youth informed** about the problems of sexual abuse and the consequences and risks of nonconsensual sex? If not, members from each sector (religious institution, community group, or school) should meet to discuss how they will raise awareness among their staff and, in turn, among children and youth in these sectors. Develop an outline of the things that should be included and when these informational sessions will be implemented.
 4. **Are there policies and procedures** outlining the required behavior of all volunteers and staff in your sector – including a description of the penalty if a staff member or volunteer is involved in abusing others? If not, members from each sector should meet to begin developing policies and procedures for sexual abuse prevention. (See Handout 6 for more information.)

Do: After 1-2 hours, ask participants to share what they have developed. Encourage participants to continue meeting after the training to develop these goals. Identify the people who are in charge of the sexual abuse committee. If a follow-up meeting has not been planned for this committee, guide them in setting up a time and place for this event, as well as appointing someone to lead the meeting.

Exercise 6:2 Training Reflection and Celebration

Goal: To summarize the training and give participants a chance to share what they have learned.

Description: Sharing time from each participant and giving of certificates.

Time: 30 minutes

Do: Ask each participant to share one new thing they learned from the training, and one thing that they will do differently because of the training. Allow time for each participant to share.

Say: Thank you for coming to the training and working hard to find solutions for sexual abuse. Even though the training is over, it is important that you keep talking and sharing the information that you have learned. Work together to put into practice the sexual abuse prevention plans so that we can protect our children and youth from abuse and all of its consequences.

Do: Honor each participant with a training completion certificate.

Exercise 6:3 Posttest

Goal: To evaluate how well the participants understood the content of the training.

Description: A written test completed by each participant.

Time: 45 minutes

Do: Hand out the posttest.

ANNEX Materials

Annex 1: Alternative Ice Breakers and Energizers

Energizers and games are used to help participants get to know one another, to increase energy and enthusiasm, and encourage team building and discussion. When people look tired or sleepy, use energizers and games to get people moving again.

Make any necessary changes to make the activities appropriate to the participants in your group. Keep the activities short – energizers are not meant to last for very long. Here is a short list of energizers that you can use during the training.

Human Knot Game

Have all participants stand together around a central point. Participants should reach over the group with their right hand and grab the hand of one other participant. Then, everyone should reach over the group with their left hand and grab the hand of one other participant (a different person). Once everyone is in a tangled mess, the group must find a way to untangle themselves without letting go of one another's hands. This should only take a few minutes to untangle the group. **What can we learn from this exercise?** We often find ourselves in a tangled mess. However, if we work together, communicate with one another, and help each other, we can find solutions to the problems that we face.

Risks and Consequences

Ask for four volunteers. Explain that people are made up of different parts: physical (bodies), emotional (feelings), spiritual (faith) and mental (minds). To be healthy, we must care for each of the four parts. This exercise will demonstrate the effects of sexual abuse. Person 1 represents physical consequences. Victims are at risk of unwanted pregnancy, HIV infection, and other physical problems. *Tie the person's leg with a piece of cloth.* This leg is lame, representing physical consequences of abuse. Volunteer 2 presents the emotional consequences of abuse. Victims of abuse are fearful, anxious and sometimes full of overwhelming guilt and shame. This emotional trauma completely paralyzes volunteer 2. *Tie the person's legs together so that cannot walk.* Place the person in a chair to represent the emotional consequences. Volunteer 3 represents the mental consequences of abuse. Victims may have trouble concentrating at school. They cannot do their work and their performance drops. *Blindfold this person to represent mental consequences.* Volunteer 4 represents the spiritual consequences. Victims may isolate themselves from God and withdraw from religious leaders. These spiritual consequences will be represented by your inability to use your arms. *Tie the person arms behind their back.* Assign the four volunteers a task (sweep the floor, move a chair from one end of the room to the other, etc). All four volunteers must do the task by working together, even though their movement is limited. The same task can also be assigned to four other people who do not have limited movement. These new volunteers represent a person who has not been sexually abused. **What can we learn from this exercise?** The consequences of sexual abuse are serious. It is imperative that we work to heal those who are sexually abused and help to restore them so that they can lead healthy and functioning lives.

The Memory Game

All participants stand in a circle. Each participant must make a statement about their body and use a hand motion to indicate a *different* body part. For example: A participant might say, “This is my nose,” while pulling on his ear. The next person in the circle must repeat the phrase and action, adding another statement and action. For example, “This is my nose,” pulling on his ear and “clap your hands” while stomping his feet. Continue going around the circle with each person repeating the statements and actions of those before them and adding one of their own.

Silent Leader

A volunteer leaves the room. Choose a leader from the remaining participants. Call the volunteer back into the room. The leader silently guides the group in different actions such as crossing legs, scratching their ears, blinking their eyes, tapping their feet. The leader begins the action and the participants must all follow. However, the leader must do this secretly so that the volunteer is not able to see him or her. The volunteer has to figure out who is the leader. When the volunteer guesses correctly, the volunteer sits down and another volunteer is chosen. Repeat the game several times.

Name and Adjective Game

Participants think of an adjective to describe how they are feeling or how they are. The adjectives must start with the same letter as their name. For example, “I’m Henri and I’m happy,” or “I’m Ahab and I’m amazing.” This game allows participants to learn the names of the others in the room.

Passing the Rhythm

Participants sit in a circle. The facilitator establishes a rhythm. For example: slapping his thighs, clapping his hands, then clapping his neighbor’s hands. Pass the rhythm around the circle. Once the rhythm is moving steadily through the group, the facilitator should speed up the actions. Once the group can do this, try inserting more rhythms into the circle so that several rhythms are passed around the circle at the same time.

Annex 2: Christianity and Sexual Abuse²²

Say: What does Matthew 18:6 say about God’s heart for children?

- Matthew 18:6 But if anyone causes one of these little ones who believe in me to sin, it would be better for him to have a large millstone hung around his neck and to be drowned in the depths of the sea.

Response: He is concerned about them! It is the responsibility of adults to care and protect children – keeping them from sin (or harm).

Say: Here are two more verses that talk about God’s heart for the weak.

- Psalms 82:2-4 How long will you defend the unjust and show partiality to the wicked? Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed. Rescue the weak and needy; deliver them from the hand of the wicked.
- Proverbs 31:8-9 Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.

Say: Every child and youth is unique, created in the image of God. God has given each person value and worth. They are part of His creation. He calls on us to care for those who are unable to defend themselves.

God also calls on influential adults (community, school, and religious leaders and parents) to confront abuse.

- 1 Timothy 5:20 Those who sin are to be rebuked publicly, so that the others may take warning.

Say: Scripture mentions sexual immorality in several passages, usually forbidding it.

Do: Ask participants to read the following verses:

²² This section adapted from Miles, G. Stephenson, P. “Children and Sexual Abuse and Exploitation Guidelines: Tear Fund Children at Risk Guidelines.” Volume 4. Page 11. Available: [http://tilz.tearfund.org/webdocs/Tilz/Topics/SexENG_full%20doc\(1\).pdf](http://tilz.tearfund.org/webdocs/Tilz/Topics/SexENG_full%20doc(1).pdf)

- Matthew 5:27-28 You have heard that it was said, “Do not commit adultery.” But I tell you that anyone who looks at a woman lustfully has already committed adultery with her in his heart.
- Matthew 15:19 For out of the heart come evil thoughts, murder, adultery, sexual immorality, theft, false testimony, slander.
- Mathew 19:18 Jesus replied, “Do not murder, do not commit adultery, do not steal, do not give false testimony...”
- Ezekiel 22:11-15 (emphasizing verses 11 and 15). In you one man commits a detestable offense with his neighbor's wife, another shamefully defiles his daughter-in-law, and another violates his sister, his own father's daughter... I will disperse you among the nations and scatter you through the countries; and I will put an end to your uncleanness.

Say: The Bible emphasizes that there is a time and place for sexual relationships.

Do: Ask participants to read the following verses:

- Genesis 2:23-24 The man said, “This is now bone of my bones and flesh of my flesh; she shall be called 'woman,' for she was taken out of man." For this reason, a man will leave his father and mother and be united to his wife, and they will become one flesh.
- 1 Corinthians 7:2-5 But since there is so much immorality, each man should have his own wife, and each woman her own husband. The husband should fulfill his marital duty to his wife, and likewise the wife to her husband. The wife's body does not belong to her alone but also to her husband. In the same way, the husband's body does not belong to him alone but also to his wife. Do not deprive each other except by mutual consent and for a time, so that you may devote yourselves to prayer. Then come together again so that Satan will not tempt you because of your lack of self-control.

Say: Sex was created for the marriage relationship. As Christians, we believe that any sexual activity outside of the marriage relationship is wrong, even if both parties consent. This is not the plan that God laid out for his people in the scriptures.

However, the Bible gives hope to those of us who have fallen short.

Do: Ask participants to read 1 Corinthians 6:9-11.

- 1 Corinthians 6:9-11 Do you not know that the wicked will not inherit the kingdom of God? Do not be deceived: neither the sexually immoral nor idolaters nor adulterers nor male prostitutes nor homosexual offenders nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit

the kingdom of God. And that is what some of you were. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God.

Say: First Corinthians 6: 11 says “but you were washed, you were sanctified, you were justified.” In other words, no one is hopeless or beyond help. Even those who have been involved in sexual immorality can be reconciled to God.

Say: What do we learn about Jesus in John 8: 4-11?

- John 8:4-11 “Teacher, this woman was caught in the act of adultery. In the Law Moses commanded us to stone such women. Now what do you say?” They were using this question as a trap, in order to have a basis for accusing him. But Jesus bent down and started to write on the ground with his finger. When they kept on questioning him, he straightened up and said to them, “If any one of you is without sin, let him be the first to throw a stone at her.” Again, he stooped down and wrote on the ground. At this, those who heard began to go away one at a time, the older ones first, until only Jesus was left, with the woman still standing there. Jesus straightened up and asked her, “Woman, where are they? Has no one condemned you?” “No one, sir,” she said. “Then neither do I condemn you,” Jesus declared. “Go now and leave your life of sin.”

Response: Jesus showed compassion on the adulterous woman and told her to stop sinning.

Say: If Jesus has compassion for the adulterous woman, do you think he will also have compassion for the abused child or youth who is coerced or forced into sex? Of course! He is a God of compassion and understanding. As Christians, we need to have the same compassion that Jesus showed others.

Say: God designed the church, the body of believers, to bring healing and redemption to others. Believers are to love, restore, and care for each other because we are all part of the same spiritual body. This includes bringing hope and healing to those who have been sexually abused.

Do: Ask participants to read the following verses:

- Hebrews 4:16 Let us then approach the throne of grace with confidence, so that we may receive mercy and find grace to help us in our time of need.
- Zephaniah 3:19 At that time I will deal with all who oppressed you; I will rescue the lame and gather those who have been scattered. I will give them praise and honor in every land where they were put to shame.

- Genesis 50:20 You intended to harm me, but God intended it for good to accomplish what is now being done, the saving of many lives.

Say: What can we learn from these verses?

Possible Responses: From Hebrews 4:16, we learn that He is the source of Divine healing. Zephaniah 3:19 tells us that God will turn shame into praise. From Genesis 50:20 we learn that God was able to take the evil done to Joseph, to bring good to others. Likewise, God can use the experiences of a victim to bring understanding, help and healing to others.

Annex 3: Human Rights documents

Below are several online legal documents that you may refer to during the training. They specifically discuss the human rights of women and children. Be sure to find out which documents your country has agreed to uphold.

For a list of all African Charters: <http://www.diplomacy.edu/africancharter/>

- UN convention on the Rights of the Child (1996)
<http://www.boes.org/un/index.shtml> (available in multiple language)
See Article 19, Article 34, Article 37, and Article 39
- **African** Charter on the Rights and Welfare of the Child (November 1999)
<http://www.diplomacy.edu/africancharter/>
See Article 3, Article 7, and Article 8
- Protocol to the **African** Charter on Human and Peoples' Rights on the Rights of Women in Africa (Nov 2005)
<http://www1.umn.edu/humanrts/africa/protocol-women2003.html>
See Article 1, Article 3, Article 4, Article 5, Article 8, and Article 14
- Convention Concerning the Prohibition and Elimination of Child Labor (June 1999) <http://www.ilo.org/ilolex/french/convdsp2.htm> (available in multiple languages)
See Article 3d, Article 7, and Article 8
- **Inter-American** Convention on the Prevention, Punishment and Eradication of Violence Against Women
<http://www1.umn.edu/humanrts/instreet/auoz.htm>
See Article 1 -3, Article 7, and Article 8

Annex 4: Additional HIV and AIDS Information

What is HIV and AIDS?²³

HIV stands for Human Immunodeficiency Virus. HIV is too small to see, but can be passed between people through genital fluids, blood, and breast milk. HIV weakens the immune system (the body's disease fighting system), making the body susceptible to, and less able to recover from infections. At first, a person with HIV may look and feel well. Over time, without treatment, a person infected with HIV will become sick with many illnesses that do not go away. At this point, when the body is unable to fight infection, the person is said to have AIDS. AIDS stands for Acquired Immune Deficiency Syndrome. There is no cure for AIDS. Medication can help to reduce these illnesses, but the damage to the immune system is permanent. If medication is taken properly, and a physician provides adequate care, those infected can live a long time. Eventually however, everyone with AIDS will die of the disease or related causes.

How is HIV passed from one person to another?

HIV is passed between people in three ways:

1. Sex. The most common way of transmitting HIV is through genital fluids exchanged during sexual intercourse with an infected person.
2. Blood to blood. A person becomes infected with HIV if blood that contains the virus enters into their bloodstream. This could happen in the following ways:
 - a. Sharing contaminated needles or syringes
 - b. Receiving a transfusion of infected blood
 - c. Sharing contaminated instruments used for piercing, cutting, or tattooing skin.
3. Mother to child. HIV-infected mothers may pass the virus to their baby during pregnancy, delivery, or breast-feeding.

HIV is not spread by:

- by touching someone with HIV
- by mosquitoes or other insects
- by kissing someone with HIV
- by sharing eating utensils – spoons, forks, or bowls with someone with HIV
- by swimming or bathing with someone with HIV
- by living in the same house or working with someone with HIV
- by using the same toilet as someone with HIV
- by witchcraft

How can someone avoid sexually transmitted HIV?

1. Abstaining from sex before marriage is the best way to avoid all sexually transmitted infections including HIV.

²³ Adapted from *Choose Life Guide for Peer Educators and Youth Leaders: For Youth Ages 10-14*, copyright ©2006 World Relief, used by permission.

2. Once someone enters a marriage relationship, they should be sexually faithful (no sex with others) to protect their spouse and family. If HIV status is unknown, they should be tested to confirm they are free of infection.
3. If someone is unable to be abstinent, faithful, or not sure if their spouse is infected, they should follow the guidelines below to lower the risk of infection.
 - Use condoms consistently and correctly every time they have sex.
 - Avoid high risk sexual practices (see Annex 5 for more details).
 - Treat all sexually transmitted infections immediately.

How do sexually transmitted infections increase the risk of HIV infection?

When one sexual partner has a sexually transmitted infection (STI) and a condom is not used, this increases the risk of HIV infection because of the sores and open wounds on the genitals. Using condoms consistently and correctly every time you have sex helps to lower the risk of STI infection. However, some STIs such as genital warts (also called Human Papillomavirus or HPV) can easily be transmitted by skin-to-skin contact and are not prevented by condom use. For this reason, someone who is at risk of STI infection should not only use condoms consistently and correctly every time they have sex, but also to treat STIs immediately to prevent the risk of HIV transmission.

Does male circumcision protect against HIV transmission?

Recent studies show that circumcision is associated with 50-60% reduction in risk of HIV transmission (from female to male) during sexual intercourse.²⁴ Circumcised men can still become infected and, if HIV-positive, infect their sexual partners. However, combined with other prevention methods (correct and consistent use of male or female condoms, reduction in the number of sexual partners, and delayed sexual debut), circumcision greatly reduces the risk of HIV transmission. To prevent infection during the procedure, clean and sterilized equipment must be used. Circumcised males must also wait until they are completely healed before having sexual intercourse.

How does someone use a male condom correctly and consistently?

Male and female condoms reduce the risk of HIV transmission if used correctly and consistently every time someone has sex with any partner - whether or not they know they are infected. Below are guidelines for correct male condom usage.²⁵

- The package should be sealed and used on or before the date on package; do not use the condom if the date has passed.
- After opening the package, the condom should be moist. If it is dry, throw the condom away.
- Only use water-based lubricants with latex condoms. Never use petroleum jelly or Vaseline (oil-based lubricant) on a latex condom.
- Do not unroll the condom before putting it on. Put the condom on only when the penis is erect (stiff). Pinch the top of the condom to leave a small empty

²⁴ [WHO and UNAIDS Secretariat Welcome Corroborating Findings of Trials Assessing Impact of Male Circumcision on HIV Risk](http://www.who.int/mediacentre/news/statements/2007/s04/en/index.html). World Health Organization . Available: <http://www.who.int/mediacentre/news/statements/2007/s04/en/index.html>. Retrieved on [2007-02-23](#).

²⁵ Female condoms are also available in some locations. Contact a healthcare provider for more information on availability and use.

space to hold the semen and use the other hand to slowly unroll it down the erect penis.

- If the condom tears or has a hole in it, remove it and replace it with a new one.
- Hold the base of the condom when the man withdraws so the condom does not slip off and the semen does not spill.
- After removing the condom, dispose of it properly. Tie the end in a knot and throw it in a pit latrine or bury it.
- Never wash a condom or try to reuse it.

How can someone avoid HIV transmission through blood?

- Avoid direct contact with blood and bodily fluids of an infected person.
- Do not share instruments with others that cut, pierce or tattoo the skin. If an instrument must be shared, sterilize the instrument after contact with blood or bodily fluids.
- Avoid blood transfusions. If a transfusion is necessary, be sure the blood has been tested for HIV.

How can an HIV- infected mother avoid transmission to her baby?

Without interventions, it is estimated that 15-30% of infants born to HIV-infected mothers will be infected before or during delivery. Another 10-20% will be infected through breastfeeding.²⁶ Specific anti-retroviral drugs can be taken to prevent transmission during pregnancy and birth. Contact a healthcare provider for more information.

For HIV-infected and non HIV-infected mothers, immediate and exclusive breastfeeding for the first six months of the child's life greatly improves the chances of survival. If the mother is HIV-infected and a breast milk substitute is (AFASS) available, feasible/culturally acceptable, affordable, safe and sustainable for the duration of the infant's life, the mother should talk with her healthcare provider about this option. However, in all other settings, the HIV-infected mother should exclusively breastfeed her baby until six months of age. After six months, the mother should reassess the situation. If replacement feeding is still not AFASS, continuation of breastfeeding with additional weaning foods is recommended.²⁷

Although there is a risk of HIV transmission with prolonged breastfeeding, without an AFASS substitute, it is best to strengthen the health and nutrition of the child with breast milk during the first year of growth.

Who is a carrier?

Anybody who has HIV is a carrier and can infect others. Often, an infected person does not know they are a carrier, because they look and feel healthy. The carrier may not have symptoms, and the person who infected them may not have any symptoms either. A person can be a carrier unknowingly for many years before they become ill. During this time, they can transmit the virus to others.

²⁶ The Linkages Project. "Breastfeeding and HIV/AIDS" FAQ Sheet 1. June 2006. Available: http://www.linkagesproject.org/media/publications/FAQ_HIV_Eng_Update_10-06.pdf

²⁷ "WHO HIV and Infant Feeding Technical Consultation Held on behalf of the Inter-agency Task Team" Geneva. World Health Organization. October 2006. Available: <http://www.who.int/hiv/mediacentre/Infantfeedingconsensusstatement.pdf>

What is acute HIV infection?

The amount of HIV in the blood rises dramatically within a few days or weeks after HIV infection. This first stage of infection is called acute HIV infection. Some people may not feel well during this time, others do not notice any unusual symptoms. The most common symptoms are fever, tiredness and a rash. Other symptoms may include headaches, swollen lymph glands, sore throat, muscle aches, vomiting, diarrhea, nausea and night sweats.

When is a person with HIV most infectious to others?

The number of HIV particles a person's body is much higher during the acute phase of HIV infection (the first two to four weeks) than during the months or years before the onset of AIDS. Exposure to the blood, genital fluids, or breast milk of someone in the acute phase of infection is more likely to result in infection than exposure to someone who has been a carrier for many years and shows no symptoms. Once the immune system (the body's disease fighting system) becomes overwhelmed by the virus, the person will show symptoms of AIDS. At this point they are highly infectious to others because of the increase in HIV particles in the body.

What is the time period between the acute infection and the onset of AIDS?

After the early symptoms of HIV disappear, the HIV infected person usually does not develop any further symptoms for two to ten years. Some people develop AIDS symptoms within months of the infection. During this time, HIV continues to multiply in the body reducing the number of germ fighting cells.

Children born to HIV-infected mothers develop AIDS symptoms faster than others. HIV positive children usually develop symptoms of AIDS within two years.

What are the Symptoms of AIDS?

People with AIDS will develop some or all of the following symptoms:

- Excessive weight loss
- Diarrhea for more than one month
- A persistent fever
- A cough that does not stop
- Respiratory illnesses (especially tuberculosis and pneumonia)
- Sores on the body and lips
- White coating in the mouth and on the tongue (thrush)
- Swollen glands in the neck and arm-pit
- Itchy skin rash

Not everyone with these symptoms has HIV or AIDS. The only way to know if a person has HIV is to be tested at a health clinic or testing center.

What is VCT?

VCT stands for Voluntary Counseling and Testing for HIV. Special sites for VCT have been established in urban and rural communities. At these sites, HIV counseling and testing are provided for a small fee, or free of charge. Counseling helps people to cope with the results of their test and can educate them about lowering their risk of HIV infection and transmission.

What is an antibody test?

The most common type of HIV test is the antibody test. When a virus enters the body, the immune system (the body's disease fighting system) begins to produce antibodies, to neutralize the virus. By taking a sample of blood or saliva, a health care provider can look for these antibodies. If HIV antibodies are present the person is infected with HIV.

It can take up to three months after a person is infected with HIV for their body to produce enough antibodies to be detected with an antibody test. This is called the "window period," the time between the HIV infection and the immune system's response to the virus. If a person has an HIV antibody test during the window period, the test will be negative, even though they may have HIV and are able to infect others.

What drugs are available for people living with HIV or AIDS?

There are many drugs available to treat people living with HIV or AIDS. Some drugs treat the symptoms and illnesses that affect people with AIDS. These include fever reducers, pain medications and antibiotics.

Other drugs work on the virus itself. These are called antiretroviral (ARV) medications. There are many different types of ARVs and a doctor must decide which combination of drugs is best for each patient. ARVs help to reduce the speed at which HIV multiplies inside the body. This helps the person stay healthy longer. ARVs do not cure AIDS. A person taking ARVs can still pass the virus to others. However, ARVs greatly improve a person's health, life expectancy, and lowers the risk of HIV transmission to others.

New international laws are lowering the price and increasing availability of HIV drugs. Contact a healthcare provider for more information about the availability and cost of ARVs in the region.

Not all of the illnesses related to AIDS require drugs from the clinic. There are some simple and effective treatments you can make at home, such as Oral Rehydration Solution for diarrhea. Talk with a healthcare provider to get advice about treating the symptoms of AIDS with low-cost treatments.

How should I advise people who might have HIV or AIDS?

If you think a person might have HIV or AIDS, encourage them to go to a health facility to be tested. Talk with them about sexual practices which lower the risk of HIV transmission. Make sure that they understand how HIV is transmitted so they can protect themselves and others from new infections.

Should I avoid a person with HIV or AIDS?

There is no reason why you should be afraid to be around an HIV infected person. Like others who are ill, they need compassion and support. Since AIDS is an illness that causes a lot of fear, a person with AIDS needs your support and friendship even more.

Annex 5: Definitions of Risk and HIV Transmission

This is a guide to understanding the risks for HIV transmission. In the context of sexual abuse, any kind of sexual activity (no risk, low risk or high risk) that is nonconsensual or forced on a child or youth is a violation of human rights. This list is only for reference in regards to transmission risks.

Sexual Activities that DO NOT put one at risk for HIV transmission

- Kissing, cuddling (hugging), massaging (rubbing one another), mutual stimulation (using hands with or without lubricants to stimulate sensitive parts of the body), and non-penetrative sex (where there is no penetration or exchange of body fluids) have no risk of HIV transmission. Kissing can involve some exchange of saliva, but no cases of HIV transmission from kissing have been found.

Sexual Activities that are Low Risk for HIV transmission

- Vaginal intercourse with consistent and correct condom use has a lower risk of HIV transmission than without a condom, or when condoms are not used properly. A condom is generally 80-95% effective in preventing the transmission of HIV.
- Sex with a condom is always safer than without a condom. However, a condom can only be used once and it must be worn correctly to be effective. Even then, condoms are not 100% effective in reducing transmission.
- Oral sex (the stimulation of the genitals with the mouth or tongue) carries a low risk of HIV infection, but should not be practiced if there are cuts or sores on the mouth or genitals as this increases the chances of HIV transmission.

Sexual Activities that are High Risk for HIV transmission

- Forced sex (rape) often increases the chances of HIV transmission as the woman's vaginal canal may be damaged by abrasions or small tears.
- (Only discuss if culturally relevant.) Dry sex is practiced in some societies where women dry out their vaginas with herbs or local products. This increases the chances of vaginal damage (abrasions or tears) and suppresses the natural bacteria (the germ fighting agents) that live in the vagina increasing the chance of HIV infection.
- When one of the partners has a sexually transmitted infection (STI) and a condom is not used, this increases the risk of infection because of the sores and open wounds on the genitals.
- Anal sex (the insertion of the penis into the anus) has a high risk of HIV transmission if one of the partners is infected. Anal sex causes fissures or tears in the anal canal. Using latex condoms and lots of water-based lubricant helps reduce tears, but does not eliminate the risk of transmission.
- Oil based lubricants damage latex condoms. Using oil-based lubricants is as risky as having sex without a condom.
- If a condom is not used, withdrawing before ejaculating (if the male is HIV infected) does not eliminate the risk of HIV transmission since the virus is present in pre-ejaculation fluids. A condom used correctly and consistently is the best way to protect someone from contracting HIV from an HIV positive partner.
- Sexual intercourse during a woman's monthly bleeding has a high risk of HIV transmission. It is best to avoid intercourse and sexual contact during this time.

Annex 6: Pre-Posttest Answer Sheet

1. Force and do not (2 points)
2. a. A victim is someone who is abused. (1 point)
3. a. Perpetrators are usually people whom the victim knows. (1 point)
4. False (1 point)
5. False (1 point)
6. True (1 point)
7. Parents (1 point)

8. If participants circle A, B, C, D and E they get 2 points. This is the correct answer. If participants circle some of the answers, but not ALL answers, give them only 1 point.

9. Participants should list any three of the following answers: Having sexual intercourse with an infected person (sex); sharing contaminated needles and syringes, receiving an untested transfusion, or using contaminated instruments for skin piercing, circumcision, etc (blood); or from a pregnant woman to her unborn child through the gestation, delivery or breastfeeding (mother to child). (Give one point for every correct answer, up to 3 points)

10. Participants should list any three of the following answers: poverty, lack of education, gender inequality, poor justice systems, power, drugs and alcohol. Participants can also list other culturally relevant responses discussed during the training. (Give one point for every correct answer, up to 3 points)

11. If participants circle A, B, C, and E they get 2 points. This is the correct answer. If participants circle some of them, or they circle D and another answer, give them only one point. If a participant ONLY circles D, do not give them any points.

12. Open (1 point)
13. False (1 point)
14. b. What I hear you saying, is that you think it was not your fault.(1 point)
15. c. Talk to youth about abuse before it happens. (1 point)
16. e. None of the above (1 point)

Total points = 23

Participant Handouts

Handout 1:

Defining Sexual Abuse

- **Sexual Abuse.** Any sexual activity forced on another person of any age, by threats, force, or coercion. Examples include nonconsensual sex, transactional sex, forced sexual touching, and the introduction of sexual materials (pornography or films) to arouse children or youth before they are sexually mature. Sexual abuse can happen between adults, between an adult and a child, or between peers. Sexual abuse can also happen between two people of the same gender.
- **Defining sex:** Sex includes vaginal sex (penetration in the vagina), anal sex (penetration in the anus), and oral sex (the stimulation of the genitals with the mouth or tongue).
- **Victim (Survivor).** The person who is abused.
- **Perpetrator.** The person who sexually abuses someone else. Perpetrators are usually – but not always – male. They can be family members, neighbors, teachers, supervisors, schoolmates, or strangers. Most often, perpetrators are people whom the victim already knows.

Types of Sexual Abuse

- **Nonconsensual sex (sex without consent).** Nonconsensual sex is when someone uses force or influence to make someone participate in sexual activities that they do not want to do. Someone may be pressured into sex because of violence, physical abuse, deception, threats, or force. Using alcohol, drugs, or traditional charms to prevent someone from being able to refuse or say no to sex is also a type of nonconsensual sex.
- **Transactional Sex.** Transactional sex is a type of nonconsensual sex. It involves the exchange of goods or services for sex. It is sometimes an older man who lures a younger girl with money or goods to have a sexual relationship with him. Transactional sex can also happen with an older woman or between peers. Some cultures encourage youth to have transactional sex relationships to gain economic stability. Although some youth may engage in transactional sex, they often do not understand the consequences of this action.
- **Rape.** Rape is the most violent type of nonconsensual sex. Rape is the forced sexual penetration (anal, oral, or vaginal) of a person of any age. Rape includes forced sex between people who know one another (can be a spouse, relative, or an acquaintance) or forced penetration by a stranger.
- **Child sexual abuse.** The involvement of a child in sexual activity that the child is not able to understand, or is not appropriate for a child of this age. The perpetrator is usually someone who is in a relationship of responsibility, trust or power over the child.

Handout 2: Story 1

Thirteen-year-old **M** (replace with local boy's name) was visiting his aunt when an older boy from the neighborhood lured him to a secluded area and raped him; forcing him to have anal sex. Ashamed and afraid of the consequences of reporting the rape, **M** did not tell his parents. Every time he visited his aunt, this boy abused him. **M** developed painful anal sores and a sexually transmitted infection. Because of the pain, he finally told his brother who brought him to a hospital for treatment.²⁸

1. **At first, M did not report the problem to his parents, family or teachers. Why not?**
2. **Is anal sex a high or low risk activity for the transmission of HIV?**
3. **What problems did M develop by keeping this problem silent?**
4. **Do you think M's silence negatively affected the other boys in the neighborhood? If yes, how?**
5. **What short and long-term consequences could M develop from this abuse?**
6. **Are there people in our schools and neighborhoods where M could go for help?**
7. **How often does this type of abuse happen?**
8. **What can we do to prevent other boys from this type of sexual abuse?**

²⁸ Story adapted from Jaswal, S. "One Boy's Experience: Ashamed and Afraid." Family Health International. Vol. 23. Number 4. 2005. Available: http://www.fhi.org/en/RH/Pubs/Network/v23_4/index.htm

Handout 2: Story 2

When **J** (replace with local girl's name) was 12, she married an older man with four wives. **J** did not know what to do with the man. He was the age of her grandfather. **J**'s Auntie briefed her on how to please a man during sex, but she was confused and did not understand. Her new husband forced her to have sex with him. She tried to say no and refuse him, but he got angry and forced her.

She fled her husband's home and went to her Auntie. Her Auntie agreed that the man was very old and allowed **J** to stay in her home. Auntie's husband agreed to pay school fees for her and **J** returned to school. When **J** turned 14, Auntie's husband began asking for sex. **J** had no interest in sex and knew it would be wrong to sleep with her Auntie's husband. One day Auntie's husband (her Uncle) raped her. **J** was too frightened to tell her Auntie. She was afraid her Auntie would send her away.

1. At what age was **J** first sexually abused?
2. Did **J** have an obligation to do what her Uncle wanted because she was staying in his home?
3. What short or long-term problems could **J** develop from this abuse?
4. Do you think **J**'s silence could negatively affect the girls in the Auntie's village?
5. If **J** came to you for help after his first interaction with the Uncle, what would you advise her to do?
6. How often does this type of abuse happen?
7. Are there people in our schools and neighborhoods where **J** could go for help?
8. What can we do to prevent other girls from this type of sexual abuse?

²⁹Story adapted from an anonymous email. "I am Positive with HIV." HIV/AIDS Positive Stories. March 2005. Uganda. Available: <http://www.hivaidsworld.com.au/text/st260.html>.

Handout 2: Story 3

V (replace with local girl's name) is 16 years old. She lives far away from school and does not have enough money to take public transportation. Her parents arranged a ride with one of her teachers who lives nearby. Along with two other youth, the teacher drives V to school each day. Recently, the teacher has started to say strange things to her on the drive home. Once he has dropped off the other students, he says things like, "I'm tired. I need a bath. My wife has not been home. I need to be rubbed." V tells him that she does not like that kind of talk and has asked him to stop. She is afraid to tell her parents. V worries that if she says something, her parents might take action against the teacher and he might harm her. V also worries that she will not be able to finish her studies if she stops riding with the teacher.

- 1. Does V have an obligation to have sex with her teacher if he asks her to?**
- 2. How do you think V's parents would respond if V tells them her teacher is saying such things?**
- 3. What problems could V develop by keeping silent?**
- 4. How do you think V's silence could negatively affect the other youth at school?**
- 5. What short and long-term consequences could V develop from this attempted coercion?**
- 6. How often does this type of abuse happen?**
- 7. Are there people in our schools and neighborhoods where V could go for help?**
- 8. What can we do to prevent other girls from being coerced in this way?**

Handout 2: Story 4

S (replace with local girl's name) is 12 and lives in a rural village where there is very little to do. **S** knows that it is possible for her to earn money for her family by selling goods in the market, but she and her mother have worked out a different plan. They regularly visit the traditional healer. The traditional healer helps **S** to manipulate a wealthy man that lives in her neighborhood. By consulting the healer, **S** is able to have a transactional sex relationship with this man so she can support her family. Although her mother tells **S** that this is a wise choice, **S** is worried that this relationship will prevent her from marrying. She is unable to talk to her mother, since she knows that her mother financially depends upon this transactional relationship.

- 1. Who is the perpetrator in this story?**
- 2. Does transactional sex have a high or low risk for HIV transmission?**
- 3. What short and long-term problems could **S** develop if she continues to have sex with this man?**
- 4. Are there people in our schools and neighborhoods where **S** could go for counsel and advice?**
- 5. How often does this type of abuse happen?**
- 6. What can we do to prevent other girls from transactional sex relationships?**
- 7. What can your community do to provide more economic activities for youth?**

Handout 2: Story 5

N (replace with local girl's name) is thirteen years old. She works in the home of another family because of a debt owed by her parents. Every day she prepares breakfast for the family and begins her daily chores. She accompanies the family's children to school, then washes and irons their clothing. She washes the dishes, sweeps the floor, and gathers the water supply from the water depot.

After school, **N** picks up the children and brings them home. Then she prepares the evening meal for her family. By 8:00 p.m., she is tired and ready to go to sleep. Her bed is a sheet on the floor under the dinner table. If she is lucky, she will be free to sleep in peace, but often her Uncle (the name she gives her surrogate father) returns to her side late in the night and touches her private parts. **N** tries to tell her Aunt (her surrogate mother). She does not believe **N**, and beats her for telling "lies."

1. Does **N** have an obligation to allow her Uncle to touch her since he is providing for her?
2. What are the risks of HIV transmission (low risk, some risk, or high risk) for **N** if her Uncle has penetrative sex with her?
3. What short and long-term consequences could develop if **N** keeps silent?
4. If you lived next door to the home where **N** worked and suspected that the caregivers were mistreating her, what would you do?
5. How often does this type of abuse happen?
6. If **N** lived in your neighborhood, where could she go for help?
7. What can we do to prevent other girls from this type of sexual abuse?

³⁰ Story adapted from Andrews, B. "Life is Tough: Children in Domestic Labor in Haiti." The World & I Online. January 2004. Available: http://www.accessmylibrary.com/coms2/summary_0286-19905342_ITM

Handout 2: Story 6

Every week **T** (replace with local girl's name) goes to the field to fetch wood. She dresses in a traditional, conservative dress. One afternoon, someone attacks her while she is in the field and rapes her. She runs back towards home, leaving the wood on the path and meets an old woman there. She tells the woman what happened. The old woman is not supportive. She says to the girl, "What were you wearing?" "Why did you go to the field by yourself?" "Why didn't you scream?" "Are you sure you did not make any arrangements to see this man?" The girl feels shamed by the old woman and returns home. She never speaks about the incident again.

- 1. Do you think that T deserved to be raped because she was alone in the field?**
- 2. Why do you think the old woman in the story said these things to T?**
- 3. What short and long-term consequences could T develop if she does not tell anyone else?**
- 4. Do you think T's silence could negatively affect the other youth in the community?**
- 5. How often does this type of abuse happen?**
- 6. What would you do if you met T on the path coming back from the field? What would you tell her to do?**
- 7. What can we do to prevent other girls from this type of sexual abuse?**

Handout 2: Story 7

After a difficult exam, several youth from school go to a shop nearby to buy alcohol. One of the boys, **F (replace with local boy's name)** invites **R (replace with local girl's name)** to go with them. She does not usually drink alcohol, but decides to go with the boys. **F** buys several beers for **R** as they talk at a nearby table. **R** is nervous and drinks the alcohol that he has purchased for her. **R** has made many friends with boys at the school. She often wears very modern, sexy clothing. When they leave the bar, **R** is very drunk from all of the alcohol that **F** has purchased for her. Although **R** says no and tries to leave, **F** forces her to have sex with him.

- 1. Do you think **R** deserved to be raped because she was drinking alcohol and wearing sexy clothing?**
- 2. If you were walking by the shop and noticed the girl struggling with **F** or trying to refuse him, what would you do? What should you do?**
- 3. What problems could **R** develop if she keeps silent?**
- 4. Do you think **R**'s silence could negatively affect the other youth at the school?**
- 5. How often does this type of abuse happen?**
- 6. Are there people in our schools and neighborhoods where **R** could go for help?**
- 7. What can we do to prevent other girls from this type of sexual abuse?**

Handout 3:

Sexual Abuse and HIV

Sexually abused youth have a higher rate of sexually transmitted infections, including HIV.

- Sexually abused youth often participate in high-risk sexual activities in future sexual encounters. High-risk sexual activities increase the chances of HIV infection. These activities include having multiple sexual partners during the same time period, having anal sex, having sex without a condom, and using alcohol and drugs with sex, which lowers inhibitions and often accompanies high-risk sexual activities.
- Men who engage in transactional sex with young girls are more likely to have sexually transmitted infections, including HIV. The greater the age difference, the greater the risk of infection. Why? An older person has been sexually active for a longer time and has had more opportunity of being exposed to HIV. Young girls may not think that they are at risk of HIV infection and engage in transactional sex for the benefit of extra income, not realizing that they may be exposing themselves to HIV.
- Female rape victims have a high risk of sexually transmitted infections, including HIV. Since the female victim is not always sexually stimulated or aroused by forced intercourse,³¹ her vaginal canal may be dry and more likely to tear during penetration, increasing the chances of HIV transmission.

Fact: Women in Uganda who had coerced sex had an eight times higher risk of acquiring HIV than women who were not abused.³²

Other Consequences of Sexual Abuse

Once a child or youth is raped, (especially if it is their first sexual encounter) they are more likely to **allow others to abuse them** in the future.

Girls who have been sexually abused by an intimate partner **often continue to participate in high-risk sexual activities** (anal sex, forced sex, etc.) because of their fear of physical abuse if they request condom use, or try to refuse sex.

Victims may prematurely become sexually active. Compared to other youth, victims are more likely to start voluntary sex earlier.

³¹ Women and girls are not always aroused during coerced sex, rape, or even when touched by a perpetrator. However, it is possible to become aroused or stimulated under these conditions. Women and girls should not feel guilty or ashamed if this occurs; it does not mean that they desired the behavior, nor does it mean that they are guilty of any wrongdoing.

³² Population Council. "The Adverse Health and Social Outcomes of Sexual Coercion: Experiences of Young Women in Developing Countries. June 2004. Available: <http://www.popcouncil.org/pdfs/popsyn/PopulationSynthesis3.pdf>

Studies have shown that sexually abused children are more likely to **become pregnant** when they are teens. Why? Many start having sex earlier and they participate in high-risk sexual activities (such as not using a condom).

There is a tendency that some (not all) victims of childhood abuse **will abuse others when they are older**. They may repeat the same forced sex activities on others.³³ North American studies indicate that a perpetrator of child abuse will sexually abuse over 100 children in a lifetime. Of those abused children, approximately 25% will become perpetrators themselves.³⁴

Sexual abuse can cause emotional damage to the victim. Victims (especially children) often report feelings of guilt and shame, anxiety, depression, feelings of worthlessness and powerlessness. Sexual abuse can also cause low self-esteem causing victims to seek acceptance through sex.³⁵ Others may become promiscuous in an attempt to regain a sense of control over their sexuality.

Sexual abuse can distort the victim's relationship to (or faith in) God. Victims may have trouble understanding why God would allow something like this to happen to them. They may stop praying, they may stop attending religious meetings, they may stop believing that God cares. Some victims separate themselves from God, feeling so much shame and guilt that they feel unlovable or unworthy of approaching God.

Sexual abuse has long-term consequences to the victim's sexual health and decision-making. Victims, especially children, have problems understanding the difference between sexual touches and affectionate behavior. They have difficulty in maintaining appropriate personal boundaries and are unable to refuse unwanted sexual advances in the future.³⁶

Most sexual abuse victims do not tell anyone about the abuse. Keeping silent puts victims at high risk for future abuse. They are less likely to get the medical attention that they may need, and less likely to overcome the consequences (emotional, physical, social, and spiritual) of the abuse.

Young children often do not tell because they may feel that the abuse was somehow their fault. The perpetrator may have threatened them. They may be afraid that no one will believe them.

If you suspect abuse, say something now before it is too late.

³³ Global Children's Fund. "A Guide to Sexual Abuse Prevention." Available: http://www.KeepYourChildSafe.org/abuse_prevention_books_downloads.asp

³⁴ Abel, G. "Self-reported Sex Crimes of Nonincarcerated Paraphiliacs." *Journal of Interpersonal Violence*. Volume 2. 1987. Pages 3-25. See also Quarterman, C. "Our Children at Risk." Available: <http://www.authorsden.com/visit/viewarticle.asp?id=1056>.

³⁵ Shanler, Heise, Stewart, Weiss. "Sexual Abuse & Young Adult Reproductive Health." 1998. Available: <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/sexabuse.htm>

³⁶ "Nonconsensual Sex Undermines Sexual Health." *Family Health International*. Vol. 23 Number 4. 2005. Available: http://www.fhi.org/en/RH/Pubs/Network/v23_4/index.htm

- The longer the abuse continues, the more emotional, social, and physical damage it causes for the child or youth.
- The longer the abuse continues, the more likely that the type of sexual activity will become more intimate and abusive. What might have started as simple touching may become penetrative and violent as time passes.
- The longer the abuse continues, the harder it will be for the victim to confide in someone.

Handout 4:

Signs of Sexual Abuse

Some children or youth may not show immediate signs of sexual abuse. If you suspect abuse, even if there are no obvious symptoms, talk to the child or youth to make sure.

If a child or youth has one or two of these symptoms, this does not necessarily mean that they were sexually abused. However, it does show that the child or youth is experiencing intense grief or stress. Talk to them and refer them to someone who can help.

Possible Signs of Sexual Abuse for children under 12 years of age

- A sudden decline in chores or school work
- Withdrawal from friends and family
- Loss of concentration
- Destructiveness with toys and possessions
- Difficulty sleeping and/or nightmares
- Over- and under-eating and sudden weight gain or loss
- Wetting or soiling themselves in the day or night
- Washing too often, or not at all
- Reluctance to change clothes
- Sexual knowledge that is not normal for a child of this age
- Inappropriate sexual play with friends
- Child may begin to confuse sex with affection and inappropriately touch or talk to others
- Increased touching of genitals (masturbation)
- Sudden anger and violence towards others
- Poor self-esteem – saying things like, “I hate myself,” or “I wish I was dead.”
- Loss of interest in their favorite activities
- Return to childlike behaviors (for example, thumb-sucking)

Physical Warning Signs of Sexually Abused Children

- Unexplained bruises, redness or bleeding of the child’s genitals, anus, or mouth
- Pain or itching at the genitals, anus, or mouth
- Genital sores or milky fluids in the genital area
- Frequent urinary tract or vaginal infections
- A sudden start of pain when urinating
- Partial or complete loss of bowel control

Possible Signs of Sexual Abuse for youth 13 years of age and older

- Sudden change in daily routines or behaviors
- A sudden decline in their chores or school work
- A drastic change in appearance (clothing, hairstyle, makeup)
- Over- and under-eating and sudden weight gain or loss
- Deep sadness and loss of interest in things
- Sense of hopelessness

- Increased anger and irritability
- Withdrawal from friends and family
- Difficulty sleeping and/or nightmares
- Sudden start of behavior problems, such as drug use, lying, stealing, or running away
- Self-mutilation or cutting of one's body
- Dressing in sexy clothing
- Fear or avoidance of certain people or places
- Avoidance of people of the opposite sex, or same sex as abuser
- Youth may attempt to kill themselves (suicide)

Warning Signs of Potential Perpetrators³⁷

As we discussed in this training, perpetrators of abuse do not necessarily look or act differently than the rest of us. However, sometimes there are warning signs that something is wrong. If you suspect an adult is abusing others, and also notice some of the following signs, find a way to appropriately talk to the perpetrator and find out what is happening.

Perpetrators:

- May be extremely possessive or jealous
- May display smothering, controlling behavior towards children or youth
- May have sudden and extreme mood changes
- May be unwilling or unable to acknowledge personal responsibility or fault for their behavior
- May be extremely critical of others and/or overly sensitive to criticism by others
- May abuse alcohol or drugs in order to escape their own feelings, or in an attempt to numb pain from their own past
- May insult or ridicule the victim's family and friends as a way of making themselves seem more important
- May threaten to harm themselves or the victim in order to manipulate the victim
- May insult, ignore, or ridicule the victim's feelings as a way to dominate or gain control
- May present themselves to others as a victim (Example: "Everyone mistreats me," or "No one understands me.")
- May blame the victim for their feelings (Example: "You made me angry.")

³⁷ Tracy, S. "Mending the Soul." Zondervan Publishers. 2005. Pages 213-216.

Handout 5:

Guidelines for speaking to children and youth

Where:

- Talk to the child/youth in a quiet place where no one can interrupt you.
- Talk to the child/youth in a place where they feel “safe” and do not have to worry about others listening to the conversation.

When:

- Talk to youth before abuse happens. Raise awareness of children and youth about the problem of sexual abuse. Teach them to identify the difference between healthy affection and inappropriate touch. Teach them their right to say no to sex. Teach them the consequences and risks of coercive and nonconsensual sex. Give them information about where to report abuse or seek help.
- Talk to the youth immediately when you see symptoms of sexual abuse.
- Talk to the youth immediately if they come to you reporting sexual abuse.
- Talk to the youth a few days after they report abuse to you. Continue to talk to them to make sure they are safe and recovering.

How:

- Respond in a normal tone of voice. Be calm and relaxed. Children will wait to see how you respond before they tell you the full story.
- Be a good listener – use the OARS to gather information.
- Do not pressure them to reveal all the details if they are hesitant or slow. Do not put words in their mouth if they are having difficulty verbalizing the details. This is their story and the words must be their own.
- Use nonverbal communication. Use culturally appropriate ways to show that you are listening. Examples are: eye contact, nodding your head, showing the child/youth with your voice and body that you are listening.
- Affirm the child/youth that you hear and understand their concerns.
- Tell the child/youth that it is good that they decided to talk to you about their concerns. Let them know that you will be there to listen to them in the future.
- Do not blame the youth/child for what has happened. Use assuring responses such as: “It’s not your fault.” “Nobody is mad at you.” “This is a very bad thing, but we will work together to solve this problem.”
- Do not tell others about the abuse. Talk only to the designated mediator or counselor whom you have identified to help stop the abuse.
- If the child or youth is having trouble explaining what happened to them, encourage them to draw pictures, or use dolls or puppets to explain the story and express their feelings.

What to do:

- Take action: report the case of abuse to the authority you have identified during your training.
- If you feel that the safety of the youth/child is in danger, find a solution that will prevent the youth from continued abuse.

- Help the child/youth get immediate medical help for any physical injuries or potential infections that may have resulted from the abuse. If there is a risk of HIV infection, antiretroviral (ARV) therapy must begin within 72 hours.

How should the religious community respond to victims of sexual abuse?

Add your comments from the training discussion below....

Handout 6:

Sexual Abuse Prevention Ideas

Training participants and committee members can use these ideas to develop policy, programs and plans for sexual abuse prevention programs.

Sample Educators Policy: South Africa 2000

Referenced in the research papers by the Panos Institute. "Beyond Victims and Villains: Addressing Sexual Violence in the Education Sector." No. 47. 2003. Available: <http://www.panos.org.uk/PDF/reports/Beyond%20Victims.pdf>

- Educators must not have sexual relations with students. It is against the law, even if the student consents. Such action transgresses the code of conduct for educators, who are in a position of trust.
- Any educator who has sex with a student will receive strict disciplinary action.
- Sex demanded by an educator without consent is rape. Rape is a serious crime and the educator will be charged according to the law.
- If you are aware of a colleague who is having sexual relations with a student, you must report this abuse to the principal. If you do not do so, you may be charged with being an accessory to rape.

Mapping Sexual Abuse and Prevention

Adapted from Schueller, J. "Family Life Education: Teaching Youth about Reproductive Health and HIV/AIDS from a Christian Perspective." Family Health International. 2006. Available: <http://www.fhi.org/en/Youth/YouthNet/Publications/FLE/index.htm>

This exercise will help show problem areas in the community so you can target your interventions. It is a good exercise to do with youth and adults.

1. On flipchart paper, draw a map of your community. Include different places that youth visit during the week - school buildings, routes to school, places where youth socialize, etc.
2. Identify market places, schools, bars, parks, playgrounds, youth clubs, sports clubs, and churches.
3. Identify places where people face potential or real risk of abuse (e.g. bars, areas near alcohol stores, stretches of land with no lights at night, water depots, etc.). If you are mapping a school, include times and locations in the school where youth might be abused (after hours, near the toilets, back hallways, the teachers lounge, etc.).
4. Identify health clinics and hospitals.
5. Identify places where young people can go for advice, support, or help if they have a problem with sexual abuse.

Now look at the map. Locate problem areas where you have marked potential danger or abuse. Discuss strategies for making these areas safer. Are there enough places to

go for advice and support? Discuss ways in which you can help to make changes in the community to protect youth from these dangers.

Sample Guardian Program in a School System: Tanzania 1996

Information and Library Services: Sexual Health Exchange. No. 1. 1997. Available: http://www.kit.nl/exchange/html/1997_1_tanzania__female_gardia.asp

After receiving several reports of sexual abuse by primary school teachers, the AIDS Committee developed a female guardian program. The program's objective was to help students with social, sexual, and reproductive health problems. School board members, parents, and teachers selected female teachers as “guardians.” The selection criteria included age (at least 35 years), firmness, friendliness, approachability, long service in the teaching profession, good work performance, and courageousness.

All guardians received a one-day training. The goals of this training were:

- To allow the women to share their observations of the social and sexual problems of the school girls
- To allow the women to share their worries and fears about dealing with sensitive issues
- To enable the guardians to identify their duties and roles
- To train the guardians in counseling skills
- To train the guardians to teach girls skills to resist sexual advances
- To discuss the reporting system, referrals of difficult cases, and the support mechanisms for each other and the parents, etc.

Developing a Safe Environment for your Institution

Adapted from the “Safe Sanctuaries: Reducing the Risk of Abuse in the Church.” Policy. The United Methodist Church. Available: http://www.gbod.org/ministries/family/safe/need_help.htm#forms

Is your school or religious institution safe for children? Take the following test:

1. Does your institution check references (or interview friends and family) for all paid employees and leaders who have contact with children or youth?
2. Does your institution interview all volunteers working with children or youth?
3. Does your institution train all volunteer and paid workers about the signs of sexual abuse each year?
4. Are volunteers and paid staff trained about the institution’s sexual abuse policy each year?
5. Do all workers and volunteers at the institution know the national laws regarding abuse and their responsibility for reporting abuse?
6. Does your institution have a reporting procedure for suspected cases of sexual abuse?
7. Is the building a safe place for children and youth? For example, are all pathways lit, are there windows in every room, or an open door policy so that others can monitor all child and youth activities?
8. Does the institution have a clearly defined plan of how they will proceed if a child or youth accuses an adult in the institution of sexual abuse?

9. Does the institution have regular meetings for parents about sexual abuse prevention?

If you answered “no” to any of these questions, develop a plan to make your institution a safer environment for children and youth.

Messages for Religious Meetings

How can we integrate sexual abuse prevention messages into our teachings? What do our religious texts say about sexual abuse? Do we need to change the way we teach others to prevent sexual abuse? How can we restore the faith of those who have been abused? Meet with religious staff to begin discussing these questions and integrate messages for sexual abuse prevention into your meetings.

Developing a Sexual Abuse Prevention Committee in your School

Adapted from WHO Information Series on School Health. Document 3. Violence Prevention: An Important Element of a Health-Promoting School. 1999. Available: http://www.who.int/school_youth_health/media/en/sch_violence_prevention_en.pdf

These guidelines are for schools, but can be adapted for organizations or institutions.

1. Who should be on the committee?

- School staff: administrators, teachers, students, support staff, coaches, school volunteers, and school-based health staff
- Community members: Look for men and women who are influential in the community, interested in child protection, able to mobilize support from the community, and interested in the school prevention program. Examples: parents/caregivers, religious leaders, media representatives, health service providers, sports figures, business leaders, and local government leaders.

2. Once we establish a committee, what do we do?

- Make sure that everyone on the committee understands sexual abuse prevention. Repeat this training for all participants, if necessary.
- Get support from the local government offices, ministry of health, ministry of education, community leaders, and the community. Hold training seminars to help them understand sexual abuse prevention.
- Inform teachers and support staff about the committee. Repeat this training for all teachers and staff, as necessary. Discuss with them any concerns they have about the prevention efforts.
- Find out what the school is currently doing to prevent sexual abuse. What resources and services are available in the community? (See Box 1)
- Collect information about the school’s strengths, weaknesses, awareness, and sexual abuse prevention needs.
- Collect information from the school about the prevalence of sexual abuse and how it is reported. (See Box 2)
- Communicate regularly with caregivers and community members to keep them informed about the planning process. Ask them to help you as you plan the prevention program.

Box 1: What resources and services are available in the community?

Do youth understand their rights in regards to sexuality? What materials do we already have (human rights training, health services, and AIDS clubs)? Are teachers trained in sexual abuse prevention? Are teachers required to attend specific trainings to maintain their certificates? Does the school teach life-skills to all students (confidence building, communication skills, negotiation skills, etc.)? Can parents or community members volunteer to help with sexual abuse prevention?

Box 2: Collect information about the prevalence of sexual abuse

Talk to youth and children in the school about the following:

- How prevalent is sexual abuse among students? What types of sexual abuse occur in the school? Where and at what time of day does it typically happen? Are weapons involved? What puts some students at risk for sexual abuse? What seems to protect other students from sexual abuse? Do students feel safe at school? How does sexual abuse affect student learning in the classroom?
- What types of student sexual abuse occur outside of school (i.e. in the home or community)? Are there places in the community where youth are most vulnerable to sexual abuse? Who is involved in most abuse cases (peers, strangers, family members, and boyfriends/girlfriends)? How safe is the route to school? Do students and staff feel safe coming to and from school? Are parents or caregivers visible along the major routes between home and school?
- Interview students to find out their attitudes and beliefs about nonconsensual sex. Do girls know they have the right to say no? Do boys feel justified in demanding sex if they have spent a lot of money on a girl? Do students feel that exchanging sex for goods is a way to achieve success?

Talk to teachers and administrators about the following:

- Do you understand the risks of HIV transmission associated with sexual abuse? Are you aware of symptoms and consequences of sexual abuse?
- Are children and youth treated with respect and dignity? Is there equal respect for boys and girls? Does the school have a sexual abuse policy? Does the school enforce behavior standards?
- What are parents doing to reduce, or prevent sexual abuse? What is the community doing to reduce or prevent sexual abuse?

Collect data about sexual abuse in the area. What types of sexual abuse are reported? Where is the abuse happening? What is the community doing to punish these crimes?

- School records documenting sexual abuse. This can also be compared to student achievement, dropouts, absenteeism, and discipline problems, which all can be affected by abuse.
- Crime reports from the police or justice system
- Local clinic or hospital records

- Involve children and youth in the planning and design stages of the programs. If the program is for children and youth, they must be involved in making it work. Allow the children to be involved in choosing the right counselors.
- Using the information that you collected (Box 2), set goals for the things that you hope to achieve. Example 1: To provide a safe learning environment for students. Example 2: To educate students about their right to say no to sexual abuse.
- Write clear steps about how you will reach this goal. Be sure to include who will do what, when it will happen, where and how you will measure your success.
- List the different activities that you will use to reach these goals. Will you train youth and children? Will you make changes to the school building and surrounding areas to make the school safer for children? What are the activities that you plan to do to make the school safer for youth and children?
- Inform the community and students about your plan and start the activities!

3. How are you doing?

- Regularly monitor your progress in the sexual abuse prevention program. Listen to feedback from students, parents and community members. Make changes to your program if it is not working. Use the guidelines in your objectives to measure your success.
- After one year, repeat your collection of data (Box 2) and compare the response to the data from last year.

