The Psychosocial Rehabilitation
of Children who have been Commercially Sexually Exploited

A Training Guide

ecpat

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- A TRAINING GUIDE -

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End Child Prostitution, Child Pornography and
Trafficking of Children for Sexual Purposes

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INTRODUCTION & ACKNOWLEDGEMENTS

This guide for trainers has been written as a response to the many requests received at ECPAT International for advice and assistance in training carers to look after children who have been commercially sexually exploited. Often carers find themselves in the position of having to fulfil many of the child's needs, and take on many roles, sometimes with few resources and little formal training.

We hope then, that this resource will be useful when putting together training programmes for carers. Our idea is that it is not followed slavishly, but used as a basis when developing training to meet the needs of organisations and which fits particular circumstances. We are not suggesting that this course will train carers to be 'experts' in the subjects covered in the sessions, but we are hopeful that it will give them an overall appreciation and understanding, and help identify future training needs.

Throughout the material we have tried to help trainers not only to give information to participants, but also to help carers consider how they can put that knowledge into practice in their daily work. Our aim has been to make the training 'useful' to carers. In addition, we believe that some sections of the document will be helpful to refer to when making presentations or proposals to funders or policy makers.

A note about content; you will see that we have not included a section specifically on child / youth participation. This is not because we are not committed to this as a process. We believe that successful outcomes, however we measure them, are based upon those interventions which recognize and value the uniqueness of each child's experience and are targeted at responding to the child where they are. By necessity this means exploring with the child their realties, thoughts and ideas. In this way the process of participation is woven as a thread through the material of rehabilitation, rather than being seen as an 'add on'. We are also aware that there are many publications around the subject of child participation.

As this is a general guide it does not concentrate specifically on particular kinds of sexual exploitation, such as child pornography. However since it covers general principles and ideas, in the absence of more specialist knowledge it can be applied. For the same reason we have not included information on extreme forms of psychological disturbance (such as post traumatic stress disorder) or cognitive / developmental difficulties or specific health needs.

A point about language – throughout the document we have referred to children who have been commercially sexually exploited as CSEC 'victims'. We are aware of the idea that, in terms of recovery, it is more helpful to refer to these children & young people as 'survivors', which they are. However, ECPAT believes that the use of the emotive word 'victim' is a constant reminder to carers that these children find themselves in such situations because of a crime perpetrated by an adult.

A lot of people and organisations were kind enough to give us ideas that we have adapted and collated – our thanks go to them. ECPAT International would be pleased to receive feedback about the effectiveness of this guide. We also welcome suggestions for other ways of working with commercially sexually exploited children that can be passed onto other organisations working in this field.

Good luck!

Stephanie Delaney & Colin Cotterill

CARING FOR CHILDREN WHO HAVE BEEN COMMERCIALLY SEXUALLY EXPLOITED AND / OR SEXUALLY ABUSED - NOTESFOR TRAINERS:
What the resource pack is and how to use it

- **Purpose** This resource has been designed to be used by trainers when organising and designing in-country training for caregivers of children who have been commercially sexually exploited.

  However, as each topic / area of interest is covered in separate units, it is also possible to adapt this pack for use when giving other training / presentations about CSA & CSEC.

- **Usage** The pack is to be used as a guide, and as a basis for developing training packages that meet both the needs of the participants and the circumstances within country. It is an ideas pool, and is not intended to be used as either a definitive or prescriptive programme. Icebreaker/closing exercises have not been included, but it is suggested that these are slotted into training sessions at appropriate times.

  Questions which need to be considered when developing training packages include: What are the experiences and skills of the expected participants? What special, additional knowledge will participants be bringing to the course? How do cultural ideas influence and alter the suggested material? How might people from other cultures / religions /societies see things differently? What ideas might they have?
  Given that some of the sessions are skills based, it would be useful to identify someone with suitable expertise who is confident in using the ideas and could either carry out or assist in facilitating in running the session.
  The timings given are approximate – the length of the sessions will be determined by the pace set by the trainer and the time allowed for discussions and exercises.

- **Components** The guide contains suggested core areas to be covered, plus more advanced level units, working on developing both the knowledge and skills of the participants. Each unit includes both information and group / individual exercises. Units are intended to be participatory and to encourage dialogue between presenters and participants.

- **Layout** Each unit contains a session plan that identifies the purpose of the session, the resources needed, and instructions for running the session, together with trainers' notes. In addition there are numbered worksheets. These worksheets can be either photocopied and distributed, or if used for a presentation, put on an overhead transparency, powerpoint or the information transferred to a whiteboard/flipchart.

1 LEARNING TOGETHER:
How the group is going to work together during the course

Purpose: The purpose of this session is to set the context for training within a safe environment that encourages people to learn and participate, and to establish what goals and expectations participants have for the programme.

Resources / materials needed: Large sheets of paper and pens – way of pinning up 'list' to wall
Anticipated length: 30-60 mins

Notes for Trainers:	Workshop Format:
	In large group, discuss and agree a list of "rules" that the group would like to use as a basis for working together over the period of the training programme.
If necessary prompt discussion within the group about eg. time keeping, confidentiality, listening and respecting each others views, right to challenge statement not agreed with, no personal remarks, 'owning statement' (ie saying 'I' rather than 'they'), learning and discovery-therefore its ok to make mistakes and experiment without the fear of ridicule.	Write list onto a large sheet(s) of paper and pin up somewhere where it can be seen throughout the course. It can be added to as the course proceeds if participants wish.
	In pairs discuss why participants decided to come on the course and what they are expecting / hoping to learn from it.
	Each 'partner' to share their discussions with the large group while trainer notes on large paper a list of expectations.
After establishing a list of the expectations of the group it is important to immediately identify areas that will not be addressed during the course in order to ensure that participants do not become disappointed.	Go through the course programme and identify in which ways this may, or may not, match expectations.

2 INFLUENCES & CONTEXTS:
How our views about child abuse and our ideas about children are shaped

Purpose: The purpose of this session is to encourage participants to appreciate that child abuse is not a 'fixed' concept. It will also help participants to think about how their own experiences affect the way that they think about children.

Resources / materials needed: Note paper, large sheets of paper and pens, worksheet numbers w2.1 &w2.2

Anticipated length: 30-60 mins

Notes for Trainers:	Workshop Format:
	Handout worksheet number w2.1 - quiz to be completed individually. When finished, read out each situation and ask people to vote about whether they agree or not
Aim of quiz is to generate discussion and highlight differences of opinion in the room. It should be done as quickly as possible to get the participants instinctive reactions. If everyone agrees, explore with the group why they think there is agreement. Consider how responses might be different if seen from the perspective of another culture	
	Ask participants to individually write on a piece of paper 10 words that describe themselves. Then as a large group discuss how they described themselves and think about why they chose to do it that way– ie who put physical descriptions first, who mentioned relationships to others, gender, race, class, religion etc etc.
For the individual list there is no right or wrong. Its aim is to merely stimulate participants into thinking about how they have constructed their own identity. For example do they see themselves first as a mother, or as black?	
	Using worksheet number w2.2 explain that the 'spectacles' through which we see the world are built up from a number of different lenses that are unique to us.
Appreciating that we see the world in this special way can help us understand why others have different opinions, and also help us to question where our own values and ideas come from, and how these affect our responses to situations like child abuse.	

2 CONTINUE

Notes for Trainers:	Workshop Format:
	In small groups (4-6) identify 3 points for each context which apply to participants own setting
For example 'legal context' – what does the law say about age of consent / marriage / starting work?	
	Feedback to large group

INFLUENCES & CONTEXTS	Worksheet Number
Ideas about children-Do you agree or disagree?	**w2.1**

		Agree	Disagree
1.	Children today are spoilt and have never had such a good life	☐	☐
2.	Children should be seen and not heard	☐	☐
3.	The age of consent for sexual intercourse / marriage should be lowered	☐	☐
4.	Smacking never hurt any child and works well as a punishment	☐	☐
5.	A child's opinion is an important as an adult's	☐	☐
6.	Boys should receive a better education than girls since their working life will be longer and they will have to earn money to support a family	☐	☐
7.	Children should grow up being looked after by their family	☐	☐
8.	Children never lie about abuse	☐	☐
9.	Children should always do what adults tell them	☐	☐
10.	Children should be able to make up their own minds about if they want to go to school or not	☐	☐
11.	Children should not be a burden on their families and should be self sufficient as soon as possible	☐	☐
12.	Children should look after younger siblings while parents are busy working	☐	☐
13.	It is more important to learn a skill that will get a job than it is to go to school	☐	☐
14.	Children are given too much responsibility too early in life	☐	☐
15.	Children are not given enough responsibility	☐	☐
16.	"Going without" makes children appreciate the value of things	☐	☐

INFLUENCES & CONTEXTS	Worksheet Number
What influences us and how we see the world	**w2.2**

USING CHILDREN AS AN EXAMPLE:

Our ideas about what is a normal experience for a child will be affected by a number of factors which overlap and create a particular view:

- **Legal Context** – what the law says (for example about the age of consent)
- **Societal Context** – what the commonly held view is in the social situation that we live in
- **Cultural Context** – how our culture views things (for example, are women held in as high regard as men) – this includes ideas like gender and ethnicity
- **Religious Context** – what does our religion say
- **Personal Context** – how our past experiences have taught us to see the world and shaped our view
- **Ethical / Professional Context** – what our 'profession' tells us (for example, for professionals in some countries, reporting suspicions of child abuse is mandatory)
- **Environmental & Economical Contexts** – what do people have to do to survive? (for example, how to feed a family if the crop fails)
- **Institutional Context** – what the culture of the organisation is (for example, are children viewed as being the primary client, or is the mother? Depending upon the culture there might be very different ideas about whether something was abusive or not)

3a CHILD SEXUAL ABUSE - (CSA): What it means and who is affected

Purpose: The purpose of this session is to help participants clarify their ideas about what child sexual abuse is and to clarify some of the misunderstandings that exist.

Resources / materials needed: Large sheets of paper and pens, copies of worksheet numbers w3a.1, & w3a.2

Anticipated length: 60 mins

Notes for Trainers:	Workshop Format:
As it deals with potentially distressing subjects, be alert to participants becoming upset or unsettled by the course material. You may also need to provide an explanation of some of the terms	In large group, discuss ideas about what child sexual abuse means, and what activities it covers. Go through the definition of CSA and the activities that are defined as being sexually abusive on worksheet w3a.1
People may feed back to the large group any ideas they have if they wish – do not force!	In pairs discuss thoughts and feelings participants have when they think about CSA & feedback. Give out worksheet number w3a.2. Discuss case studies in small groups of 4 – 6. Feedback to the large group for discussion at the end, especially about any differences of opinion in the groups.
If participants are not able to accept that all these situations are inappropriate for children then consideration needs to be given about whether they have chosen the right career	
Impacts of sexual abuse on children include: fear, depression, low self esteem & self worth, poor social skills, anger & hostility, inability to trust & build meaningful relationships in later life, blurred roles and boundaries, appearing 'older' (pseudomaturity), sexualized behaviour, guilt, shame, feeling 'different' from others, isolation, substance use & misuse, self harm (including suicide), post traumatic stress disorder (plus many others!)	In large group, ideas storm the possible effects / impact of sexual abuse on children

CHILD SEXUAL ABUSE (CSA)	Worksheet Number
Child Sexual Abuse - What is it?	**w3a.1**

Child sexual abuse involves:

a) an abuse of the **unequal power relationship** between a child or young person and an older, bigger or more powerful person, which usually includes a betrayal of the child's trust, and

b) the **sexual activity** – either actual, attempted or threatened – between a child or young person, and an older, bigger or more powerful person

CSA includes a wide range of behaviours, including:

- sexual suggestion
- sexual fondling
- genital exposure
- exposure to adult masturbation
- oral sexual behaviour (eg fellatio)
- vaginal or anal interference by an object, including fingers or penis
- exposure to pornography or allowing the child to be used for pornographic purposes
- child sexual behaviour with an animal
- voyeurism
- **sexually exploiting a child for commercial gain – either in cash or kind**

CHILD SEXUAL ABUSE (CSA)	Worksheet Number
Has this child been sexually abused or is at risk of being sexually abused?	**w3a.2**

Case 1: Emma

Emma is 10 years old and lives with her sister (age 8), mother and stepfather. Her mother married about a year ago. One afternoon while Emma's mother was out at work, Emma's stepfather took her and her sister into the garage and masturbated in front of them. He did not touch either Emma or her sister and they did not feel frightened – more curious

Case 2: Tom

Tom is 14 years old and lives with his mother. He has a brother who is 21 years old and lives in an apartment with a couple of friends. Tom is very mature, gets on well with his brother and likes spending time with him. Tom often stays at his brother's apartment. Usually they spend time playing cards, eating and drinking and watching films. On a few occasions Tom's brother and friends have rented an 'adults only' film – which they have all watched together. There has not been any sexual activity or suggestion of it by Tom's brother or his friends. They seem to regard Tom as being one of their friends.

Case 3: Apurna

Apurna is 11 years old and lives with her extended family. Some time ago her aunt died. Her uncle was very upset at the time. Recently he seems much happier and tells Apurna it is because of her. He has been buying her gifts, sweets etc and telling her that it is their secret. He has said that if she tells anyone, he will stop buying the things for her. Apurna is enjoying the attention from her uncle, who she has always liked.

Case 4: Tariq

Tariq is 12 years old and lives with his family. Recently his father has been forcing him to have anal sex. Tariq does not like this – he feels uncomfortable and ashamed, but his father tells him that it is normal and that he is teaching Tariq how to be a man.

Case 5: Aki

Aki is 10 years old and has been living alone on the streets since he was 7 when his grandmother, who was looking after him, died. He manages to earn money shining shoes and selling scrap metal that he collects. A year ago a man offered Aki money in exchange for performing oral sex on him. Aki did not mind it and sometimes offers to perform oral sex on other men in order to supplement his income.

3b **COMMERCIALLY SEXUALLY EXPLOITED CHILDREN - (CSEC) : What it means and who is affected**

Purpose: The purpose of this session is to introduce to the group the idea of CSEC (what it is and who it affects) and to come to a common understanding about what is being talked about during the training course.

Resources / materials needed: Large sheets of paper and pens, copies of worksheet numbers w3b.1, w3b.2 & w3b.3

Anticipated length: 30 mins

Notes for Trainers:	Workshop Format:
	In groups of 4-6, on flip chart, write a definition of what 'commercial sexual exploitation of children' means. Each group to share their definition in the large group
	Worksheet number w3b.1 – go through the definitions of CSEC and Article 34 of UN Convention of Rights of Child in large group. In pairs carry out activity (may need to be finished outside of course)
UN Convention might provoke some discussion – as children defined as being anyone under 18 years old	
	In large group, discuss case studies on worksheet number w3b.2
Allow plenty of time for discussion about each case scenario in the large group discussion, and be prepared for differences of opinion!	
Implications of culture, religion and society need to be highlighted – how might other people see things?	
Does everyone agree or do participants have different ideas from their experiences? Discuss any that arise as part of the large group.	In large group go through the list of those at risk of CSEC and consider the differences between CSEC and CSA (worksheet numbers w3b.3 & w3b.4).
Stress that while these are differences, each child's experience is unique to themselves. It is also crucial to reinforce that even where 'positive' language is used to described the experiences of CSEC, it is always abusive	

COMMERCIALLY SEXUALLY EXPLOITED CHILDREN	Worksheet Number
Child Sexual Exploitation - What is it?	**w3b.1**

⊙ Commercially Sexually Exploited Children - A Definition:

"the sexual exploitation of a child for remuneration in cash or in kind, usually but not always organised by an intermediary (parent, family member, procurer, teacher etc)"

⊙ Article 34 – UN Convention on the Rights of the Child:

"States Parties undertake to protect children from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

a) the inducement or coercion of a child to engage in any unlawful sexual activity;

b) the exploitative use of children in prostitution or other unlawful sexual practices;

c) the exploitative use of children in pornographic performances or materials"

Note the UN considers a child to be anyone under the age of 18 years old

⊙ **ACTIVITY:** In pairs write a definition for each of the following words, and translate it into the languages spoken in your centre:

1. **Inducement**

2. **Coercion**

3. **Pornographic**

4. **Prostitution**

COMMERCIALLY SEXUALLY EXPLITED CHILDREN	Worksheet Number
Is this child being commercially sexually exploited, or likely to be?	**w3b.2**

Case 1: Ambia

Ambia is 15 year old. Her family is very poor and relies on selling the few products they are able to grow on the land that they rent. Ambia has two older sisters and two younger brothers. Her family is heavily in debt to a local moneylender after borrowing money to pay for her sisters' weddings and for buying food after a harvest failed. The moneylender has offered to wipe out the debt on the condition that Ambia marries him.

Case 2: Martin

Martin is 13 years old. He was unhappy when his mother remarried after divorcing his father. He did not like his stepfather and there were many arguments at home. One evening, after another row, Martin ran away from home and caught a train to the city. He arrived not knowing what to do, or where to go. At the station he met a friendly man who said that he was looking for someone to 'help look after him' – in exchange he is prepared to provide Martin with a place to stay, food and clothing.

Case 3: Marlene

Marlene is 17 years old and is living with her mother – her father left when she was a child. Marlene has dreams of being a film star. She is tempted by an offer made to her by a man she met at a party. He makes what he calls 'adult films' and says that Marlene has great potential and could make a lot of money.

Case 4: Kamal

Kamal is 11 years old. His father recently bought a businessman to the house and encouraged Kamal to fondle the man. Kamal's father is hopeful that the businessman will give a lucrative order to his family's factory.

Case 5: Vera

Vera is 13 years old. Her parents were happy when they were able to find work for her near to their home as a housemaid because it means that she can contribute to the family's income. At first Vera was happy with her work and the family she is living with. Recently the father in the house has suggested that she has sex with his son who finds her attractive. Although he has not threatened to dismiss her if she does not, Vera believes that if she does not agree she will be sent home.

COMMERCIALLY SEXUALLY EXPLITED CHILDREN	Worksheet Number
Who is likely to be commercially sexually exploited?	**w3b.3**

Potentially any child may be commercially sexually exploited, but at particular risk are children living in difficult conditions, such as:

- Children in traditional places of organised prostitution – for example in red light districts
- Children living with one or both parents or older siblings in urban areas of high poverty
- Children living in environments where there is regular misuse of drugs, alcohol and other substances
- Children living close to areas where there is a large concentration of unattached men – for example near barracks, truck stops etc
- Children living on the streets, in railway stations or disused buildings etc
- Working children on the streets in the informal sector – for example beggers, shoe shiners etc
- Children working in factories (where they might be required to offer themselves to clients etc)
- Children in areas of armed conflict
- Children in prostitution with socio-religious sanction (eg dedicated to gods etc and therefore able to have sex with any holy man, believer etc)

Also at particular risk is any child who is without carers or the protective environment of adults (eg supportive community)

COMMERCIALLY SEXUALLY EXPLITED CHILDREN

Worksheet Number

w3b.4

Some differences between CSA and CESC in terms of its effect on children & features

Child Sex Abuse	Commercial Sexual Exploitation
Child typically feels powerless	Child may feel powerful
Child is not normally the seducer	Child may act as the seducer
Often appears withdrawn and quiet, though may also be loud, aggressive and have 'self destructive behaviour' (eg drugs)	Often expresses emotions (though typically not feelings) about CSE
'Inside system' – often still in school, clubs	'Outside system' – eg not in school
Usually kept secret from friends & peers	Usually not secret from friends & peers
Apart from abuser, people around say that it is a bad thing	People in social circle of child may say that it is a good thing
Wider community is sympathetic and supportive	Wider community views behaviour in negative way

4 'SPECIAL NEEDS' OF CHILDREN WHO HAVE BEEN SEXUALLY ABUSED: How looking after these children is different

Purpose: Carers participating should already have a clear idea about, and experience of, looking after children, and hence have a good understanding of what being an appropriate carer means. The purpose of this session is to remind them of what they should already know, and to use this knowledge as a basis for thinking about the special needs of children who have been sexually abused

Resources / materials needed: Pens, big sheets of paper, worksheet numbers w4.1 & w4.2
Anticipated length: 60 mins

Notes for Trainers:	Workshop Format:
Throughout the session – focus on the strengths and knowledge of the participants	
	In large group ideas storm on whiteboard 'what every child needs'
Needs identified should include consistency, boundaries, love, shelter, food, warmth, exercise, sleep, education / stimulation etc	
	In small groups (of 4-6) consider three questions: (write on whiteboard) 1. What special needs do children who have been sexually abused have? 2. What particular problems might arise when looking after such children? 3. What qualities do carers need to look after children who have been sexually exploited? (Participants write ideas on sheets of paper.)
Allow plenty of time for this activity – encourage participants to use their own knowledge. Participants already have skills that can be worked on	
	Feedback to the large group,
	Distribute worksheet w4.1 & ask participants to think about which 'complaints' they have already encountered as a carer.
	Go through worksheet w4.2 with the large group.
Remember, these are 'typical' patterns and situations – each child's experience will be unique and it's important to highlight to participant that children individual circumstances must be taken into account. Be prepared for questions !	

SPECIAL NEEDS OF CHILDREN WHO HAVE BEEN SEXUALLY ABUSED	Worksheet Number
Common 'complaints' which children present with - though not exclusively associated with either sexual abuse or commercial sexual exploitation - include:	**w4.1**

Think of a child you have worked with (ideally, but not necessarily CSEC victim). Tick the 'complaints' they suffered from?

	complaints
TB / respiratory problems	☐
Headaches	☐
Exhaustion – sleeping problems	☐
Injuries / effects of past injuries	☐
Malnourishment / debilitation	☐
HIV/AIDS & other STDs	☐
Pregnancy / termination	☐
Misuse of drugs, alcohol & other substances	☐
Low self esteem & self worth	☐
Lack of confidence (sometimes leading to over confident manner to compensate)	☐
Feels self hate / disgust / unworthiness	☐
Feels different / outcast	☐
Feels degraded	☐
Feels hopeless about the future / depressed	☐
Loss of trust in adults	☐
Easily feels 'picked on' – may bully others	☐
Poor concentration	☐
Limited ability to organise and structure	☐
Confused sense of time	☐
Feels guilty / to blame	☐

Aggressive	☐
Volatile	☐
Self- harm – deliberate and / or risk taking behaviour	☐
Suicide attempts	☐
Slow development / cognitive impairment	☐
Confuses love and sex	☐
Finds it difficult to maintain relationships	☐
Rebellious	☐
Not able to discriminate in relationships (mixes with 'wrong' people)	☐
Flirtatious and sexually provocative	☐
Sees self as 'saleable commodity'	☐
High sexual arousal	☐
Steals / hoards	☐
Abuses others (or attempts to)	☐
Runs away	☐
Feels powerless – need to 'be in control' by getting own way (temper tantrums)	☐

SPECIAL NEEDS OF CHILDREN WHO HAVE BEEN SEXUALLY ABUSED	Worksheet Number
Challenges of caring for children who have been sexually abuse	**w4.2**

➲ Health:

Children who have been sexually abused and exploited are likely to have increased problems with health – such as risk from STD's, injuries encountered during their abuse or as a result of their abuse, and other health problems associated with lifestyle such as breathing problems from smoking etc.

➲ Social & Psychological :

The "Dynamics of Sexual Abuse"

■ Sexualized Behaviour:

During abuse a child's sexuality is shaped in developmentally inappropriate ways. As a result children can become confused and have misconceptions about sexual behaviour and sexual morality. Unpleasant memories may become associated in the child's mind with sexual activity. As a result of rewards being given for sexual behaviour, children can learn to use such behaviour as a strategy for manipulating others in order to get what they want.

Due to confusion about the role of sexual behaviour, children can often fail to identify potentially risky situations, and may at times place themselves in positions of danger.

■ Stigmatization:

Indirectly or directly, children receive a number of negative messages about their experiences. Usually these have an unhelpful effect on children's ideas about themselves and their sense of worth, typically blaming themselves. This can further develop into risky and dangerous behaviour – such as drug & alcohol abuse -partly to 'escape' but also as the child may feel unimportant and worthless.

■ Attachment Difficulties:

Sexual abuse almost always involves the betrayal of the child's trust in an adult. People build their relationships on the basis of those that they have previously encountered. Hence, children who have been sexually abused typically find it very difficult to trust other adults.

Part of our idea about ourselves is based on the nature of the relationships that we have with others – therefore, for example, if a child does not experience a loving relationship with a trusted adult s/he may gradually internalise that to mean 'I am not loveable'. This has implications not only for behaviour as a child, but also as an adult.

- **Control:**

  A consequence of sexual abuse is that the child's wishes, will and self-determination have been overruled in favour of the 'dominate' wish of the more powerful adult. Feelings of being powerless lead to feelings of vulnerability and, as a result, the child may either seek out situations where they can feel powerful and in control, or attempt to gain control and power in any given situation.

What do carers of CSA & CSEC children need to be able to do?

In addition to the 'normal' qualities required of a good enough carer (ie providing structure, routine, meeting physical care needs etc), carers of children who have been sexually abused or commercially sexually exploited need to be able to:

- **provide physical safety,** for example, to protect children from placing themselves in positions of danger, to know how to manage challenging behaviour and to be able to work with children who may misuse substances

and linked to physical safety

- **provide emotional safety** – so that the child can begin to 'unpick' some of the unhelpful ideas they have about themselves and the adult world, and to experience healing and appropriate relationships with adults in order to fulfill their potential. Carers need to be reliable, consistent, dependant, trustworthy and patient to achieve this.

In addition carers also need to:

- be able to work collaboratively with other professionals and important people in the child's life, such as teachers and family members
- act as role models where appropriate
- identify and develop the strengths of children
- assist the child in developing appropriate support and social networks
- help the child learn 'life skills' that will assist them in living independently as an adult

5 PARTICULAR NEEDS OF CHILDREN WHO HAVE BEEN COMERCIALLY SEXUALLY EXPLOITED

Purpose: This session is designed to deepen carers' knowledge and understanding about the needs of children who have been commercially sexually exploited, and looks at the ways in which services can be delivered in psychosocial rehabilitation

Resources / materials needed: Pens, big sheets of paper, worksheet numbers w5.1 - w5.7
Anticipated length: 60 mins

Notes for Trainers:	Workshop Format:
	In small groups- each group member tells two things about themselves - one true and one not. Other group members to question and guess which is a lie. Feedback to main group.
This warm up exercise helps participants think about the difference between lying and denial. Consider - how did they feel telling the lie? What made it easier for them to lie? (typically, convincing oneself the lie is true helps)	
	In large group - ideas storm 'In what ways do CSEC victims cope?'
Remember that this is a general response and may differ between children	Hand out worksheet w5.1 and compare with coping ideas generated by the group
	In small groups draw up a profile of the typical CSEC victim. Feedback to main group.
Explain meanings of factors noted. Emphasize that this is the 'typical' child – important not to make assumptions that either a child is sexually exploited or not – these factors are indicators	Go through worksheets w5.2 & w5.3 with large group
	Go through worksheet w5.4 looking at the pressures associated with CSEC in large group
	In large group discuss 'Where might we work with these children?' On white board write up 'Street / Drop In Centre / Residential Care' and discuss what these situations may look like

Notes for Trainers:	Workshop Format:
	Handout worksheet w5.5 & discuss in large group which situation is most appropriate for which group of children identified in worksheet w5.3
Be prepared for differences of opinions!	
	In small groups (4-6) draw up a list of services that CSEC need to be provided with to assist their pyscho / social rehabilitation
	Feedback to large group.
Consider - how effective services can be, and whether it is 'right' to try to stop CSEC without replacement strategies - ie what realistic alternative to CSEC is there for the child?	Handout worksheet w5.6 and talk through the services needed

PARTICULAR NEEDS OF CHILDREN WHO HAVE BEEN COMMERCIALLY SEXUALLY EXPLOITED	Worksheet Number
Attitudes and Coping	**w5.1**

⊙ Some typical differences in attitudes towards CSEC

GIRLS		BOYS	
Fear	Pregnancy	**Fear**	Being/becoming gay
Feel	'Not themselves' Others see them as disgusting To blame Lack honour / dignity	**Feel**	Going with paedophile better than with homosexual CSEC acceptable if poor (wish to look after others more vulnerable)
NOW	Consider CSEC as 'just a job' Need / want the money Like not being alone	**NOW**	Consider CSEC 'just a job' Need / want the money Like not being alone Like / enjoy the work
	Fantasize about 'real love' and lasting relationships (being 'rescued')		Want to get out

⊙ Typical Ways of Coping

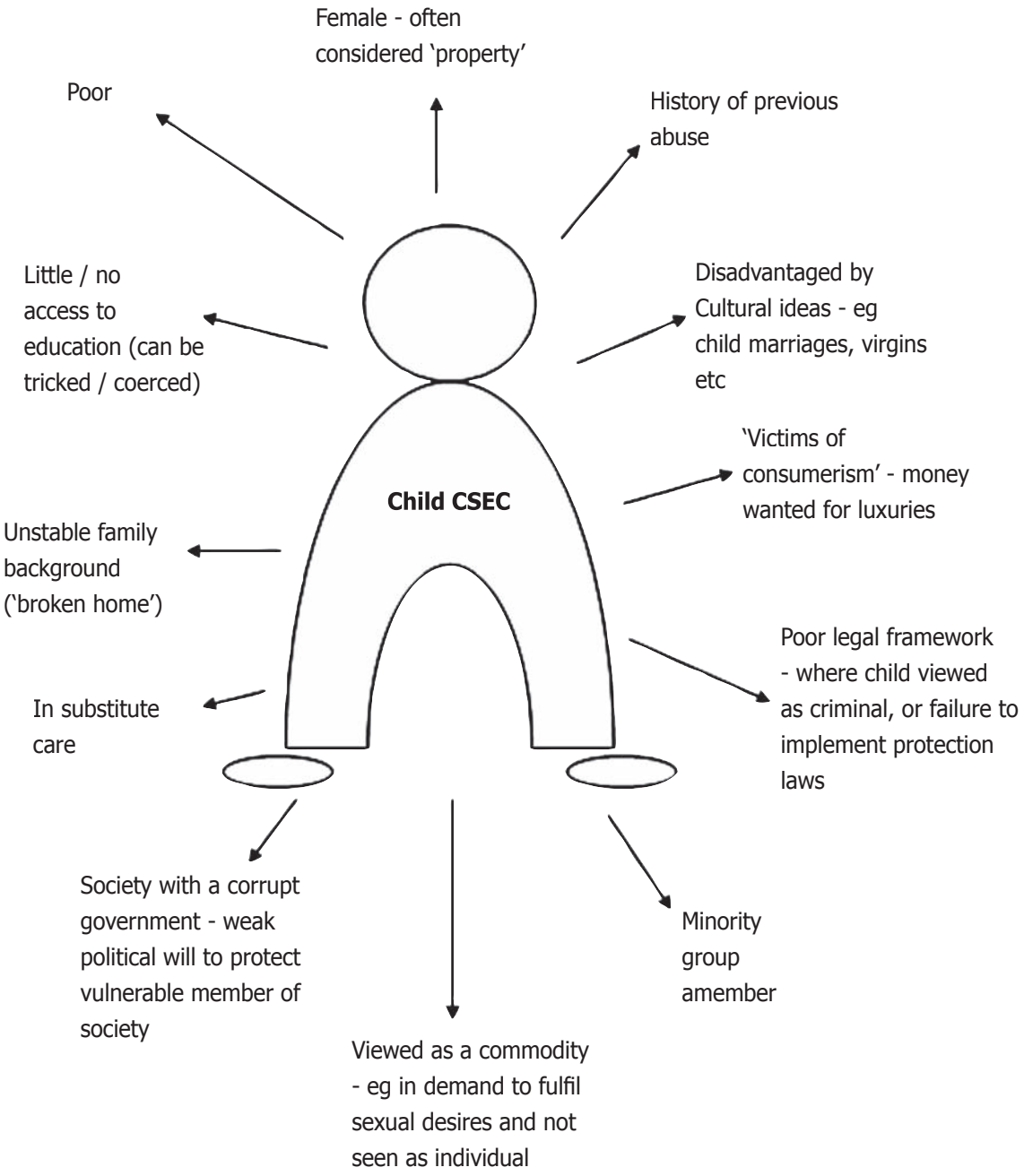
1. Substance abuse
2. Materialistic / consumeristic attitude or 'self indulgence' (clothes, food etc)
3. Rationalising ('we are professionals')
4. Pride in self sufficiency
5. Temporary mental lapses ('forgetfulness')
6. Disassociation (ie removing self from situation) / denial
7. Secrecy / anonymity
8. Stoicism (pretending that CSEC has no effect)

PARTICULAR NEEDS OF CHILDREN WHO HAVE BEEN COMMERCIALLY SEXUALLY EXPLOITED

Worksheet Number

w5.2

Profile of the 'typical' child that is commercially sexually exploited



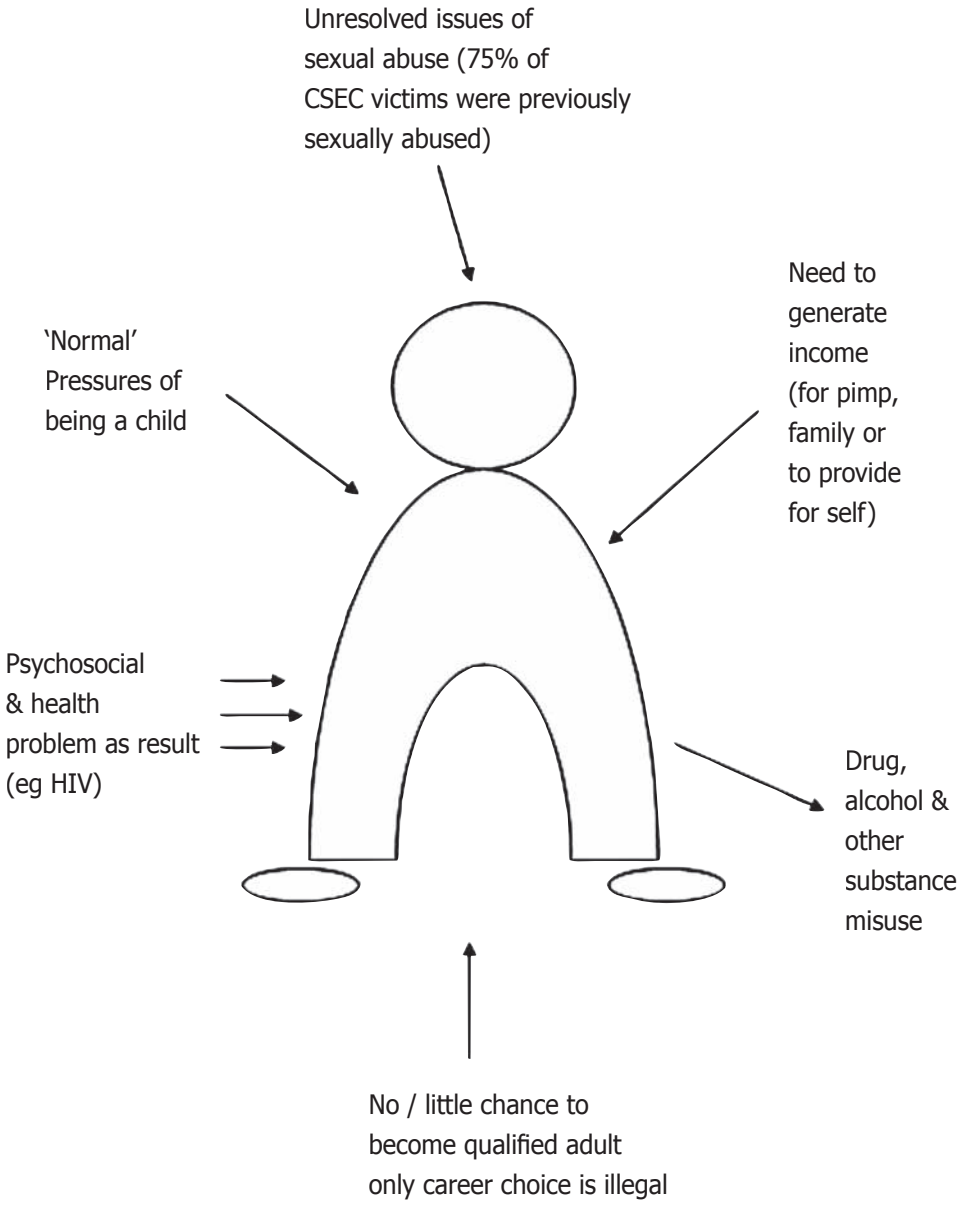
CSEC-PARTICULAR NEEDS OF CHILDREN WHO HAVE BEEN COMMERCIALLY SEXUALLY EXPLOITED	Worksheet Number
'Groupings' of Children who are Commercially Sexually Exploited	**w5.3**

- **Three main 'groupings' of CSEC :**

OCCASIONAL	WATCHED	BONDED
Physically free to leave, but may be financially tied - has some control over activities / choice to start May become 'habit' Can be from stable / wealthier families where money provides child with perceived independence	Limited control over activities Involvement of 'pimp' Initial exposure through seduction, coersion or kidnapping Often becomes 'habit'	No control 'Enslaved' Equivalent trauma to torture

Consider children you have worked with - which category do you think best describes them?

CSEC-PARTICULAR NEEDS OF CHILDREN WHO HAVE BEEN COMMERCIALLY SEXUALLY EXPLOITED	Worksheet Number
Pressures Associated with Commercial Sexual Exploitation	**w5.4**



CSEC-PARTICULAR NEEDS OF CHILDREN WHO HAVE BEEN COMMERCIALLY SEXUALLY EXPLOITED

Worksheet Number

w5.5

Three common settings for working with CSEC - methodology and typical features:

Street / Mobile	Drop In Centre	Residential Care
Works more towards encouraging less risky behaviour and contact with services, by making small changes to environment (eg providing condoms and needles) and offering health checks Are sometimes criticized (by public, politicians etc) as sanctioning or encouraging behaviour. Often acts as the 'first step' to other, more comprehensive, services	Provides support without placing too many demands and restrictions on young person - may be a bridge towards leaving life of CSEC. Informal nature of the support offered at such centres, while being very useful to the child / young person in terms of helping them make a break, can also lead to them not engaging with services, and just hop between providers (use of agreements and central registry might help reduce this)	Provides place of safety, and regular ongoing support for children / young people in a more structured, formal way. May be bridge to reintegration with family (if appropriate) Children may initially find adjusting to life in care very difficult to cope with and as a result may present problems in managing behaviour (violence, anger etc)

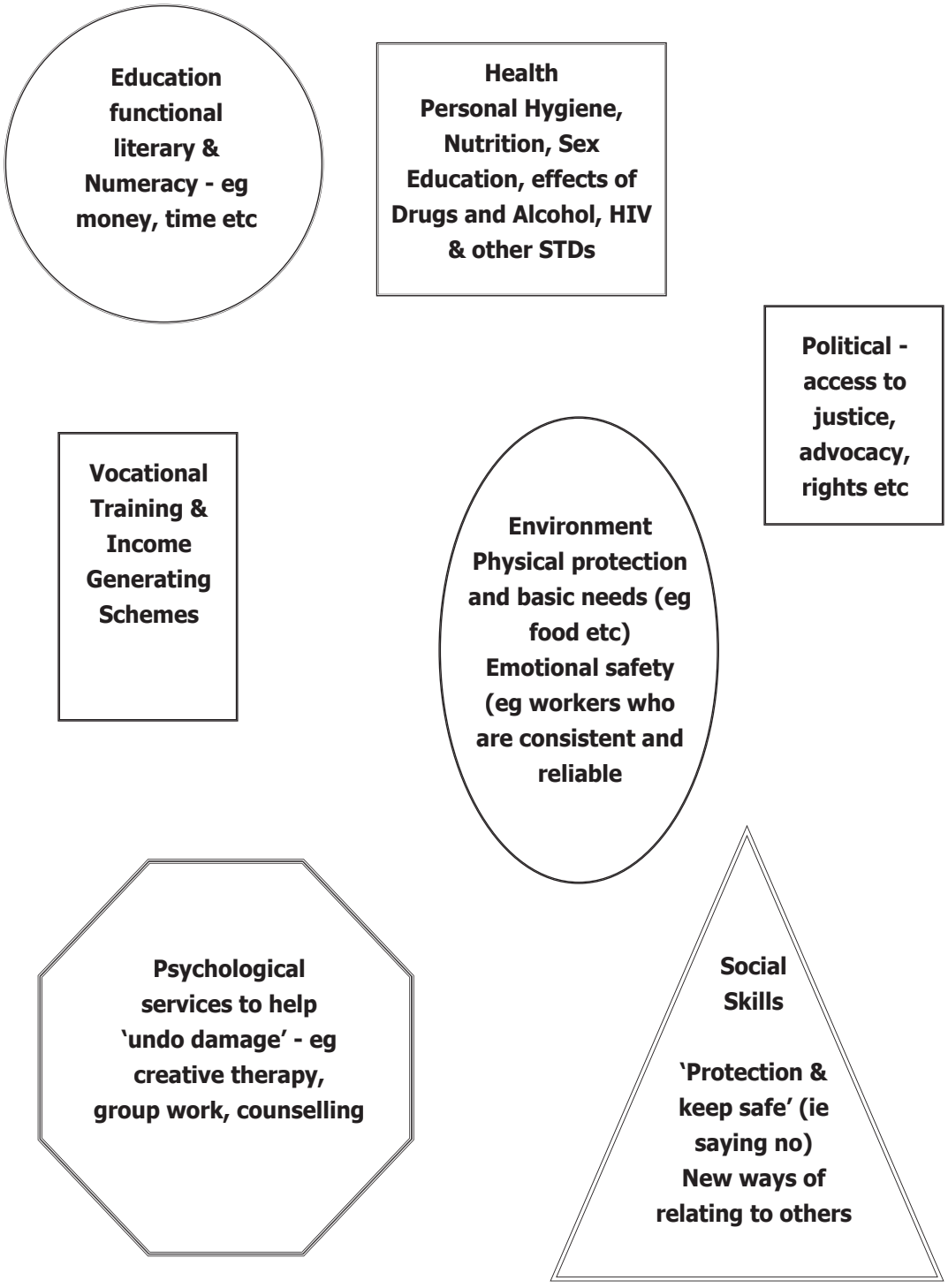
It is important never to make a child / young person think that they have disappointed workers because this may make them feel / fear rejection and make them reluctant to continue or return to services

CSEC-PARTICULAR NEEDS OF CHILDREN WHO HAVE BEEN COMMERCIALLY SEXUALLY EXPLOITED

Worksheet Number

w5.6

Services Needed by CSEC for Rehabilitation



6a BEHAVIOUR MANAGEMENT:

Purpose: Children who have been sexually abused / exploited often display behaviour patterns which make it difficult for those looking after them and, as a result, children face further rejection and isolation. The purpose of this session is to help carers identify and understand behaviour, and to build on the child care skills they have, to increase their knowledge of general strategies for managing it. (Note: Skills covered in Session 6b)

Resources / materials needed: Pens, big sheets of paper, copies of worksheets numbers w6a.1, w6a.2, w6a.3 & w6a.4 . Prepared sets of cards with emotions per card (see below)
Anticipated length: 90 – 120 mins

Notes for Trainers:	Workshop Format:
During this session it is important to highlight that carers form an important part of the recovery process for children - therefore their attitudes and responses to children are crucial	
Sets of cards to be prepared in advance of the sessions - each card to have a different feeling. Feelings may include: anger, aggression, suspicion, guilt, mistrust, powerlessness, unworthiness, being unloved, introversion, being reserved, fear, worry	Participants in small groups (4-6). Give out emotions cards to each member. Member has to roleplay that emotion as a child would. The rest of the group guess what the emotion is. Discuss in large group - how did people experience the exercise?
Ask groups to think about what people were 'doing' to show the emotion – eg 'smiling' to show happiness	Distribute worksheet w6a.1 and go through in large group what can be expected when looking after CSA/CSEC victims (and children generally)
.	Explain to group: "it is important to be able to distinguish the 'meaning' from the 'action' (ie the behaviour) – we need to be able to understand what the child is trying to say to us in order to be able to develop strategies that are effective"
Consider – how might the behaviour be useful for the child? For whom is the behaviour difficult?	

6a CONTINUE

Notes for Trainers:	Workshop Format:
Managing behaviour in a 'good' way is necessary as it promotes the important emotional relationship between the carer and the child which is so crucial in repairing a lot of the psychosocial damage caused by CSA / CSEC	
	Distribute worksheet w6a.2. In small groups of two or three, consider what the behaviour may mean. Feedback to large group
	Distribute worksheet w6a.3 Ask group to think if there are any differences with their ideas? Why might this be so?
The worksheet has suggestions as to what certain behaviour may mean. Remember there are a number of interpretations that could also be accurate.	
	In large group, ideas storm 'How to manage difficult behaviour'. Write ideas on large sheet of paper.
	Distribute worksheet w6a.4 and go through the strategies for managing behaviour with large group
As behaviour is so affected and determined by culture, it may be that the suggestions do not culturally 'fit' – or there is a lack of understanding, and participants are taking things at 'face value'?	
Carers need to appreciate that they probably already have a lot of the skills they need – maybe they just need to use them with more 'awareness' of what they are doing	

BEHAVIOUR MANAGEMENT	Worksheet Number
Behaviour that can be expected when looking after a child who has been sexually abused/exploited	**w6a.1**

- **Initial 'Honeymoon' Phase** (may last 24 hours to 2-3 weeks)

Child may be very compliant, finding their feet, and feel grateful. During this time they may present few behavioural problems

- **Adjustment Phase** (typically from 3- 9 weeks, following the honeymoon phase)

Having left the 'safety' of the life that they knew before, the child needs to process and adjust to their new circumstances. This process of adjustment will bring about conflicting emotions and memories that the child will need to come to terms with.

The child may:

- Test boundaries
- Resent adults' authority
- Resist discipline
- Display anger
- Become frustrated
- Rebel
- Think regular life and low wages are stupid
- Express bizarre views and do bizarre things such as hoard food / hide possessions / lock room or door / sleep with lights on / pack bags and threaten to leave

During this phase the attitude and the approach of the carer is crucial.

- **Settling Phase**

The child begins to feel more secure, and behavioural problems should gradually diminish - although it may take months / years to do this. There may still be periods when the child's behaviour regresses as they 'test' the safety of their new world.

- **'Moving on' Phase**

Once 'recovery' is complete, or it is decided that the child should move somewhere else, the child / young person will have to deal with their feelings of loss at moving on from somewhere that they have become used to. This may make them feel anxious and they may again return to some of their more unhelpful behaviours as they attempt to feel more in control and manage their feelings.

BEHAVIOUR MANAGEMENT	Worksheet Number
What I am trying to let you know: What I do and what might I mean by that.....?	**w6a.2**

Here are some 'typical' behaviours - what may thay mean? For example, if a child is 'smiling' it may mean that they are happy. (Note that there can be more than one meaning for each behaviour)

Behaviour	Posible meanings
Crying	.....
Shouting	.....
Running away	.....
Bullying others	.....
Not complying with requests/doing as told	.....
Being violent and agressive	.....
Having a temper tantrum to get own way	.....
Flirting	.....
Smoking	.....
Locking self in room	.....
Stealing	.....
Being competitive with others	.....
Refusing to take part / isolating self	.....
Harming self (eg cutting/ suicide attempts)	.....

BEHAVIOUR MANAGEMENT	Worksheet Number
What I am trying to let you know: What I do and what might I mean by that.....?	**w6a.3**

Behaviour	Posible meanings
Crying	I want you to see how terrible I feel / I need to get my own way to feel in control and less vulnerable / maybe you will give in if you feel sorry for me
Shouting	I am not being listened to / you don't understand how I feel / I don't want you to see how I really feel because then I will be more vulnerable
Running away	'Come & find me' – I need to see that I am important to you / I need to get away as being close to someone is dangerous for me / I don't know how to deal with my feelings and I need to escape
Bullying others	I want to feel powerful & in control / I don't want to feel bad alone – I need someone else to feel as terrible as me
Not complying with requests/doing as told	I feel powerless and need to regain control / I want to test if you are really committed to me
Being violent and agressive	Can I push you away, or do you mean it when you say you are on my side? / I don't know how else to show anger / I feel ..... but showing it in this way protects me
Having a temper tantrum	I have no say, no power and I want to be in control to get own way
Flirting	I want my own way so I feel less powerless and I don't know how else to get that power
Smoking	I am an adult and don't need anyone to look after me / I don't care about myself
Locking self in room	I need to protect myself – nobody else will / I need to keep my distance from people in case they hurt me / I need to get back my privacy

Behaviour	Posible meanings
Being competitive with others	If I don't look after my interests nobody else will / I need to feel good about myself and being better than others is the most obvious way to do this / I am used to struggling for survival
Refusing to take part / isolating self	Getting close to people is dangerous for me and I need to keep my distance / I am not good enough to be included
Harming self (eg cutting/ suicide attempts)	I feel bad but don't know how to let you know this / I need to concentrate on physical pain to help me deal with my emotional turmoil

Note that there may be more possible meanings for each behaviour - these are suggestion only. The aim is to think about what is motivating the child to behave in such a way, and what can be done to help the child not to have to do that

BEHAVIOUR MANAGEMENT	Worksheet Number
General strategies for encouraging good behaviour & managing difficult / challenging behaviour	**w6a.3**

- **Wherever possible ignore bad behaviour and concentrate on good behaviour** – Children want attention, by noticing the good things that they do you will encourage them to do them more often

- **Reinforce positive behaviour by reward** – This may just be your attention so praise to encourage more of it

- **Criticize behaviour and not the person** – ie 'Hitting is bad because….' not 'you are bad for hitting' Abused children already have poor self-esteem and a low sense of value; externalising the behaviour allows the child to see themselves as separate, and hence able to decide to do things differently in the future, and does not contribute to negative feelings about themselves

- **Create opportunities for learning** – eg 'As you broke a cup this time, remember next time not to carry so many' Enable the child to see that mistakes can be made, and that this is not a threat to your relationship with them, which will continue despite the incident

- **Be consistent –** Children need to feel secure – part of this comes from knowing the 'rules'

- **Use distraction before the situation escalates** – It is better to avoid a conflict than to have to deal with it

- **Be clear about what is expected, and about what will happen if not** – Don't assume that the child knows what you want them to do and be explicit about 'what' you want them to do. For example, don't say 'stop messing around' instead say what they are doing that means they are messing around.

- **Use positive phrasing** – eg Not "don't put the cup there" but "put the cup on the table instead of leaving it there" – This enables the child to have interactions where everything is not negative, and thus increasing self-esteem

- **Be seen to be fair and give opportunity to tell their story** – Children often feel victimised and powerless, they need to see that it is possible to have relationships with people where they are not exploited

- **Give 'good' and positive messages** – Notice the things that children are good and skilled at. Commenting on these helps build self-esteem

- **Allow child to take responsibility for a task / well being of others** – This will help the child have a sense of achievement and importance and raise self-esteem

- **Increase the child's sense of control** - by giving choices and including them in decisions, although it may not be appropriate for them to have the final say. This increases the child's perception of being in charge of their life and reduces feelings of powerlessness and vulnerability. By doing this the child will learn that they can get what they want without having to 'act out' (e.g. by having temper tantrums)

- **Listen and empathise with the feelings** / views that are being expressed, (or which you think are there) even if you don't agree - This helps children to appreciate that you are interested in them and are fair, and does not make them feel that they need to 'act out' to be heard, or to get their own way

- **Remove onlookers or the child from the situation** - Although 'time out' for cooling off can be useful, one of the problems of using this technique is that it can reinforce a child's sense of isolation and rejection. Better to bring the child to you, rather than push away, but at the same time remove them from the situation. For example if there is a fight, you could send the child to another room alone, but it would be better to suggest that the child come somewhere with you

- **Don't be over punitive** – Ask yourself (and be honest!) if I were a child, would I think that this was fair?

- **Use humour to defuse situations** – although this should never be at the expense of ridiculing or belittling the child

- **Apologise** if you are wrong, giving an explanation (if appropriate) for your action This shows children that it is fine to make mistakes, but that lessons need to be learned from them. This will also help build trust and respect

REMEMBER: YOU, as carer, are the ADULT! Keep calm!

6b BEHAVIOUR MANAGEMENT: MANAGING CHALLENGING AND DIFFICULT BEHAVIOUR (SKILL BUILDING)

purpose: Carers form an important part of the recovery process for children. Children who have been sexually abused / exploited often display behaviour patterns which make it difficult for those looking after them and as a result face further rejection and isolation. The purpose of this session is to help carers increase and improve their child care skills and abilities to manage challenging and difficult behaviour (Note: knowledge of general strategies for managing behaviour is covered in Session 6a)

Resources / materials needed:	Pens, big sheets of paper, copies of worksheets numbers w6a.4 and w6b.1
Anticipated length:	60 – 90 mins

Notes for Trainers:	Workshop Format:
	Recap on worksheet w6a.4 – strategies for encouraging good behaviour in large group
Examples should include: what they would do, and exactly what they would say (for example, not 'I'd tell him not to hit her', but "I would say ' Please stop hitting her'.") – The idea is to have practice of using the technique, not to just know about it	In small groups (4-6) for each technique listed, come up with an example of putting the technique in action.
During feedback give the opportunity to explore techniques that groups found difficult & ask for suggestions about what else could have been done	Feedback to large group about how the exercise went
Allow plenty of time for this exercise. If time limited, groups can do only one or two role-plays (though better to have enough time to do all for practice). Watch time keeping!! Make sure the groups stay on task.	Handout worksheet w6b.1 and in small groups do exercise 'Difficult Situations'.
Did anyone in the group find a situation easier to deal with than they expected? Did they find that strategies did work? Try something different?	Feedback to large group – reflecting on what, if anything, people were surprised about.

BEHAVIOUR MANAGEMENT	Worksheet Number
'Difficult Situations' - Practice in handling difficult situations.	**w6b.1**

• Instructions:

In small groups (at least 4) role-play the scenarios below

Select someone to act as the care worker and someone to be the child / young person. The rest of the group acts as observers – giving support and feedback to the care worker. (For each role-play, a different person should be the care worker.)

During the role-play, if necessary, the care worker can ask to 'freeze' – that is, stop the role play for a brief while - and consult the observers for advice and suggestions about the best way to proceed before continuing with the role play.

Take 15 minutes for each scenario – 10 mins for role playing and 5 mins for feedback & debriefing.

Role of the child / young person: From the scenario given, role-play a situation. Notice things that the care worker does / says that are particularly useful to you as a child / young person

Role of the care worker: Role-play how you would handle this situation. During the debriefing / feedback, consider - How did you choose / decide to do what you did? What influenced your behaviour? What might you do differently next time?

Role of the observers: During the role-play make suggestions and provide support if required to the care worker. In the debriefing, provide feedback about things that the carer did that were useful and also things that the worker could have done differently.

• Role Play Situations

Scenario 1: Conflict between two young people

Scenario 2: Adolescent girl flirting with a member of staff / acting in a sexualized way

Scenario 3: Young person who feels suicidal

Scenario 4: Young person threatening to run away because it is better on the streets

7a HEALTH PROMOTION: PROMOTING HEALTHY LIFESTYLES AND LIVING

purpose: Health care is extremely important - both preventative and curative. This session gives a general overview of the health issues which may affect CSEC victims, and with which carers need to be concerned. Subsequent sessions look at individual topics in greater detail – this one provides a general level of understanding.

Resources / materials needed:	Pens, big sheets of paper, copies of worksheets numbers w7a.1, w7a.2 & w7a.3
Anticipated length:	60 mins

Notes for Trainers:	Workshop Format:
This is a lengthy workshop, during which a lot of information is given out.	
	In large group ideas storm 'What health problem might CSEC victims have?'
Ideas might included – exhaustion, malnourishment / debilitation, TB & respiratory problems, HIV/ AIDS & STDs, pregnancy, drug, alcohol & other substance misuse, injuries / effects of past illnesses plus typical health needs of children - such as immunisation - and childhood illnesses	
	In small groups discuss and identify 'What health services do CSEC / CSA victims need, and how can these be delivered?'
Services needed include - personal hygiene education and facilities, nutrition (advice and adequate food), sex education, drug services, treatment for routine illnesses - services could be provided via health centres, individual sessions, group work at the centre, counselling etc	
	Distribute worksheet w7a.1 and go through in large group the health needs of CSEC / CSA children
Carers are likely to have concerns about their abilities to cope with drug / alcohol issues and HIV /AIDS - consider what carers can do to reduce their worries (such as self study)	In large group discuss 'What worries me - in relation to health issues – as a carer about looking after CSEC?'
Give time for questions and discussion. It may make sense to include a break, or distribute worksheet w7a.3 to read in private time. Copies should be given to participants to keep	In large group go through worksheets w7a.2 & w7a.3

These include:

- **Personal hygiene**
  advice, assistance and facilities

- **Nutrition**
  understanding of diet and access to suitable foods

- **Specific medical treatment**
  for identified complaints - eg TB

- **Specialist services for substance misuse**
  such as counselling, group work etc

- **Support, care and treatment for HIV /AIDS and other STD's**

- **Sex education**

- **Routine medical care**
  for 'typical' childhood illnesses (dependant upon age of child / young person) and accidents

- **Preventative health care**
  immunisation, health check, dental care, eye tests etc

HEALTH PROMOTION	Worksheet Number
HIV & AIDS - Transmission of the virus - How the virus is passed from one person to another	**w7a.2**

HIV can only be passed on from one person to another in a limited number of ways:

- By the semen or vaginal fluid of an infected person passing into the body of another person - this can happen woman to man, man to woman, man to man and woman to woman

- By the transfer of blood and blood products from an infected person - for example, if sharing needles when injecting drugs or from blood transfusions where the blood has not been screened

- By an infected woman to her unborn child

AIDS / HIV cannot be caught from normal 'social' contact with people who are HIV positive. It is safe to hug, touch and be near people who are HIV positive. For this reason, HIV is not contagious, although it is infectious. People who have HIV /AIDS are not a public health hazard.

HEALTH PROMOTION	Worksheet Number
SOME INFORMATION ABOUT HIV & AIDS	w7a.3

- **What is HIV/AIDS?**

AIDS is caused by a virus known as the human immunodeficiency virus (HIV). HIV damages the body's defence system and as a result people are not able to fight off other serious illnesses.

AIDS is the late stage of HIV infection - the time it takes to develop (following infection with HIV) varies, but is usually at least seven years, although there have been many cases where this period has been much longer. Advances in medical knowledge and drug research have lead to the development of some medicines that can keep people with AIDS healthy for a lot longer.

People infected with HIV usually go for many years without any sign of illness, but they can still infect others during this time.

- **How is it caught / spread?**

HIV can only be passed on from one person to another in a limited number of ways:

- By the semen or vaginal fluid of an infected person passing into the body of another person - this can happen woman to man, man to woman, man to man and woman to woman
- By the transfer of blood and blood products from an infected person - for example, if sharing needles when injecting drugs or from blood transfusions where the blood has not been screened
- By an infected woman to her unborn child

AIDS / HIV cannot be caught from normal 'social' contact with people who are HIV positive

For this reason, HIV is not contagious, although it is infectious. People who have HIV /AIDS are not a public health hazard.

- **HIV & SEX...**

People who are sure that both they and their partners are uninfected and have no other sex partners are not at risk from AIDS. People who know, or suspect, that this might not be the case should practice 'safer sex'.

Safer sex means kissing, caressing and other forms of non-penetrative sex (that is where the penis does not enter the mouth, vagina or anus) or using a condom (sheath / rubber) if having penetrative sex (intercourse). However, the only way to avoid any risks from being infected with HIV in this way is to abstain from sex.

Even if a condom is used, anal intercourse (in which the penis enters the rectum or back passage) is much riskier than vaginal or oral penetration.

People who have genital sores, ulcers or inflammation or a discharge from the vagina or penis are at greater risk of becoming HIV positive and passing it onto others. Prompt treatment for all genital infections is therefore very important.

- **HIV & BLOOD.....**

Any injection with an unsterilised needle or syringe is dangerous. A needle or syringe can pick up small amounts of blood from the person injected. If that person's blood has the HIV virus, and if the same needle or syringe is then used for injecting another person without sterilising it first, then HIV can be injected.

Disposable needles need to be destroyed to avoid the risk of accidental injury and infection as a result.

Care should be taken to ensure that the blood of an infected person does not come into contact with cuts or sores on the skin of an uninfected person as this can provide a route for the HIV virus to enter the bloodstream.

- **HOW TO TELL IF SOMEONE HAS HIV/AIDS**

There are no 'set' symptoms for HIV infection or AIDS. Most people who become infected with HIV do not notice they have been infected although some may suffer from a flu-like illness shortly after infection.

Once the immune system is compromised, the person may be susceptible to 'opportunistic infections', these are infections that are around us all the time and can normally be fought off by a healthy immune system. Also, some tumours or cancers can occur as a result of a damaged immune system and can cause damage to the brain and nervous system. These 'symptoms' are, however, not caused by HIV but by the opportunistic infections.

The only way to know if a person is infected is for them to have an HIV Antibody Test.

- **KEEPING SAFE.....**

By practicing safer sex and taking care to avoid the risk of infection from blood, people can keep themselves safe from HIV.

Despite the advances in knowledge and development, at the moment the only effective weapon against the spread of HIV / AIDS is public education. That is why every person in every country should know how to avoid getting and spreading HIV.

Children have a key role in protecting themselves, spreading messages to others and helping others. In order to do this they must understand how the virus is acquired and spread.

7b HEALTH PROMOTION: HIV & AIDS

purpose: Carers need to have an understanding not only of what HIV /AIDS is, but also how it affects individuals and those who are close to them. This session builds on the knowledge introduced to explore the issues involved when working with young people and children affected, and hence appreciate how they can work more effectively

Resources / materials needed:	Pens, big sheets of paper, copies of worksheets numbers w7b.1, w7b.2 & w7a.3
Anticipated length:	60 – 90 mins

Notes for Trainers:	Workshop Format:
Typical responses might be death, fear, ignorance. This exercise is to get participants thinking about the subject	In large group ideas storm the issues / feelings / ideas raised when thinking about HIV & AIDS Handout worksheet w7b.1 to complete individually
Allow plenty of time to discuss the worksheets	Give out worksheet w7b.2 and discuss answers in large group In large group recap on worksheet w7a.3 – important information (covered in Section 7a)
Allow plenty of time for this exercise, and be prepared for feelings that may arise as a result.	Break into 4 groups - one for a young person with HIV, one for young person without HIV who is living in the same centre, one for the staff and one for the family of the young person with HIV. Each group to consider (from the position they are taking) how they feel, their worries and how the HIV diagnosis affects them Feedback to large group and discuss
Who should do it - Doctor? Staff? When? How? What might be the effect - Suicide? Rejection?	In large group consider the implications for disclosing HIV status to a child?
Like anyone else, children with HIV & AIDS have a right to their PRIVACY and CONFIDENTIALITY	In large group discuss "Who needs to know about a child being HIV positive?'

7b **CONTINUE**

Notes for Trainers:	Workshop Format:
Information about someone's HIV status should be shared on a 'need to know' basis - the question to ask is 'what difference will it make to this person knowing about the child's HIV status?'	In small groups, consider what skills & knowledge they as carers need to build upon to improve their care of children and young people who may be HIV positive
Participants could either develop their own learning plan, or share with the group in a feedback session depending upon the participants' background	

HEALTH - HIV & AIDS	Worksheet Number
Test of knowledge about HIV & AIDS	**w7b.1**

Answer true or false

	True	False
1. AIDS is caused by the virus HUMAN IMMUNO DEFICIENCY Virus, known for short as HIV	☐	☐
2. A person who is HIV positive will get AIDS and die	☐	☐
3. If a person is referred to as being HIV positive it means that they have the HIV virus	☐	☐
4. AIDS is contagious and people who are HIV positive are a public health hazard	☐	☐
5. Only homosexual (gay) men can catch HIV / AIDS	☐	☐
6. Having sex with a virgin can cure someone of being HIV positive	☐	☐
7. It is not possible to get HIV /AIDS from normal 'social contact' with people who have the virus. Hugging, shaking hands, coughing and sneezing do not spread the virus	☐	☐
8. Care needs to be taken in public toilets and using plates, glasses etc because the virus is easily spread in that way	☐	☐
9. The more sexual partners a person has the greater the risk that they will become infected with HIV	☐	☐
10. Practicing 'safer sex' reduces the risk of becoming HIV positive	☐	☐
11. Safer sex' means kissing, caressing, non penetrative sex or using a Safer sex' means kissing, caressing, non penetrative sex or using	☐	☐
12. HIV cannot be caught the first time that someone has sex	☐	☐
13. Intravenous drug users are at risk of becoming HIV positive if they use / share other's 'works' (needles etc)	☐	☐
14. It is safe to re-use unsterilised needles as part of a child immunization programme, although this should be done by qualified medical personnel	☐	☐

	True	False
15. Pregnant mothers who are HIV positive can infect their unborn children with HIV	☐	☐
16. Ear piercing, dental treatment, tattooing, facial marking and acupuncture are not safe if the equipment used is not sterilised	☐	☐
17. Equipment (eg needles) - can be sterilised by washing in warm salt water	☐	☐
18. Having sex with someone who injects drugs increases a person's chances of becoming HIV positive	☐	☐
19. It is important that, when working with children, everyone knows if a child is HIV positive	☐	☐
20. Special measures for first aid and hygiene need to be used in centres when a child / young person is HIV positive	☐	☐
21. People do not die of HIV or AIDS	☐	☐
22. Abstaining from sex is one way to avoid the risk of becoming HIV positive	☐	☐
23. A negative test result from an HIV test does not definitely mean that the person is not infected with the HIV virus	☐	☐
24. People who have a test for HIV should be offered counselling before and after the test, regardless of the result	☐	☐
25. Children and young people should not be talked to about HIV & AIDS because it will encourage them to be promiscuous or may frighten them	☐	☐

HEALTH - HIV & AIDS	Worksheet Number
Fact and Fiction...	**w7b.2**

		True	False
1.	AIDS is caused by the virus HUMAN IMMUNO DEFICIENCY Virus, known for short as HIV	✓	☐
2.	A person who is HIV positive will get AIDS and die -Most people who are infected with HIV do go on to develop AIDS and die, but due to advances in treatment there are increasing numbers of people who are HIV positive for many years and have not developed AIDS	☐	✓
3.	If a person is referred to as being HIV positive it means that they have the HIV virus	✓	☐
4.	AIDS is contagious and people who are HIV positive are a public health hazard The routes for transmission of the virus are well defined and limited in number	☐	✓
5.	Only homosexual (gay) men can catch HIV / AIDS Anyone can become HIV positive	☐	✓
6.	Having sex with a virgin can cure someone of being HIV positive Having sex with a virgin will not 'cure' HIV, and places the virgin at risk of becoming HIV positive	☐	✓
7.	It is not possible to get HIV /AIDS from normal 'social contact' with people who have the virus. Hugging, shaking hands, coughing and sneezing do not spread the virus While traces of the HIV virus have been found in saliva, the traces are so minute that catching HIV in this manner poses no risk because the amount of saliva that would need to be consumed would be vast	✓	☐
8.	Care needs to be taken in public toilets and using plates, glasses etc because the virus is easily spread in that way As question 7 - care should always be taken if a person has sores around their genitalia as this can increase the risk of transmission	☐	✓
9.	The more sexual partners a person has the greater the risk that they will become infected with HIV	✓	☐
10.	Practicing 'safer sex' reduces the risk of becoming HIV positive Although no sex is 'totally' safe and there is always a small risk of infection	✓	☐

	True	False
11. Safer sex' means kissing, caressing, non penetrative sex or using a condom (rubber / sheath) if penetrative sex takes place	✓	☐
12. HIV cannot be caught the first time that someone has sex	☐	✓
13. Intravenous drug users are at risk of becoming HIV positive if they use / share other's 'works' (needles etc) When injecting drugs a small amount of blood remains in the needle and syringe and this might be infected with HIV	✓	☐
14. It is safe to re-use unsterilised needles as part of a child immunization programme, although this should be done by qualified medical personnel No needles should be re-used without being sterilised.	☐	✓
15. Pregnant mothers who are HIV positive can infect their unborn children with HIV - Although not all babies born to HIV positive mothers are HIV themselves	✓	☐
16. Ear piercing, dental treatment, tattooing, facial marking and acupuncture are not safe if the equipment used is not sterilised - Unless sterilised, the equipment may have infected blood on it	✓	☐
17. Equipment (eg needles) - can be sterilised by washing in warm salt water This is not an effective way of sterilising - either the equipment needs to be boiled for a period of time or preparatory chemicals need to be used. To reduce risks, new needles should always be used, and old ones disposed of safely, out of the accidental reach of other people/children	☐	✓
18. Having sex with someone who injects drugs increases a person's chances of becoming HIV positive As there is an increased risk of becoming HIV positive if a person injects drugs (because of sharing of needles etc)	✓	☐
19. It is important that, when working with children, everyone knows if a child is HIV positive This is a question of CONFIDENTIALITY - why does the person need to know, and how will that knowledge be useful to them?	☐	✓
20. Special measures for first aid and hygiene need to be used in centres only when a child / young person is HIV positive This is, in part, a 'trick' question because all the measures needed to be used when a person is HIV positive should already be in place as they are important in avoiding the spread of other diseases such as Hepatitis	☐	✓
21. People do not die of HIV or AIDS The HIV virus affects the immune system and compromises it. As a result people who are HIV are not able to fight off other illnesses	✓	☐
22. Abstaining from sex is one way to avoid the risk of becoming HIV positive	✓	☐

	True	False
23. A negative test result from an HIV test does not definitely mean that the person is not infected with the HIV virus There is an incubation period for the HIV virus which means that, even if a person is infected, the virus will not be detected in their blood. Therefore a negative test should be followed by a test between 3 - 6 months later to confirm the results. During this period it is important that the person does not engage in any risky behaviour which might lead to them becoming infected at this time. Most people have an incubation period of 3 months	✓	☐
24. People who have a test for HIV should be offered counselling before and after the test, regardless of the result People need to be offered the chance to think about, and work through how the results of the test might affect their lives. This includes having a negative result - for example, what effect might being the only person in their family not infected have on a person?	✓	☐
25. Children and young people should not be talked to about HIV & AIDS because it will encourage them to be promiscuous or may frighten them Children need information to keep them safe. However, it is important that such information is presented to them in a way that is appropriate and understandable to them.	☐	✓

7c HEALTH PROMOTION: SUBSTANCE MISUSE - INCREASING KNOWLEDGE AND UNDERSTANDING TO IMPROVE CARE

purpose: Carers need to have an understanding not only of what 'substance misuse' means but also how it affects individuals and why it is a common coping method for people in difficult circumstances. This session builds on the knowledge introduced to explore the issues involved when working with young people and children affected, and hence appreciate how they can work more effectively

Resources / materials needed: Pens, big sheets of paper, copies of worksheets numbers w7c.1 w7c.2, w7c.3 (cut out roles prior to session) & w7c.4

Anticipated length: 60 mins

Notes for Trainers:	Workshop Format:
Note that since drug use can be very geographically specific, trainers will need to ensure that they are acquainted with the situation locally – including common names for drugs	In large group ideas storm 'What substances are misused and are considered to be 'drugs'?'
Participants should list drugs – including cannabis, amphetamines, cocaine, heroin & other opiates, solvents - also consider 'drugs socially sanctioned or legal in some places eg alcohol, tobacco & caffeine It is useful here to introduce the term 'substance misuse' – as oppose to 'drug use'. Drug in themselves are not necessarily harmful e.g. methadone when used for medicinal reasons and appropriately is extremely useful! Also, some substances are not drugs as such, but are misused in a potentially harmful way (e.g. glue)	
Responses might be either psychological such as blocking out painful memories, or physical such as increasing heart rate	In large group ideas storm 'How drugs and alcohol can affect people'
If the group is very large it may be worth splitting into 8 groups and having 2 sets of categories circulating If groups are struggling, encourage them to put down what they think the title of the category suggests	Spilt large group into 4 groups – title four pieces of large paper 'stimulants', 'depressants', 'pain reducing drugs' and 'hallucinogens'- each group to take one piece of paper and to list 'the features of that category of drug and any drugs they can think of that belongs in the category'. After 5 – 10 mins swap pieces of paper and continue with process until all groups have had

7c **CONTINUE**

Notes for Trainers:	Workshop Format:
	the chance to input into each category In large group discuss responses, and go through sheet w7c.1 to correct any misunderstandings In large group share any other drugs / street names not mentioned – what commonly misused substances do they children that they know come into contact with?
Given that this is in many ways a mini 'lecture' it would make sense to use either present this as OHP or on flipchart using a simplified version of the pictures, rather than hand out a series of sheets of paper, and then to distribute copies of the worksheets to take away for reference	In large group go through worksheet w7c.2 series , explaining that this model of understanding drug use is a theoretical framework which is used by many in the fields of substance misuse
The purpose of this exercise is not to give participants skills in counselling, but to help them appreciate why people misuse substances.	In pairs role-play the exercise on worksheet w7c.3 – one person to play the carer and the other the young person. Give one person in each pair Part A & the other person Part B
Participants may bring up issues such as blocking out pain, making life seem more exciting, relief from reality of situation	Feedback to the large group – How persuasive was the argument to stop taking drugs? In small groups consider 'How misusing substances is useful to CSEC, and how these needs can be met in other more helpful ways'
If appropriate, give out worksheet w7c.4 series for participants to take as a resource	Feedback to large group

HEALTH: SUBSTANCE MISUSE	Worksheet Number
Basic drug categories	**w7c.1**

STIMULANTS	DEPRESSANTS
Such as amphetamines, cocaine, nicotine, caffiene, amyl/butyl nitrate • Stimulate nervous system • Increase alertness • Diminish fatigue • Suppress appetite • Delay sleep • Elevate mood • Psychological dependency can develop • Generally no physical dependency	Such as alcohol, solvents, GHB – gamma hydroxy butirates, major traquiliers and sleeping pills (eg valium, tamazepam) • Depress nervous system • Relieve tension and anxiety • Impair efficiency • Tolerance develops • Dependency can develop (physical and psychological) • Can cause coma/death • Dangerous to mix
PAIN REDUCING DRUGS	**DRUGS THAT ALTER PERCEPTUAL FUNCTION, OR HALLUCINOGENS**
Such as opium, herion, methadone (ie opiates) • Reduce sensitivity to pain, discomfort, etc • Feelings of warmth and contentment • Little interference with functioning at correct dose • Tolerance and dependency (physical and psychological) with repeated doses • May suppress respiration and cause death from overdose	Such as amphetamines, cocaine, nicotine, caffiene, amyl/butyl nitrate • Stimulate nervous system • Increase alertness • Diminish fatigue • Suppress appetite • Delay sleep • Elevate mood • Psychological dependency can develop • Generally no physical dependency

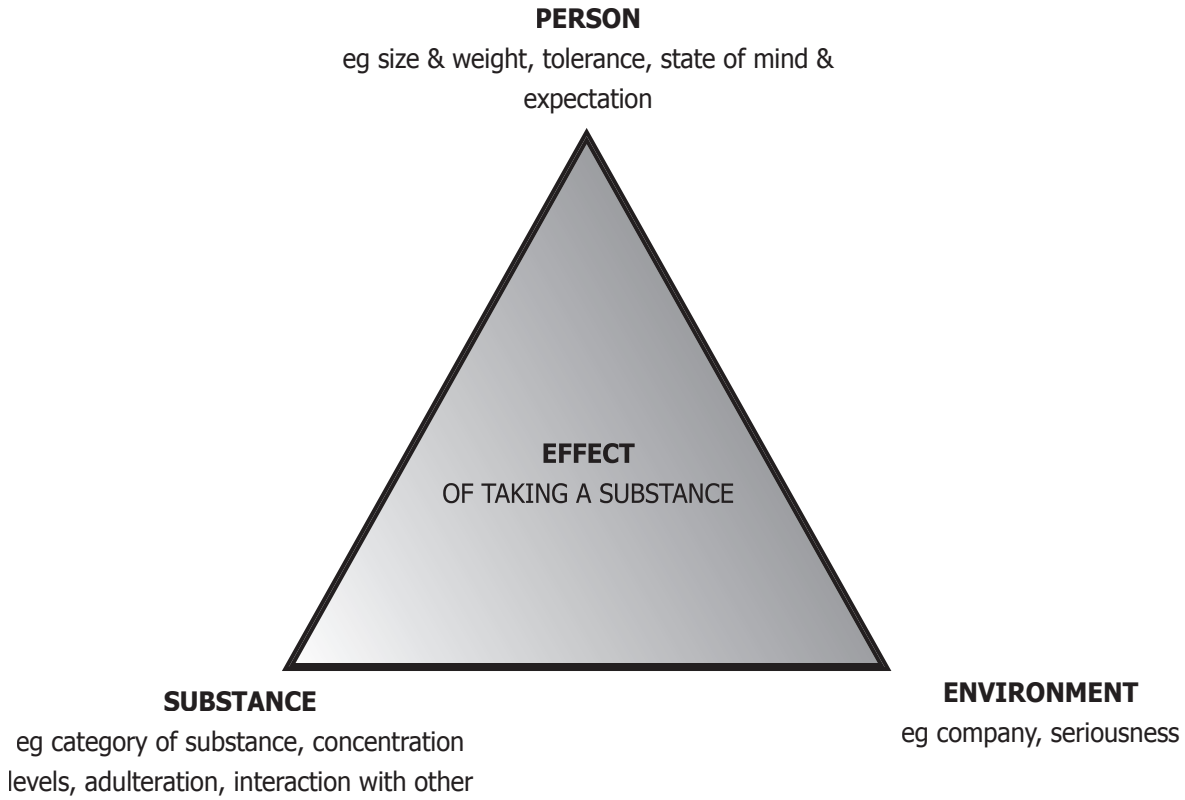
HALLUCINOGENIC STIMULANTS:
Such as ecstasy
A sub grouping of both stimulants and hallcinogens, with similar features

HEALTH: SUBSTANCE MISUSE	Worksheet Number
Understanding substance use & effects	**w7c.2**

This is a widely used theoretical framework which can prove useful in thinking about substance misuse and its associated problems. The model is composed of three traingles, which are interrelated:

The Triangle of Effect

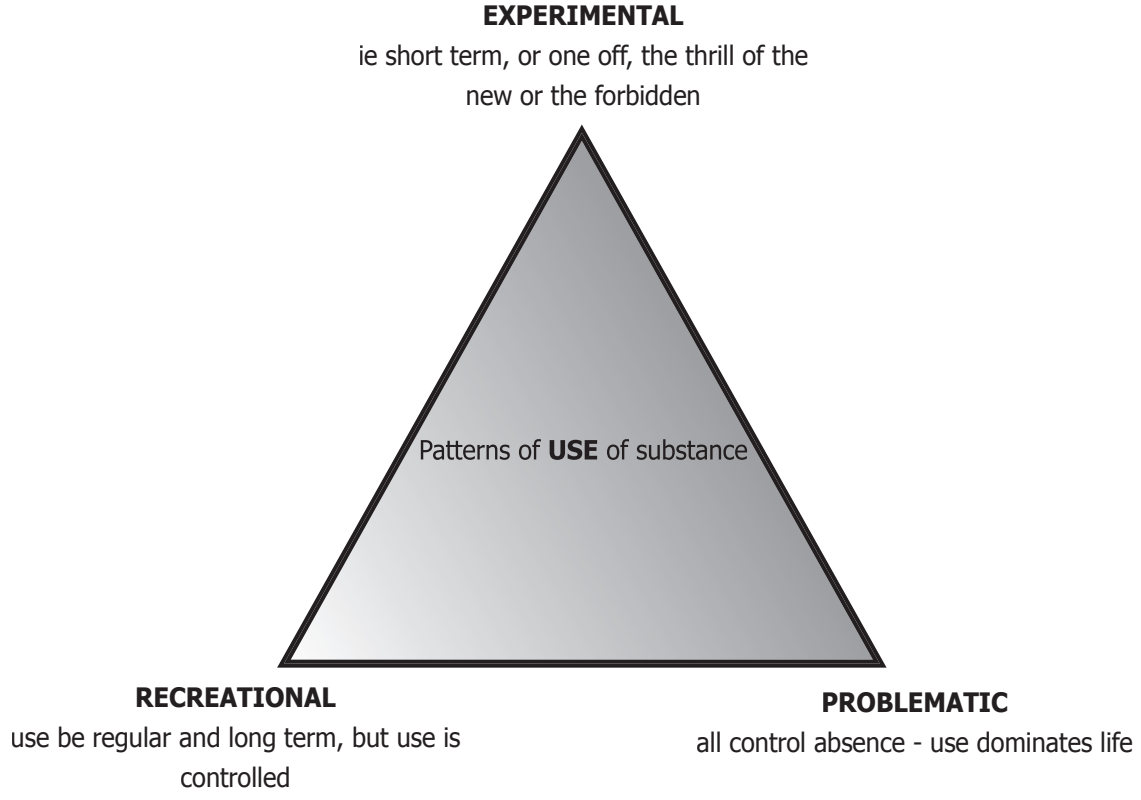
We often focus on the substance itself, but this is only one of three principal factors in determining the effect of the drug:



HEALTH: SUBSTANCE MISUSE	Worksheet Number
continue	**w7c.2**

The Triangle of use

There are said to be three patterns of non-medical use of mood-altering substances - experimental, recreational and problematic.



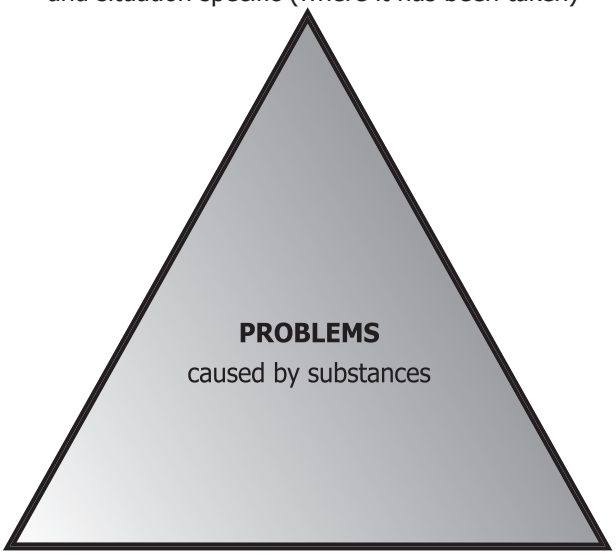
Most people in most societies are recreational users of one or more mood-altering substances – but they don't realize it! Most recreational users of a drug will never progress to using it problematically

It is possible that a user may be in a problematic phase with one substance but recreationally using or experimenting with any number of others.

HEALTH: SUBSTANCE MISUSE	Worksheet Number
continue	**w7c.2**

The Triangle of use

HEALTH
ie substance specific (what has been taken),
technique specific (how it has been taken)
and situation specific (where it has been taken)



LIFESTYLE
can be either the cause or consequence
eg legal problems, housing, education,
relationship, family difficulties

MANAGEMENT
problems posed for others ie having to deal
with the effects

HEALTH: SUBSTANCE MISUSE	Worksheet Number
Working with young people who misuse drugs	**w7c.3**

ROLE PLAY EXERCISE

INSTRUCTIONS:

In pairs, one person to play worker / carer, the other to play young person who uses drugs

- **PART A: Worker / Carer:**
  Your job is to try and convince the young person that using drugs is not good for them. Don't make them feel guilty; just try to make them see sense.

- **PART B: Young Person:**
  You are 15 years old. You have been working as a prostitute since you were 14 years old. Your uncle forced you to do this after you went to live with him following the death of your mother. He said you had to 'earn your keep'.

  You feel worthless, unhappy, unloved and sometimes suicidal. A friend introduced you to heroin six months ago. Since when you have been using it more and more. After taking some, you feel content, relaxed and detached.

After the role play has ended debrief each other and talk about how you felt playing your respective roles

HEALTH: SUBSTANCE MISUSE

Worksheet Number

w7c.4

Facts about some commonly misused substances

SUBSTANCE	EFFECT	SHORT TERM USE	LONG TERM USE	DEFENDENCY & TOLERANCE	WARNING
ALCOHOL – depressant normally taken orally in liquid form	Reduces social inhibitions by relaxing the user, leading to increased emotional reactions, including anger.	Effects after ingestion take place within 5-10mins and can last for several hours Typical to have 'hangover' as effects wear off - from withdrawal and dehydration - usually headache, feeling sick	Damage to health - liver disease, heart disorders, ulcers and amnesia	Users develop both physical and psychological dependency	Users can choke on their own vomit while unconscious Users are more likely to engage in activities that place them at physical risk
	Increased alertness, energy & confidence Quickens heart rate & pumps adrenaline around body	Body stores of energy are depleted due to the increased energy and activity leading to tiredness & irritability. High doses can lead to panic, delirium & paranoia	Heart failure, Paranoid psychosis Affects menstruation	High psychological dependence Tolerance develops and so greater amounts needed to achieve desired results	Overdose possible – very dangerous if mixed with other drugs

HEALTH: SUBSTANCE MISUSE

Worksheet Number

w7c.4

Facts about some commonly misused substances

SUBSTANCE	EFFECT	SHORT TERM USE	LONG TERM USE	DEFENDENCY & TOLERANCE	WARNING
CANNABIS- Available as dried herb, resin and as sticky oil; often smoked with tobacco. May be mixed in food (more difficult to predict effect)	Depends upon the mood & expectations of user, the amount used and environment Relaxes user, increases confidence. May experience	If smoked, effects can take place immediately May experience nausea and vomiting if too much taken at once Users often experience drying up of the mouth & binge eating	No conclusive evidence that use causes lasting damage, although some reports of short term memory loss	Does not produce physical dependency	Medically used worldwide for the relief of pain
COCAINE – A white powder often inhaled through the nose. Soluble coke may be injected (sometimes mixed with heroin). CRACK is a purer form that is smoked.	Produces feelings of well being, exhilaration, reduced appetite & strength Effects last15-30 mins, encouraging users to repeat often	Used repeated, leads to agitation, nervousness, excitability After effects include tiredness, nausea & depression	Permanent paranoid psychosis may occur even if drug is stopped Health problems associated with snorting	May experience psychological dependency Crack produces strong physical dependency As body becomes tolerant, increased quantities are used	Can induce heart failure

HEALTH: SUBSTANCE MISUSE	Worksheet Number
CONTINUE	**w7c.4**

SUBSTANCE	EFFECT	SHORT TERM USE	LONG TERM USE	DEFENDENCY & TOLERANCE	WARNING
ECSTASY- MDMA, often mixed with hallucinogens & amphetamine. Often in tablet form, with type branded on them		Coordination is impaired though users feel more energetic. Heart and blood pressure increases. Depression & irritability may follow	Affects pattern of menstruation Little is known about long term side effects	MDMA does not produce physical dependency, but psychological dependency is common Tolerance builds quickly, but a period of abstinence reduces this	Death may occur through
GHB/ KETAMINE Anesthetic A liquid sedative, usually swallowed but sometimes injected	Inhibitions are lowered, leading to a feeling of calm High doses can lead to sedation, nausea, convulsions & coma	Can lead to feeling of	No information available – drug has not been in use for long time	Not known	
KETAMINE – Anesthetic used by vets – normally come in pill or powder	Painkiller	'Dissociative action' which makes the mind feel unconnected with body	Not known	Tolerance can be built up – no information about	Users may not realise that they have hurt

HEALTH: SUBSTANCE MISUSE	Worksheet Number
CONTINUE	**w7c.4**

SUBSTANCE	EFFECT	SHORT TERM USE	LONG TERM USE	DEFENDENCY & TOLERANCE	WARNING
ISD- A synthetic hallucinogen, taken orally	Distortion of reality, particularly visual and aural senses	Depend on user's mood and environment. May experience 'bad trip' with fear, paranoia and panic	Flashbacks and increasingly psychotic behavior may develop with long-term use	Tolerance increases easily	Physical dangers whilst under the influence of LSD
OPIATES- from poppy plant. HEROIN (in pure form) is a white powder, soluble in water and injected. Synthetic opiates are also available. Powder may be sniffed or fumes inhaled	A pain killing effect Depresses the activity of the nervous system, breathing & heart rate Sedation / coma from high doses	Makes user feel drowsy, warm & content Relieves stress & discomfort due to detachment	Sudden withdrawal causes physical pain Health problems associated from lifestyle (poor diet, HIV) Many social problems often accompany (poverty, criminality)	High &rapid psychological addiction The physical addiction makes withdrawal especially difficult Tolerance increases rapidly, increasing usage	Danger of overdosing, especially if body is not accustomed Drug is often 'cut' with other impure substances, creating lethal cocktails

HEALTH: SUBSTANCE MISUSE

Worksheet Number

CONTINUE

w7c.4

SUBSTANCE	EFFECT	SHORT TERM USE	LONG TERM USE	DEFENDENCY & TOLERANCE	WARNING
SOLVENTS- similar effects to alcohol or anesthetic when inhaled -includes glues, propellants & fuels – Strength can be increased by sniffing from a plastic bag	Vapors are rapidly absorbed through lungs and into the brain causing disorientation	Breathing & heart rate reduced deep inhalation may result in immediate loss of control. After effects include headaches	Heart failure possible due to sensitization of the heart	Tolerance develops but physical dependency is rare. Psy-chological dependency develops in small numbers, usually associated with underlying family problems	Risk of accidental injury while affected, including suffocation on plastic bags) High risk of coma and choking on own vomit
TOBACCO – smoked, or chewed	Has a mild stimulant effect	May reduce anxiety & stress	Diseases associated with smoking include heart disease, cancer, stroke, respiratory problems and bad circulation	High addiction - withdrawal symptoms include depression and irritability	
TRANQUI-ZERS & BARBITUATES – usually taken as a pill, occasionally injected	Have sedative effect, decreasing anxiety and may hypnotize user, improving sleep)	Small doses make user feel relaxed Larger doses can lead to sedation Emotional reactions can be volatile and extreme	Heavy users can develop breathing problems	Psychological dependency develops very quickly.	Sudden withdrawal can be fatal Accidental overdoses are relatively common

8a

LIFE & SOCIAL SKILLS: DEVELOPING CONFIDENCE, SELF ESTEEM AND THE SKILLS NECESSARY FOR LIFE

purpose: The purpose of this session is to help carers appreciate the contribution they can make by using their skills to help the child reintegrate themselves into main stream society and function successfully as an adult. Skills and techniques are developed in continuing sections (number w10b & 10c)

Resources / materials needed:	Pens, big sheets of paper, copies of worksheets numbers w8a.1a – w.8a.5
Anticipated length:	60-90 mins

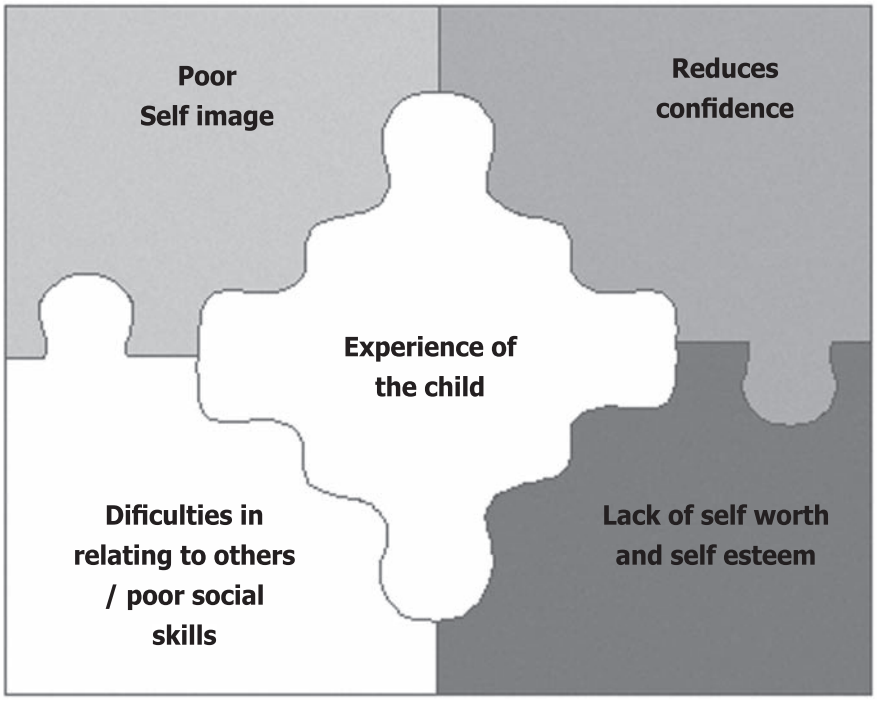
Notes for Trainers:	Workshop Format:
	Individually participants list three things about themselves that they are proud of. Ask participants to imagine those things disappearing – and to reflect on how that makes them feel and affects their view of themselves
This quick exercise should help participants appreciate the feelings of worthlessness	
	Explain to group: CSEC victims usually have poor self esteem and low confidence and often have difficulties relating to others which further affects their self image
	In large group go through worksheet w8a.1
Reinforce the idea that change is not constant and may be slow, and that sometimes it can seem as though things are getting worse even after some improvement has been shown	
	In small groups, list 6 ways of increasing self esteem and confidence in a CSEC victim, and list 6 ways of helping a CSEC victim to improve his/ her social skills
	Feedback to main group
	In large group go through worksheets wa8a.2 & 3 and compare to ideas generated by the groups
	In large group go through worksheet w8a.4

8a **CONTINUE**

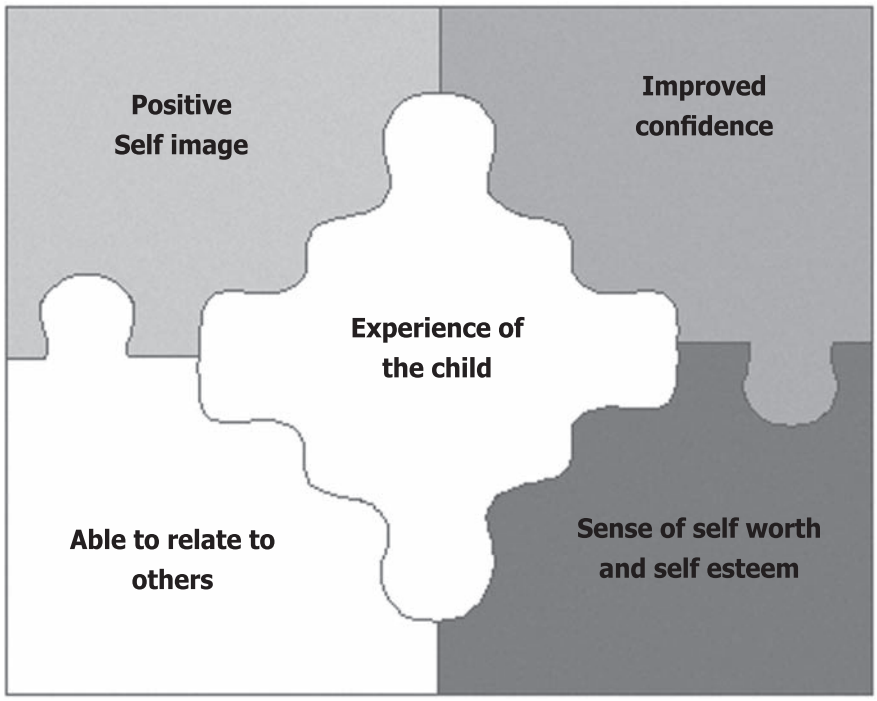
Notes for Trainers:	Workshop Format:
	In large group ideas storm 'What life and social skills do children need?' Handout worksheet w8a.5. In small groups go through worksheet and discuss how the programme where they work meets these needs, and what areas need to be improved Feedback to large group

LIFE & SOCIAL SKILLS	Worksheet Number
Promoting change	w8a.1

THE PROCESS OF CHANGE



CHANGE THE PIECES.....



REMEMBER: change is not constant, nor linear but is a process.....through which a child moves, sometimes backtracking, sometimes going slowly

LIFE & SOCIAL SKILLS	Worksheet Number
Building Self Esteem in Children (and adults too!)	**w8a.2**

Confidence

Self worth

Self value

- Give positive messages
- Give responsibility / encourage helpfulness
- Praise
- Promote sense of achievement
- Promote culture & identity
- Provide positive role models
- Create culture of 'belonging'
- Remove / reduce 'blame' & negative ideas
- Encourage participation
- Impart sense of importance
- Encourage pride in appearance
- Show that you care (and mean it!)

<u>Remember</u>: Children who have low self esteem are very sensitive to criticism

LIFE & SOCIAL SKILLS	Worksheet Number
Building Self Esteem in Children (and adults too!)	**w8a.3**

■ Games - ball games, cards, board games & ■ Activities – including day to day activities such as cooking and light chores such as cleaning (if seen as helping out and not a duty)	▪ Can help develop: ▪ Ability to share ▪ Communication skills ▪ Experience of success/failure & winning/losing ▪ Encourage participation ▪ Impulsiveness ▪ Patience (taking turns) ▪ Self esteem
■ Groupwork ■ One-to-One Support – including explanations & mentoring from staff	▪ Can be used to explore specific issues & develop particular skills, for example, keeping safe, assertiveness
■ Modelling by staff	▪ 'Shows' children ways of being / doing / saying that they can immitate
■ Outside Activities & Groups_	▪ Provide different forums for children to explore, acquire social skills and have different experiences

LIFE & SOCIAL SKILLS	Worksheet Number
"What is Therapy?"	w8a.4

TWO POINTS TO CONSIDER.....

- Every activity and every social interaction can be an opportunity for self development and growth and can, in itself, be therapeutic for a child

- Many drops of positive experience contribute to a sea of happiness and wellbeing, and can erode (slowly) structures of damage

LIFE & SOCIAL SKILLS	Worksheet Number
Social & Life skills that children need to acquire…….	**w8a.5**

- **HEALTH EDUCATION –** INCLUDING NUTRITION AND HYGIENE
- **SEX EDUCATION –** INCLUDING FAMILY PLANNING AND HIV / STD
- **LITERACY SKILLS**
- **NUMERACY AND FINANCIAL MANAGEMENT –** EG BUDGETING
- **VOCATIONAL TRAINING / EDUCATION TO GIVE ACCESS TO EMPLOYMENT**
- **'HOME MAKING' SKILLS**
- **INTERPERSONAL SKILLS –** TO BE ABLE TO RELATE TO OTHERS APPROPRIATELY AND FORM 'HEALTHY' ADULT RELATIONSHIPS
- **'KEEP SAFE' SKILLS -** INCLUDING ASSERTIVENESS
- **PROBLEM SOLVING SKILLS**
- **ABILITY TO DEAL WITH AND MANAGE EMOTIONS –** INCLUDING ANGER
- **SENSE OF SELF WORTH, CONFIDENCE AND MOTIVATION**

8b LIFE & SOCIAL SKILLS: SPECIFIC SKILLS - PROMOTING PROTECTIVE BEHAVIOUR AND DEALING WITH ANGER

purpose: This session looks more closely at how carers can help children and young people to develop the skills necessary to keep themselves safe.

Resources / materials needed: Pens, big sheets of paper, copies of worksheets numbers copies of worksheets numbers w8b.1 – w8b.4 (cut up worksheet w8b.3 before start of session)
Anticipated length: 60-120 mins

Notes for Trainers:	Workshop Format:
	In pairs – make warning 'road signs' for children and post round room
Signs could read things like 'Beware of the stranger', 'Don't let anyone touch you with permission'	Look at warning signs. In large group discuss 'What does "keep safe" mean? Who needs to be kept safe, and why?'
People that are abused often have confused ideas about relationships and consequently can put themselves into risky situations. This can mean that children may use sexual behaviour in an attempt to get what they want, and this can place staff at risk. Take some time over this exercise – people may need the opportunity to think about the issues and ideas raised.	In 2 groups identify- Group 1 – Ways of helping children keep safe Group 2 – Ways of helping staff 'keep safe' Feedback to large group
Examples of 'good touch' include hugs from friends and people who are liked, examples of 'bad touch' could be touching 'in secret' that makes a child feel uncomfortable, touching where underwear covers	In large group go through worksheet 8b.1
	In large group go through worksheet 8b.2

8b **CONTINUE**

Notes for Trainers:	Workshop Format:
A key part of keeping safe is to feel valued (see Section 8a) and also being able to assert one's own feelings, thoughts and wishes	Handout role-plays on worksheet 8b.3, and go through them in pairs taking turns to respond aggressively, passively and assertively Feedback to large group from exercise
Groups may need to be reminded to include work around self esteem and confidence in this exercise	In small groups develop a keep safe programme for use in your centre Feedback programmes to large group
Associated with assertiveness is anger management, that is, being able to use anger appropriately and for it not to be a destructive force	Explain to group that session will now look at anger management as this is linked to assertiveness In large group ideas storm 'How people show that they are angry' In two groups consider Group 1 – How workers can respond and help children who are angry Group 2 – Skills that can be used and taught to children to help them manager their anger Feedback to large group

LIFE & SOCIAL SKILLS	Worksheet Number
Keep Safe - Developing Protective Behaviours of Children	**w8b.1**

- The 'Touching Circle'
  - Identifying and exploring the difference between good and bad touch, and appropriate and inappropriate touch
  - Developing boundaries and assertiveness to maintain these

- 'Keep Safe' Programme
  - Identifying risky situations
  - Identify 'early warning signs' – internally (such as feeling fear, discomfort, anger) and externally (such as walking alone late at night, accepting lifts from strangers)
  - Developing strategies to act on early warning signs – eg removing self from dangerous situation)
  - Developing ways to avoid dangerous situations
  - Developing assertiveness
  - Forming a list of safe places and people

- Developing safety plans
  - Know about ways of keeping safe
  - Identify and maintain areas of 'privacy' (such as bathrooms, bedrooms)
  - Promote sense of self worth and value

KEEP SAFE – For Staff:

- Training
- Supervision
- Identifying and avoiding situations where mixed messages could be given to children, for example, being aware of touch

LIFE & SOCIAL SKILLS	Worksheet Number
Assertiveness - or 'How to get what you want'...	**w8b.2**

Passive People

- Take no action to assert their rights
- Put others first at their own expense
- Give in to what others want
- Remain silent when something bothers them
- Apologize a lot

Assertive People

- Stand up for their own rights without putting down the rights of others
- Respect themselves as well as others
- Listen and talk
- Express positive and negative feelings
- Are confident but not 'pushy'

Aggressive Peaple

- Stand up for their own rights with no thoughts about others
- Put themselves first at the expense of others
- Get what they want, but at the expense of others
- Are generally not liked by others

Steps to being assertive:

1. Explain your feelings and the problem – for example "I don't like it when…….'
2. Make your request – state what you would like to happen – for example, "I would prefer it…..", "Could you please……."
3. Ask how the other person feels about your request
4. Listen to their answer and then respond

If the other person makes a distracting statement, or tries to persuade you, stop them and then get back on track – 'As I was saying……..', or ask for more time to consider – 'Can I think about that and get back to you later?'

LIFE & SOCIAL SKILLS	Worksheet Number
Practice in Being Assertiveness	**w8b.3**

All the role-plays are between two people – make sure that roles are kept secret from each other or else it will spoil the fun! Take turns responding passively, aggressively & assertively

■ **Role Play Number 1 –**

Young Person –

It is late at night……You have been visiting a friends and missed the bus home. You are late, and know that you will get into trouble when you get home……

- -

Man –

It is late at night……Offer a lift to the young person in your car, but if they say no, accept that

---

■ **Role-Play Number 2 -**

Young Person 1 –

The two of you have been friends for a long time, and have been going out for a month…….. You want to have sex – there is a party tonight where you might have the opportunity to persuade your friend (young person 2) to have sex with you……try and get them to come

- -

Young Person 2 –

The two of you have been friends for a long time, and have been going out for a month…….. You know that your friend wants you to have sex with them, but you don't feel that the time is right

---

■ **Role Play Number 3 -**

Young Person No 1 –

You have a 'friend' who sometimes gives you money in exchange for sex. You think that it is easy money. He has said that he had a business associate coming to town and will give you a lot of money if you can find a friend who will 'entertain' him when he is next in town. Your friend will also get money. Try as hard as you can to persuade your friend to come with you – don't take no for an answer!

- -

Young Person 2 –

You know how to keep yourself safe, but have just arrived at the centre. At the moment you don't have any friends…….

LIFE & SOCIAL SKILLS	Worksheet Number
Anger Management	**w8b.4**

Helpful things that adults can do when children are angry –

- **During an angry outburst:**
  - Stay calm
  - Keep voice low and even
  - Empathize with the feeling that is being expressed
  - Listen to what the child is saying and show this
  - Isolate (remove 'on lookers' or others involved in the conflict)

- **After an angry outburst, or before one occurs:**
  - Provide opportunities to let out anger and aggressive energy (eg sports)
  - Provide opportunities to explore and let out emotional energy – by talking, therapy and generally being available
  - Teach 'self talk' – how to tell yourself helpful things such as 'stay calm', 'don't get mad' etc
  - Teach 'self calming techniques' – such as controlling / counting breathing, walking away
  - Incorporate 'calming techniques' as part of the project programme, as appropriate – such as meditation, relaxation, assertiveness training
  - Improve environment where possible – for example, use 'calm colours', soothing music, aromatherapy

Work towards improving confidence and social skills of child / young person

9 EDUCATION & VOCATIONAL TRAINING: HOW CHILDREN CAN BE GIVEN THE SKILL TO ENABLE THEM TO ACCESS EMPLOYMENT APPORTUNITIES

purpose: The purpose of this session is to help carers think about the need for education, and how they can promote appropriate learning opportunities that will assist children in finding alternative ways to generate income

Resources / materials needed: Large sheets or paper and pens, copies of worksheets number w9.1, 9.2, 9.3 & 9.4

Anticipated length: 60 mins

Notes for Trainers:	Workshop Format:
	Explain to group that CSEC victims have probably missed large chunks of their education or have never had the opportunity to study– if they are prepared to leave (and able) to leave CSEC then they need skills to help then find a viable alternative to make a living
Remember that children may be used to earning the kind of money that their counterparts with a full education would be unlikely to match	
	In large group discuss 'What education should we focus on?'
	In small groups complete worksheet w9.1
	Feedback to large group and discuss
	Go through worksheet w9.2 identifying priorities for learning
	In large group discuss 'What can get in the way of education?'
	In large group go through worksheet w9.3
	In small groups discuss worksheet w9.4
Education is not enough – CSEC victims also need to be given training so that they can access earning opportunities	Feedback to large group – referring to worksheet w9.5

EDUCATION & VOCATIONAL TRAINING	Worksheet Number
Education	**w9.1**

When thinking about education programme in the centre, we need to remember –

- Children, especially those from the street, may not be able to handle a formal study environment or study periods of long duration.
- The time and opportunity to work with children may be limited. Maximize it. We can never be sure whether the child will stop attending classes so we need to prioritize the input.
- Children may be hostile to 'therapy' or 'counselling' – the educator can be in a unique position to offer this through lessons. The educator's feedback of what the child writes or talks about, and the counselor's input into therapeutic activities, are important collaborations.
- Look for opportunities to learn from every activity (not just formal 'sitting down' lessons)

■ EXERCISE 1:

Below is a list of areas that education should focus on. Next to each list write what should be covered in each area -

LITERACY

RELEVANT NUMERACY

PERSONAL HYGIENE

SEX EDUCATION

POLITICS/RIGHTS

■ EXERCISE 2:

A 15 year old illiterate boy comes to your centre, every day for 3 hours each day. He is keen to learn. Draw up an education programme for him, covering a two week period.

EDUCATION & VOCATIONAL TRAINING	Worksheet Number
Education - Priorities for learning....	**w9.2**

LITERACY

Top priority as helps empower children
Children need to learn to read national language
Needs to be functional – ie of use…think about signs, labels, forms etc etc as well as books

RELEVANT NUMERACY

Money: child is working with money and s/he is easy to cheat if doesn't have basic accounting skills. They will also need to be able to budget
Time: street kids often have confused time concepts. The clock loses all meaning when you live at night

PERSONAL HYGIENE

Nutrition, cleanliness
Effects of drugs*
Medicines to ask for to cure specific ailments

SEX EDUCATION

Understand own body*
Sexual health - protection, use of condoms and planning pregnancy
Pregnancy and child-care
Concepts of love and affection*

POLITICS/RIGHTS

Child needs to know why s/he's on the street*
Why people are poor*
Gender issues*
Government services*
Relevant laws *

*** these topics can be taught through literacy/language course materials**

EDUCATION & VOCATIONAL TRAINING	Worksheet Number
What can get in the way of education.....	**w9.3**

External Factors:

- Learning will not take place until security and health are taken care of - it may take a while for the child who comes to the centre to be physically and psychologically ready to study
- Education may not been seen as being of 'value' because easier / more money can be made on the street

Learning Disorders

Children may experience some or all of the following learning difficulties:

Attention Deficit Disorder (ADD) & Attention Deficit Hyperactivity Disorder (ADHD)- lacking concentration and unable to focus on one thing

Poor memory – from effects of drugs and nutrition deficiency

Poor cognitive structuring - decision making skills deficiency

Poor expression – limited/restricted language

Behaviour Problems – such as disobedience, showing off and attention seeking behaviour

Educator will need to be patient with CSEC victims. S/he will also need to be flexible both with the length of time given to lessons (shorter the better) and the timetable. (The children are unlikely to respond well to fixed lessons). There will be a need for a good deal of repetition of material.

EDUCATION & VOCATIONAL TRAINING	Worksheet Number
Vocational Training	**w9.4**

Below are some statements that people involved with vocational training for CSEC victims have made. In small groups discuss the statements and answer the question posed

■ Statement 1

'You won't compete with the money the children have become used to from CSEC. The children have known independence and we need to encourage that independence if possible. Look towards individual careers or jobs with a lot of individual input and autonomy. '

What type of training do you think fits this category?

■ Statement 2

'Factory employment is rarely successful. The regimented work style is everything the children have been rebelling against.'

Only one type of factory work could prove interesting to CSEC victims. What is that?

■ Statement 3

'Children need a same-sex role model (possibly an ex-CSEC victim) with a career, as motivation. This person would be humble but happy, and not too financially successful.'

Why is this?

■ Statement 4

'If we are planning to help our children get involved in a small business venture, there are three important issues that we need to take responsibility for before we let them loose on the community.'

What are they?

■ Statement 5

'One other area of work that may be suitable for our children is that which carries an element of responsibility.'

What type of work do you think that may include?

EDUCATION & VOCATIONAL TRAINING	Worksheet Number
Vocational Training	**w9.5**

Statement 1

'You won't compete with the money the children have become used to from CSEC. The children have known independence and we need to encourage that independence if possible. Look towards individual careers or jobs with a lot of individual input and autonomy. '
What type of training do you think fits this category? -
Weaving, sewing, computing, typing, cooking, batik, tailoring/dressmaking, trades such as carpentry and hairdressing , tour-guide, encourage artistic abilities (but don't give false hopes), sales

Statement 2

'Factory employment is rarely successful. The regimented work style is everything the children have been rebelling against.'
Only one type of factory work could prove interesting to CSEC victims. What is that?
Working to make an employer rich will not be successful. The only system that could interest our children is one of profit sharing

Statement 3

'Children need a same-sex role model (possibly an ex CSEC victim) with a career, as motivation. This person would be humble but happy, and not too financially successful.'
Why is this?
If we put up a wealthy role model, we are again equating success with the acquisition of money. We need to show the children that it's possible to be happy without riches

Statement 4

'If we are planning to help our children get involved in a small business venture, there are three important issues that we need to take responsibility for before we let them loose on the community.'
What are they?
Prolonged training in business skills, assessment of business sense and realistic initial investment

Statement 5

'One other area of work that may be suitable for our children is that which carries an element of responsibility.'
What type of work do you think that may include?-
Daycare (but there are certain security/safety issues to be considered), handling money (ditto), leading others, transferring information (reception), waiter/waitress etc.

10a COMMUNICATION & THERAPEUTIC SKILLS - DEVELOPING EFFECTIVE WAYS OF WORKING TO AID THE RECOVERY PROCESS

purpose: The purpose of this session is to help carers develop some of the skills that they already have for working with CSEC victims and also for working with other professionals and people in the child's network. Note that this session will not teach someone how to be a therapist or a counsellor!

Resources / materials needed: Large sheets of paper and pens, copies of worksheet numbers w10a.1–w10a.8 (copy out roles as appropriate so that role players do not see others role)
Anticipated length: 60-120 mins

Notes for Trainers:	Workshop Format:
This session requires that participants role play – be aware of people becoming distressed and make sure that enough time is given to proper debriefing	
Ways of communicating include voice, tone, facial expressions, body language	In large group ideas storm 'In what ways do people communicate?'
	In pairs carry out role play exercise on worksheet w10a.1
	Feedback to main group what listener did / said that was helpful & what was not so helpful
Closely linked with active listening is assertiveness. If Session 8 has just been completed, there is no need to repeat role play exercise on worksheet w8b.3 instead just recap worksheet w8b.2	In large group go through worksheet w10a.2 In large group recap / go through worksheet w8b.2
	In pairs role play exercise on assertiveness worksheet w8b.3
	Feedback if necessary
Many people think that counselling means giving advice / telling someone what to do – it does not! Although it may be that good advice is useful, and giving it may be appropriate, counselling gives the opportunity to someone to explore THEIR thoughts and feelings	In large group discuss 'What is counselling?'

10a CONTINUE

Notes for Trainers:	Workshop Format:
The main object of this exercise is to get participants to think about how frustrating being 'told' what to do can be. If the exercise does not achieve this, it can be used to practice counselling skills	In pairs carry out role play exercise on worksheet w10a.3 Feedback to main group
	Explain to group: Often children, especially those who are not used to talking and thinking about themselves and their wishes, or who do not feel safe, find it difficult to express themselves in words so we need to find other ways of helping them to express themselves
Children have tremendous creative potential – it should be used!	In large group discuss ways of helping children communicate
The idea of this exercise is to look in a light hearted way at how any activity can be therapeutic for a child and can help in their recovery and rehabilitation	In large group ideas storm 'How making a cup of tea can be therapy for a child'
Any activity can be therapeutic in itself, but not if the child feels pressurized or feels threatened by the process. Usually it is better to offer ideas about what a child may like to do, and let them chose	In large group, go through worksheet w10a.4
If sufficient time and resources are not available, now is the point to include the experiential learning in Session 10c	In small groups carry out exercise on worksheet w10a.5
	Feedback to group, using ideas on worksheet w10a.6 to supplement answers

10a CONTINUE

Notes for Trainers:	Workshop Format:
It is essential to stress the caution regarding settings and timings as noted on worksheet w10a.7 – not observing these can be extremely damaging to children	In large group go through worksheet w10a.7
	In large group go though worksheets w10a.8
	In pairs recap on the session, and talk about which techniques they would most likely use in their work
Although the feedback is in relation to the last exercise, also use this time to make sure that participants do not have any unresolved issues as a result of the role plays, and for general comments	Feedback to main group

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Listening Skills	**w10a.1**

Role Play Exercise

In pairs carry out the following role-play. One person to play the worker and the other to play the young person.

■ Instructions for Worker

Do not let your role play partner see the instructions for your role! You and the young person are alone in a room – everyone else is outside playing football

You are concerned about the Young Person – they have been hanging around all day and you think that they might want to talk. You are hoping that they might be prepared to talk to you, and you are going to do whatever you can to give them the opportunity to do so.

■ Instructions for Young Person

Do not let your role play partner see the instructions for your role! You and the worker are alone in a room – everyone else is outside playing football

You have been attending the centre for about two months. At first you found it difficult to settle and did not trust workers. Recently you have been thinking a lot about your family. You miss them and are sad about this, but at the same time feel angry with them for allowing this to happen to you. You want to talk about this, and if given the opportunity you will do so.

During the role-play, notice things that the worker does / says that help you to talk. Also notice things that are not so helpful.

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Good Listeners.....	**w10a.2**

- Give **space** and **time** for people to say how they feel
- Are not afraid of **'silences'** to give time to think and reflect
- Do not show their **'judgement'**
  Listeners are human! Of course they have apinions.... but the important thing is that their opinion does not become a barrier to listening
- Acknowledges that **thoughts, opinions and feelings are valid** – and doesn't try to convince the other person that is not how they feel
- Respect others, and empathize with them
- Listen **'actively'** – watch out for things that are said and not said and **RESPOND** to these
- Ask for clarification or **explanation** when they do not understand something
  'I don't quite understand what you mean, could you help me by saying some more about this?'
- Do not **'give'** emotions, thoughts and feelings, but offer space to explore them
  For example, not, 'You MUST have been very angry' but instead 'I expect that made you feel very angry', or 'How did you feel when that happened?'
- When making suggestions, **give ideas** and not INSTRUCTIONS
  For example, not, 'You SHOULD / MUST.....', but instead 'Have you thought about?', 'I wonder if.....', 'Perhaps a good idea.....'
- Are not **frightened of feelings**
- Are **clear** about what they can offer, and do not make 'empty promises' or false reassurances to pacify the other person, and make themselves feel better
- Know when, and how, to get **support** for themselves
- Do not think that they have the **'answers' or 'solutions'** to everything

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Practice in listing, and not listening.....	**w10a.3**

Role Play Exercise

In pairs carry out the following role-play. One person to play the worker and the other to be the young person.

At end of role-play – feedback to each other saying how you felt during the conversation, and when it finished

■ Instructions for Young Person

Do not let your role play partner see the instructions for your role! The young person and worker are alone – everyone else is outside playing football

You have been attending the centre for about three months. You have settled in well and have ideas about your future and what you should do, although you have not decided on any definite course of action. You do not want to return to CSEC but are worried about how you might cope…You have always got on well with the worker, and have decided to talk to him/her.

■ Instructions for Worker

Do not let your role play partner see the instructions for your role! The young person and worker are alone – everyone else is outside playing football

You have had a long, hard shift and are looking forward to getting home. You know the young person wants to talk to you, and don't want to seem uncaring but you really don't want to stay longer than necessary. Keep the conversation as short as possible, and to seem helpful give as much advice as you can.

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
How Making a cup of tea can be therapeutic.....	**w10a.4**

MAKING A CUP OF TEA OFFERS A CHILD

- Chance to learn a **new skill**
- Chance to develop **concentration** and **focus**
- Opportunity to **achieve** something, and for **success**
- Opportunity to demonstrate **skills**
- Opportunity for **praise** and **congratulation**
- Chance to take **responsibility** for something and for this to be acknowledged
- Chance to improve **personal relationships** / develop new ways of relating to others (eg by doing something for them)
- Chance to work with others and for demonstrating and experiencing **cooperation**
- Opportunity for **self expression** and **initiative**
- Opportunity not to be criticized and to feel **valued**
- Chance to exercise **control** and make **decisions** by saying no

.....WITH A CREATIVE CARER !

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Creative Ways of Communicting with Children	**w10a.5**

Using games & activities is one way of engaging with children, but there are other 'creative therapies' that can be used when working with children

Below is a list of creative arts - in the box next to each write TWO ways of applying this to working therapeutically with children (one example is given for you)

CREATIVE THERAPY	USE IN ACTION
Art (painting, drawing, collage)	1. Draw a picture of how you feel 2.
Music	1. Make the sound that anger makes 2.
Movement (dance & mime)	1. 2.
Play (toys, sand, water)	1. 2.
Drama (& role play)	1. 2.
Creative writing (poems, stories & essays)	1. 2.

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Creative Ways of Communicting with Children	**w10a.6**

Some suggestions of how to use creative therapies with children

CREATIVE THERAPY	USE IN ACTION
Art (painting, drawing, collage)	1. Draw a picture of how you feel 2. Paint a picture of your happies day
Music	1. Make the sound that anger makes 2. Using music tell the-story of what happened whtn a child was lost
Movement (dance & mime)	1. Dance what sadness is like 2. Mime getting into trouble
Play (toys, sand, water)	1. Play as you like 2. Make a perfect world in sand - who would be there & what would they do
Drama (& role play)	1. Act what happened when a girl accepted a lift from someone she did not know 2. Role play how to resolve an argument
Creative writing (poems, stories & essays)	1. Write a poem about feelings 2. Write a story about being left out

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Using creative therapies	**w10a.7**

■ Benefits of using creative therapies include -

- May be perceived as being less threatening to the child, than sitting in a room 'talking'
- May be easier to express emotions, especially for those not used to doing that (may feel safer)
- Can be incorporated throughout the centre programme and used to develop other skills as well (such as reading & writing)
- Gives two chances for expressing emotions / thoughts / ideas and exploring experiences:
  1. Expression during activity
  2. As a medium for talk afterwards
- Tap into children's innate sense of creativity
- Can (depending on activity) provide tangible evidence of session to 'revisit' and think about at other times
- Are fun!

■ Creative activities can be-

- **Non–directive –** draw a picture
  - **Directive -** draw a picture of your happiest memory
    - **Specific -** draw a picture of how you felt on the day that you were first abused

Both directive and, in particular, specific activities need to be used with **CARE** and **CAUTION** – ONLY when:

Child is ready, safety is established and appropriate on-going support is available

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Using Stories - Building on Oral Traditions…….	**w10a.8**

- Is a particular way of working……and uses a variety of creative mediums……
- In its simplest form it uses stories and metaphors – which can then be developed using creative therapeutic techniques such as art and drama
- Stories and metaphors can either be made up or from other sources such as books
- Using books enables the child to enjoy the story on the surface level, and if they choose to, make connections with the characters in a deeper way
- The benefit of thinking about experiences and feelings in this way is that it is 'distanced' and so can feel safer

An example:

You have a book in the centre which is about a cat that gets left behind when the family move, and so does not have anyone to live with. You can read this book with a group of children…….

Some of the children in the centre may identify with feelings of abandonment, others with feelings of being lost, others with feelings of being alone……..

Some children may not make a connection with the character, but may simply enjoy the story

The story of the cat can then be developed in a variety of ways, for example, asking about the cat's feelings, painting a picture of the cat being lost, exploring things that the cat could do and who might help him or rewriting the end of the book in the way that they would like to see it – in this way the children are being offered a chance to work indirectly through their own circumstances and experiences

10b COMMUNICATION & THERAPEUTIC SKILLS - WORKING WITH GROUP

purpose: This session looks at working with groups – including being part of a team, although it is not specifically about teamwork and concentrates on groupwork with CSEC victims. It builds upon the skills developed in Session 10a.

Resources / materials needed: Large sheets of paper and pens, copies of worksheet numbers w10b.1 – w10.5 (roles pre-cut from sheet w10.b.3)
Anticipated length: 60-120 mins

Notes for Trainers:	Workshop Format:
Ideally this session should be carried out after completing Session 10a as it builds upon the skills developed there	In large group discuss participants good and bad experiences of group work
The object is that participants can appreciate the differences between working as part of a group, and undertaking groupwork with CSEC victims – this session concentrates on undertaking groupwork	In small groups carry out exercise on worksheet w10b.1
	Feedback to large group
	In large group go through worksheet w10b.2, highlighting the stages of group development
All groups, regardless of their make up or focus go through distinct stages – although the degree to which each stage is exhibited will vary from group to group. Note that this is one model for understanding this process	In small groups practice dealing with difficulties which can arise – as instructed in worksheet w10b.3
	In large group ideas storm things to be considered when planning a groupwork programme for CSEC
	In large group go through worksheet w10b.4
Allow plenty of time for this activity	In small groups draw up a programme for a self esteem group – in accordance with parameters on worksheet w10b.5 . Each group to take turns presenting their programme to the large group
	In large group discuss any points arising

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Types of Groups...and Group Work	**w10b.1**

There are three main types of groups that will be encountered when working as a carer with CSEC victims. Below each type, list the benefits and possible problems of each

1. **Working as part of the staff group**

2. **Working as part of a group which includes people outside the project who are involved with the welfare of the child**

3. **Being involved in running a therapeutic group work programme for CSEC children**

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
The groups process	**w10b.2**

There are different model for explaining the group process, this one identified five main stages of development through which all groups progress:

1. **Initial Forming Period**

   The group is coming together and people are starting to get to know each other

2. **Organisation Stage**

   The group members become more comfortable with each other and start 'testing' the group and experimenting with roles - for example, people may challenge the group leader, or seem destructive to the group

3. **Working Phase**

   The group becomes more settled and begins to work

4. **Performing Stage**

   Group members participate fully - at this point the group is performing with maximum efficiency

5. **Reformation**

   This is the period during which, as new members come and old members leave, the group re-adjusts to the changing circumstances (in effect, it is a repeat of Stage 1)

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Dealing with problems in groups	**w10b.3**

In small groups, role-play the following scenarios, taking turns to be the 'problem' and the group worker. People not involved in the role-play should act as observers and give feedback to the worker

- Scenario 1:

  You are group leader. A group member constantly challenges you as group leader, undermining what you are suggesting. How should you deal with this? Role play what you might say

- Scenario 2:

  A group member is always negative about activities, and does not participate unless 'forced to'. How should you deal with this? Role play what you might say

- Scenario 3:

  Some group member picks on another member, belittling everything that they say and do. How should you deal with this? Role play what you might say

- Scenario 4:

  Despite having agreed a time to start the group, one member is often late. It is disrupting to the group when this happens. How should you deal with this? Role play what you might say.

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Considerations when planning group work	**w10b.4**

There are many different ways of running a group programme….and there is not necessarily a 'right' or 'wrong' way to organise things. Here are some factors to consider when planning group work:

- **Group Leaders**
  Who will lead the group - what are the possible implications for the group depending upon the sex, age and ethnicity of the leaders

- **Group Members - for example age, sex, backgrounds**
  Is difference going to be helpful or should the participants be similar in terms of characteristics or experiences?

- **Time Frame**
  How long should each group session last? How many sessions? What should be the frequency of the group? (ie every day, once per week….)

- **Structured / Unstructured**
  Is the group going to be self directive, or is there a clear idea about the programme that needs to be followed. What is the intention for the group?

- **Open / Closed**
  Is the group going to accept new members throughout its life, or is the membership going to be fixed until the programme is complete? What advantages may there be for each?

- **Resources**
  What resources are going to be needed to run the programme effectively? Are they available?

- **Group Rules**
  How are people going to agree to work together? Negotiating a 'contract' at the first session is one way of addressing this. What responsibilities will each of the group leaders take on?

- **Supervision**
  Who is going to supervise and provide support for the group leaders?

COMMUNICATION & THERAPEUTIC SKILLS	Worksheet Number
Practice in developing group work programmes	**w10b.4**

Group Exercise in Developing a Programme

■ Parameters:

To meet the needs of the CSEC victims attending your centre it has been decided to introduce a group work programme to build self esteem

You normally have 9 children attending the centre on a regular basis - two are aged 10 & 11, the other 7 are over 14 years old.

You have three members of staff available.

You have three rooms available, plus a cooking area

■ Instructions

In small groups, plan and produce a programme for the group (s)

You need to specify the frequency and duration of the programme, who will participate and outline the topics / activities to be carried out in each session

At the end of the exercise you will be required to present it to the main group

10c COMMUNICATION & THERAPEUTIC SKILLS - AN EXPERIENE OF THERAPY

purpose: This session gives participants the opportunity to experience creative therapies in order to be able to have personal knowledge of how working in this way affects people.

Resources / materials needed: Creative therapy materials as available – paint, paper, art supplies, toys, musical instruments.

Anticipated length: 60 mins

Notes for Trainers:	Workshop Format:
This session should be carried out as an extension to Session 10a as it builds upon the skills developed there	
This session should not be attempted unless there is sufficient time!	Explain to the group that this session is going to give them an experience of creative therapy
	In large group discuss & list the thoughts and feelings that people have prior to this exercise taking place.
More than one therapeutic activity (as suggested on 10a.5) may be carried out, depending on the time available. You need to allow sufficient time for proper debriefing.	
Choice of the exercise has been left open because it depends upon resource - one idea might be to paint a picture of a happy memory (or one of the exercises suggested on worksheet w10a.6)	
REMEMBER this is not a therapy session, its aim is to give participants experience of what the process feels like – therefore, stick to 'safe' subjects like positive feelings	Individually carry out exercise
	In pairs debrief each other about the process & feelings generated
Make sure that everyone has properly debriefed and if any difficult feelings have been raised that there is the opportunity for participants to get support	Feedback to main group about the experience – concentrating on what it felt like to do the exercise rather than what was actually done

11 SUCCESSFUL REHABILITATION - PROMOTING THE CHANCES OF SUCCESS

purpose: The session looks in broad terms at the issues faced when rehabilitating CSEC victims in order to give carers an idea of the overall picture and where they fit in. This includes thinking about why rehabilitation fails and how we measure success.

Resources / materials needed: Large sheets of paper and pens, copies of worksheet numbers w11.1 – w11.4

Anticipated length: 60-90 mins

Notes for Trainers:	Workshop Format:
	In large group discuss ''What does rehabilitation mean?'
	In large group go through worksheet w11.1
Participants may struggle over this and have lots of questions – the aim is to have an appreciation of things to be considered and not plan a 'perfect' programme. Refer to previous sections for examples of what to include	In small groups consider which items should be included in a rehab programme and draw up outline for a rehab programme
	Feedback to main group, presenting programme
	In large group discuss 'Should CSEC victims be sent back to their own communities?'
Be prepared for differences of opinions! Wherever possible we should aim to reunite children with their communities so that they can be brought up by their parents or other legal guardians, but this needs to be done with care to ensure that they will be safe and not left vulnerable to abuse	In small groups consider what needs to be taken into account when making the decisions about the long term future of a child
	In large group go through worksheet w11.2
	In large group discuss 'How do we define success when talking about rehabilitation of CSEC victims?'
While carers may not necessarily (depending on the country and organisation) make decisions about whether a child should be returned home, their input is vital in deciding what is in the best interests of the child	In large group go through worksheet w11.3

11 CONTINUE

Notes for Trainers:	Workshop Format:
Note that this is VERY country specific –reference needs to be made to the law and government policies and worksheet w11.3 needs to be considered in that context. Make sure to give time for going through worksheet w11.3 – it may generate much discussion	In large group go through worksheet w11.3
Worldwide indicators are that, despite efforts to rehabilitate them, large numbers of children revert to CSEC – reasons for this include lack of family support, family rejection, no other employment opportunities, pressure from previous pimp, lack of follow up	In large group ideas storm why rehabilitation fails and what increases the chances of successful rehabilitation
	In large group go through worksheet w11.4
Give participants time to consider the issues raised in this session……and if they agree with them. If not, how are they going to work in future?	In large group discuss any points arising from session

SUCCESSFUL REHABILITATION	Worksheet Number
3 Stages of Recovery	w11.1

A rehabilitation and recovery programme can be seen in three stages:

1. Establishing safety

- Establishing a safe environment – both emotional and physical
- Meeting basic health needs- sleep, eating, exercises, and control of self-destructive behaviours

2. Exploring the traumatic experience

- Only if safety is established
- Often best done in support groups
- Only when and if the client is ready - should not be forced
- At the pace of the client
- Empathic listening
- Non judgmental stance of the worker

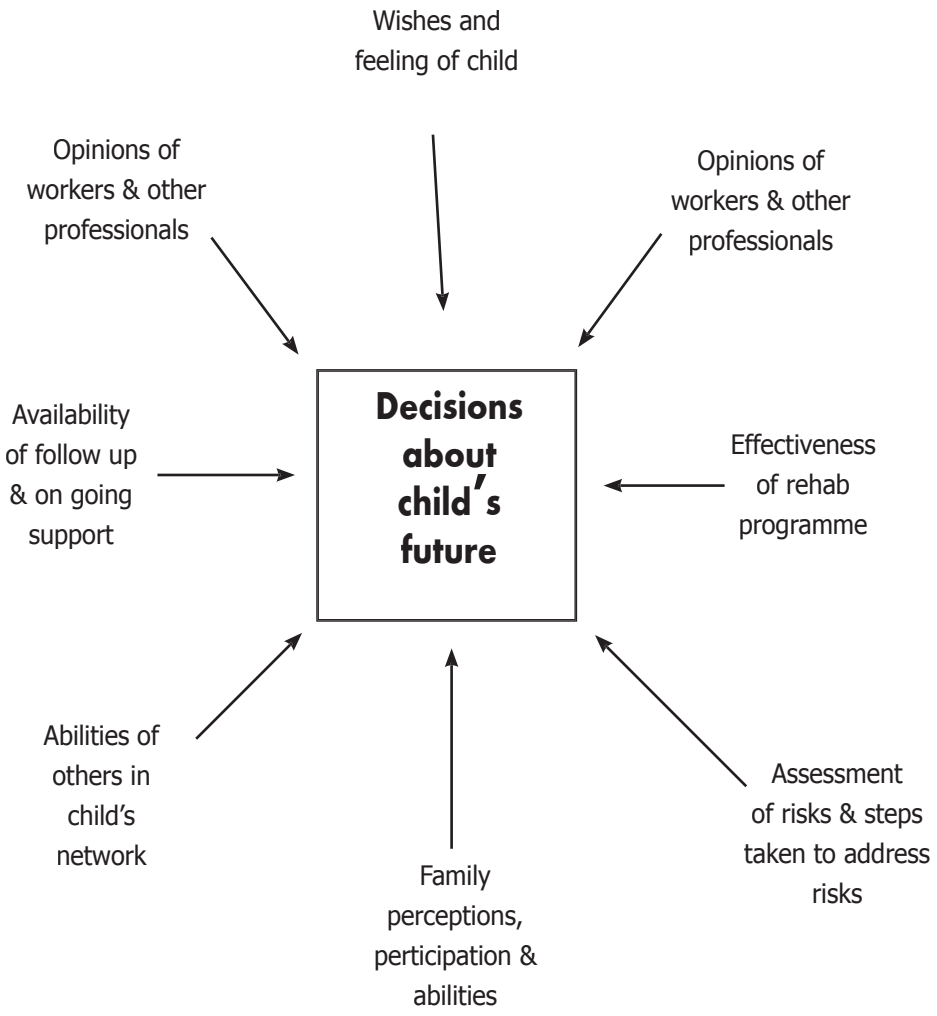
3. The active pursuit of social re-connection

- Appropriate peer group support
- Exploring ways of establishing non-abusive relationships, both with family and strangers
- Re-learning ideas about self (such as confidence, self esteem)
- Establish links with societal structures-church, school, sporting clubs, self esteem groups
- Identifying opportunities for development and independence

Building on the child's:

- **Internal Strengths & Skills**
- **Growth in Social and Interpersonal skills**
- **External Supports**

SUCCESSFUL REHABILITATION	Worksheet Number
Making decisions about a child's future.....	**w11.2**



SUCCESSFUL REHABILITATION	Worksheet Number
Being successful.....	**w11.3**

Does this mean that children have been rescued and saved ?

Sadly, many CSEC victims continue to work in CSEC or return to CSEC at a later stage – although statistics and reasons for this vary from country to country.

While the goal always is to remove the child from the position of being commercially sexually exploited, and prevent them from returning to this in the future, it is sometimes more realistic to measure success in terms of the following:

1. That the child is no longer **taken advantage** of financially by pimps or customers

2. That the child has more **control** in power relationships

3. That the child has a **higher opinion** of him/herself

4. That the child is less subject to physical ailments or has access to **medical care**

5. That the child is aware of and insisting on **birth control**, and ways of protecting themselves from **sexually transmitted diseases**

6. That the child has a reduced dependency on **substances** and is taking steps to cut them out completely

7. That the child has plans and a **clear goal to leave CSEC** and has the resources and the internal strength to follow that plan

SUCCESSFUL REHABILITATION	Worksheet Number
Indicators of the likelihood of rehabilitation and reintegration with family being successfull	**w11.4**

Indicators of the likelihood of rehabilitation and reintegration with family being successful ...

CHANCES OF SUCCESS

- Support of family – abilities & desire to protect child
- Presence of other support networks e.g. school, friends
- Legal structures to protect child
- Income replacement / opportunities for income generation
- Development of child's self protection skills
- Improvement in child's view of themselves (ie esteem & value)
- Opportunity for child to explore CSEC & its meaning in their life
- Short period of involvement with CSEC
- Follow up & on going support from care agencies

12 SUPPORT FOR CARERS HOT TO PREVENT 'BURN OUT'

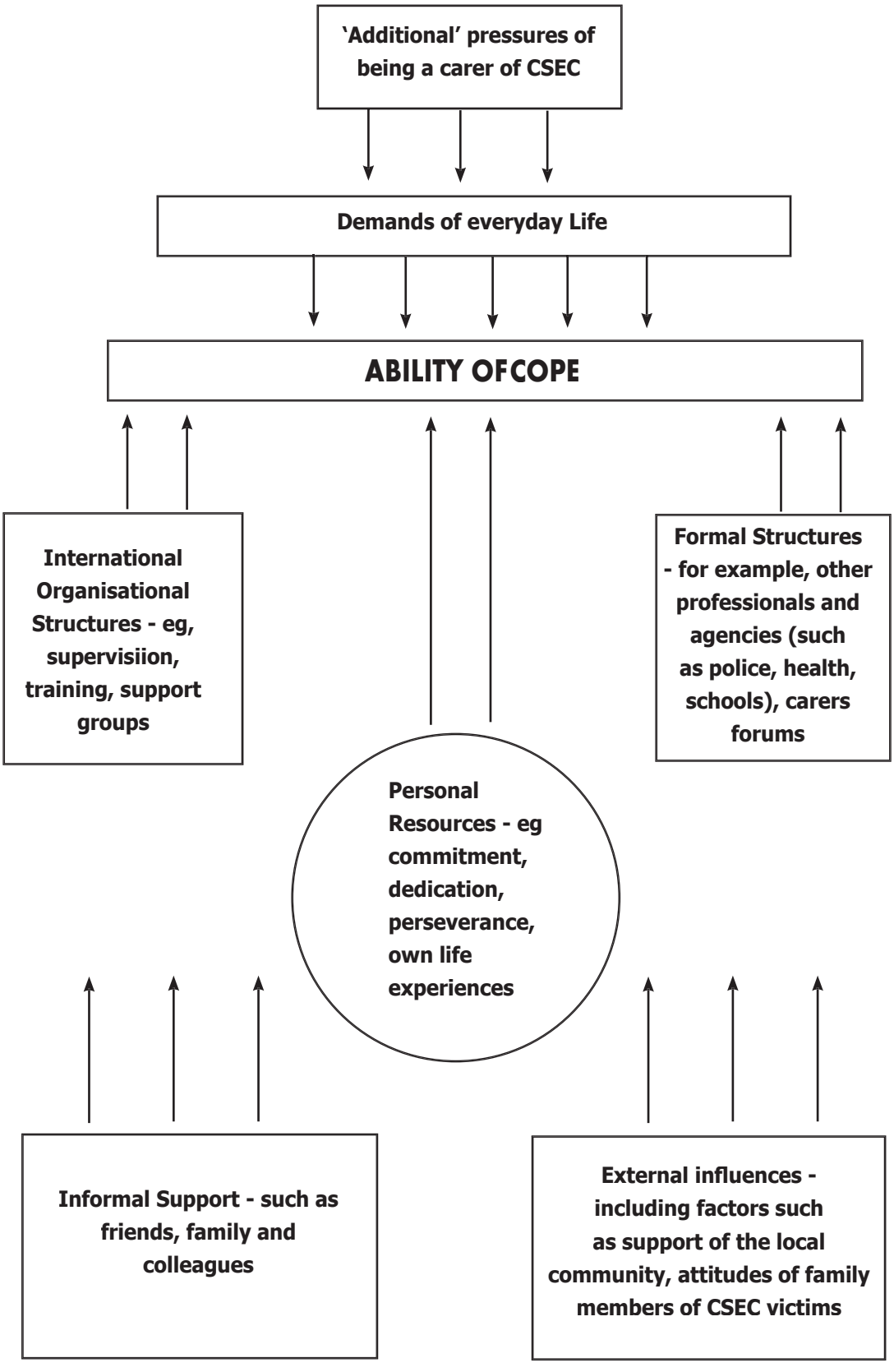
purpose: The session looks at the pressures that carers are under, and helps identify ways that they can gain support to reduce the risks of 'burn out'

Resources / materials needed: Large sheets or paper and pens, copies of worksheet number w12.1

Anticipated length: 30-60 mins

Notes for Trainers:	Workshop Format:
	In large group, ideas storm 'What challenges do carers face when working with CSEC victims?'
This might include demands from family, pressure from the organisation, difficulties in dealing with the emotional strain of the work, problems with the children's behaviour	In small groups think about and discuss: 1.'What strengths do I have as a carer?' 2.'What makes it difficult for me as a carer?' Feedback to large group
Internal resources include: determination, patience and commitment. External resources include: family, friends, colleagues, supervision	In small groups list 'Where support and strength comes from?', noting 1.Internal resources 2.External resources
This might include - supervision, peer group supervision, support groups for carers, carers forums, 'counselling' for carers, career breaks, training	Feedback & discussion in large group In large group, ideas storm 'How can support be provided?'
Remind group that, although they have a right to support, they also have a responsibility to take advantage of it	Ask group to consider 'What can we do as carers to ensure that we get appropriate support?'
Be prepared to spend sometime supporting people – if as a group they are not supported this may be one of their few opportunities to talk about how the work affects them. While a training session may not be the appropriate forum to do this, it may be difficult to end discussions	In large group go through worksheet w12.1 and discuss any issues raised

SUPPORT FOR CARERS	Worksheet Number
GETTING & SEEKING SUPPORT	w12.1



End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes

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