Staff Development Training Manual for Caregivers of Institutional Care

Concept, Conceived and Published By

Sanlaap

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Considering the multi-dimensional activities in a shelter home for trafficked survivors, with continuous attention and caring for the girls in ‘Sneha’; we would like to extend our heartfelt gratitude to all the staff members involved in running the shelter home whose inputs and insight added value to the Staff Development Training Manual. We would like to specially make a mention to the house mothers who have been extremely participatory throughout the piloting of the staff development training, irrespective of their intense involvement towards ensuring the daily needs of the girls in the shelter home.

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Resource Persons
Anindit Roy Chowdhury
Ilona Bhattacharya
Purna Bhattacharya
Rituparna Chatterjee
Sanchita Mitra
Souvik Basu
Sreemoyee Ram
Sutapa Basu
Tapoti Bhowmick
Introduction

The prime focus of the Staff Development Training Module is to sensitise and train the caregivers responsible for providing primary care and protection to the survivors of trafficking – who have had experiences of severe violence and trauma within situations of trafficking and commercial sexual exploitation. In addition to that, when trafficked children are rescued and brought to the shelter home, it is the caregivers who receive them and cater to their basic needs (both physical and mental). Hence, in this context it is significant to mention that caregivers are broadly classified into two categories - direct and indirect. Direct caregivers include counsellors, educational teachers, vocational teachers, house-mothers while indirect caregivers include administrative staff, drivers, cooks, security personnel etc.

Each Module in this Manual is a tool for providing guidance and skills to the caregivers in their path of providing care and support. However, it is important to note that it is just a tool; while attempt has been made to include most of the information and skills necessary for care givers, this does not include all the practical aspects, which are best learnt while working within a shelter home situation. Therefore it is to be noted here that the manual may not be considered as exhaustive by itself and therefore the caregivers should not hesitate to extend services that could arise beyond the scope of the manual - keeping in mind the best interest of the girl child.

The objective of this module is to empower the caregivers with self-confidence; help them in realising realistic challenges in dealing with trafficked children; and building internal coping mechanism to address issues relating to their daily work at the shelter.

The training manual has been designed, based on the following critical facts that need to be considered as caregivers:

- Having conceptual clarity on concepts related to trafficking, gender, child and adolescent development
- Providing the best possible support
- Controlling one’s emotions and dealing issues with a pragmatic mind
- Listening as the key to any form of communication
- Assertiveness as the key to communicating with the survivors
- Ensuring health promotion based on the specific needs and concerns of survivors of trafficking and commercial sexual exploitation

These facts have been actualised in the modules through processes of self reflection and internalisation; thought processes and discussions on key issues; and interpersonal skills. Thus a vigorous training programme designed for the caregivers will enhance healthy and concrete development of the survivors and their mainstreaming - fulfilling our ultimate goal of their successful reintegration.
How to Use this Manual

This section may help the trainers/facilitator and the organisers to bring out the best of this document. **It is strongly recommended that the trainers/facilitators read this section before conducting training for staff members of respective organisations and shelter homes.**

A facilitator is a person who guides the participants in learning the information and skills presented in the Manual. Facilitators are not preachers or teachers. They need to provide a safe, nurturing and open environment to discuss various concepts and relevant information in a manner sensitive to the needs, feelings and attitude of all the participants as well as to the end users/beneficiaries i.e. the children in the shelter home. Hence, *the term facilitator is used instead of trainer* because a facilitator does not provide ready answers or solutions, but arrives at solutions and wider understanding of issues through a process of dialogue and discussion through various participatory and interactive activities. Sometimes the term *trainer* and *facilitator* have been used interchangeably.

**ACTIVITIES TO BE COVERED IN THE TRAININGS**

- Role plays
- Small group brainstorming activities
- Repeated short activities in the form of relaxation, self-confirmation and guided imagery
- Case studies
- Explanation and presentations by facilitators
- Group discussion

**STRUCTURE OF THE MANUAL**

The Manual has been divided into five Parts, as mentioned below:

Part I. Setting the Pace
Part II: How much do I know? Clarifying Concepts
Part III: Interventions for Care and Protection of Children in Institutional Care/Shelter Homes
Part IV. Care for the Care Givers
Part V. Closure and Evaluation

Each Part is further expanded through a set of Modules (refer to curriculum summary for the topics) targeting three groups of care givers: all staff members, direct care givers and home mothers. Each Module is aimed to impart the relevant information and orientation to the staff as well as the required skills to the care givers.

Each Part is complete by itself and can be conducted as a standalone Module however, since Part 1 is designed to aid introductions and warm up, it is recommended that it is conducted before facilitating any other Part of the Manual. Similarly, Part 2 consists of ‘foundation building’ Modules aimed at providing the conceptual clarity on issues related to trafficking, gender, child and adolescent development. A thorough understanding of these concepts, underlying causes and consequences and inter-linkages and interplay between and among these varied, yet connected
issues, would enhance the sensitivity and conviction of the participants for providing the ‘care’
required for the survivors based on the understanding of ‘what they have been denied of’ and
‘multiple ways in which they have been exploited’. Hence, the Modules in this Part certainly
need to be conducted before starting the Part III of the training on Interventions.

Hence, the training can actually be conducted in one go over a few days, in that case a residential
training is highly recommended. Or, the training can be spaced over a few weeks/months,
splitting it by Parts i.e. conducting one part at a time depending upon time and resources
available.

**Guidelines for Administering the Manual**

**CORE INFORMATION**

- The Manual has been developed keeping in mind the need of the trafficked survivors in
  the shelter home. It is one of the biggest challenges to impart skills based training to a
group of participants, who are the staff of the shelter home. It is a rigorous training
manual intended to make positive, long-lasting impact and understanding among the new
as well as existing staffs.

- This manual cannot be conducted by trainers/facilitators who do not have the expertise
  and knowledge on the topics included in the manual. It cannot be conducted ‘from the
  book’.

- This manual can be conducted by persons without formal education, providing they are
  literate. The primary and non-negotiable qualification to be a trainer (or other direct-line
caregiver) is ‘suitability’, i.e., being able to personally relate with the participants,
without any prejudice, and having genuine concern for the growth and well-being of the
participants.

- This manual is designed for use of persons who needs to understand the basic facts in
  relation to the shelter home environment. However, it is not the purpose of this Manual to
address individual problems.

- In the Manual the term, ‘*Children*’ and ‘*Girls*’ have been used interchangeably as this
  Manual is designed keeping ‘*Girls*’ in mind since mostly girls are the victims of
trafficking for commercial sexual exploitation. However, the Modules are applicable to
the boys who get trafficked and sexually exploited as well.

**EXPECTED OUTCOME OF THE TRAININGS**

If you were a participant, over a couple of months you would do the following:

- Think about the residents of shelter home
- Learn how to have people enjoy talking with you
- Learn how to help the girls with their problems and emotions
- Confront your daily responsibilities, emotions and learn to relax
- Learn skills to assert yourself in the environment of the shelter home. You learn how to
dialogue with the girls of the shelter home in certain situations and sort out their
problems.
- Think about how you could be a friend, philosopher and guide to the girls.
WHO CAN USE THIS CURRICULUM
This manual is intended to provide awareness and skills to staff-members of organizations especially working in a shelter home situation. This manual is unique in delivering training so that staff members learn while they are working. The manual encourages senior staff members who have been working in the shelter home to monitor the use of this manual and identify facilitators or a pool of trainers who can deliver such trainings. In case the facilitators/trainers are external, s/he shall sit for a preparatory meeting with the respective organization’s Training In-charge or personnel eligible on similar grounds and clarify the grounds of imparting the training.

There is a need for certain basic qualification for the “facilitators of the training” as mentioned in Qualifications of a Staff Development Officer and the Assistant Trainer/ facilitator provided below in this section of the document. A need assessment is commendable from the part of the organization who wishes to use this curriculum for the development of the staff.

Although the topics in this manual have their own immensity, yet they can be treated holistically which can cater to the best interest of the child. Keeping this in mind the curriculum can be repeated to ensure skill building of the relevant staff in any organization.

WHAT IS EXPECTED FROM THE FACILITATOR
- The facilitator does not teach. S/he guides activities, generates discussions and helps the participants learn for themselves.
- If the participants are more than 15 in number, an Assistant Staff Development Trainer/facilitator should be available to support the trainer.
- The facilitators shall conduct the training just as in the modules. Modification of any kind in the modules is not recommended without consulting the organizers.
- The facilitator is expected to thoroughly know the issues; thoroughly prepare for the activities; and thoroughly conduct the activities.
- The curriculum/modules cannot be conducted if the facilitator/trainer is absent. ‘Substitute trainers’ or ‘visiting trainers’ are not appropriate.
- Although reading passages from this manual may be necessary at the beginning, the trainer is expected to learn the activities and conduct them without assistance from the manual. Hence, Mock/practices sessions by the facilitators are recommended, especially on activities related to Guided Imagery.

WHAT IS THE GOAL OF THIS MANUAL
The goal of this manual is to orient and impart skills to the existing as well the new staffs to understand and analyze the various emergency situations in the shelter home. Moreover, the work environment within the shelter home is different from that of the outside world. The girls staying in the shelter home have been victims of physical and mental abuse. This Manual thus aims to create awareness among the staff who are direct or indirect care givers in various perspectives in relation to our shelter home.

The Modules are based upon a few simple ‘facts of growth’: These ‘facts of growth’ are actualized in the course through thinking and discussion on key issues and through intensive training in personal and interpersonal skills. Awareness of key issues and learning of skills are reinforced by repeated practice throughout the Manual.

WHICH PARTS OF THE MANUAL DO WE INCLUDE FOR TRAINING
Participants should not be included after the training has started. However, the new or existing staff who have missed the training can be given an afterward session. Then the participants can catch up with the on-going sessions.

WHO ARE WE TRAINING
This manual is intended for the staffs of the shelter home who are direct or indirect caregivers to the girls. With some adjustment, this Staff Development Manual is usable for people of any country, female, male, literate, illiterate, educated, uneducated, intelligent or slow.

The participants may feel uncomfortable in thinking or talking about their past experience which can be part of several activities in the Modules. The Staff Development Trainer/Facilitator should be sensitive while handling such situations. These challenges also affect the attitudes which the participants bring to the session; the ways they interact with other participants; and their receptiveness to the learning experience.

External Challenges
Some of the participants may have limited knowledge about the background of the girls within the shelter home. Apart from that there can be several emergency situations in the shelter home. Thus all the staff working within the home should learn about certain facts and skills in order to provide additional support. Some staff may have work pressure and outdoor duties more often than the others making their availability less.

Learning Challenges
- Intellectually simple – although not necessarily unintelligent
- Gradual or slow learners as compared to others

WHAT IS THE BEST SETTING FOR STAFF DEVELOPMENT TRAINING
- This Manual can be used in both - formal or in-formal setting. However, due to the intensity of some exercises and in-depth discussions facilitated, it may be useful to have a comfortable/floor setting. A Residential Training setting may add value.
- The recommended maximum number of participants per group is 20. This number is suitable for the interactive, participatory style of the staff development curriculum/training.
- The large group can be divided into halves and the training can be repeated separately for each of the halves.
- The learning space should be large enough for several groups to work individually.
- The learning space must be quiet and undisturbed throughout the session.

WHAT ARE THE PARTS OF A SESSION?
Each Module has several sessions/parts:
- Centering: meditation and feedback session.
- One or more theme activities (30 minutes to 90 minutes each).
- Ending Activity or concluding session – in some sessions (5-20 minutes).

Meditation
Each day, all participants meditate for at least 1 minute.

Introductory Activity
This is usually either an energizing game or a brainstorming session. This activity helps to create a pleasant, open environment where the participants can enjoy learning.
HOW DO WE CONDUCT THE ACTIVITIES
In this manual, each activity is explained under the following headings:

Kind of Activity
This explains the form of activity undertaken (see ‘What are the Different Kinds of Activities?’ below).

Objectives
These explain the purpose of the activity.

Things Needed
This includes the list of materials that the Staff Development Trainer/Facilitator needs to prepare before the session.

Time Needed
This is the time required to conduct the activity. It is only an estimate, and an activity might be shorter or longer. The staff development facilitator should watch the clock and guide the participants to make sure that the activities are conducted within the time. At the same time, a good activity will sometimes run overtime – the facilitator should be flexible and allow extra time if the participants are having a valuable experience and discussion.

Notes for the Facilitator
These are important points to guide the trainer/facilitator in conducting the activity. However, these notes are not sufficient to educate the Staff Development Facilitator on the issues included in the activity. The Staff Development trainer must: a) be properly trained in this staff development curriculum/manual; b) have adequate knowledge of the issues prior to the training.

How to Do This Activity
These are instructions to the Staff Development Facilitator about how to conduct the exercise. These instructions should be followed carefully.

WHAT ARE THE DIFFERENT KINDS OF ACTIVITIES
There is a variety of activities in this manual. These include:

Group Discussion
Group discussions can take place in small groups (3-10 persons) or in plenary (including all the participants). Discussions in small groups provide opportunities for individual participants to feel comfortable to provide their thoughts and ideas. Small group discussions allow participants to explore certain issues more deeply. They can also precede plenary discussions in the larger group in which a consensus of ideas is sought.

Role Play / Skit
Role plays are one of the key activities in this Manual, and are used frequently. They are very effective learning situations, providing an extensive amount of participation and involvement. Participants readily engage in role plays due to their similarity with cinema. Having participants create ‘plots’ for the role plays can help them clarify and express issues that may be otherwise difficult for them to present in writing or verbal presentation. Role plays are also valuable for ‘bringing out’ shy and non-participatory persons.

Individual Activity
In some activities individuals work by themselves. These activities usually involve personal reflection on their past or their behaviours. In these activities, it is important to respect the privacy of the individual. Often, at the end of individual work, ideas are shared in a group discussion. However, the staff development trainer should be certain that participants are not asked to share personal concerns that they do not want to share or might make them uncomfortable.

**Case Study**
A case study usually presents a key issue in a true-to-life scenario that is readily comprehensible to the participants. Issues that are relevant to the lives and emotional experience of the participants can be presented in a ‘safe’ and unchallenging manner through case studies. Often, role plays are based upon case studies.

**Relaxation/Visualisation Activity**
Relaxation and guided visualization activities are effective in helping participants to relax and focus on a particular issue. They are tools to reduce stress and work with negative emotions. The staff development trainer and assistant trainer should practice the activities on themselves before conducting them for the participants. When conducting relaxation and visualization activities, the trainer should speak in a friendly, slow and non-authoritative manner. The training venue should be quiet and undisturbed.

**Game**
Games are used particularly in the early stages of group work to help participants relax with each other, trust each other and get to know each other. They can be used as an energizer to increase the interest and participation of the participants. They are only moderately effective in helping participants learn and retain key issues, and should not be used to replace more effective kind of activities.

**Presentation**
Short presentations by the trainer are used to introduce the topic, to focus the group on key ideas and to summarize a session. These presentations should be conducted as seldom as possible. In the life skills setting, the trainer should not give extensive lectures as in a classroom, but should encourage active learning and thinking through other kinds of activities.

**CONDUCTING BASIC ACTIVITIES**

**How to Make Pairs and Divide Groups**
There are several ways of dividing the participants into smaller groups or pairs. Dividing the participants should be innovative and creative so that they feel comfortable with their new partners.

Note: beware of participants always choosing the same partner, or of groups forming ‘cliques’. Keep pairs and groups mixed up.

Method 1 (the easiest)
- Have the participants count off with the numbers 1, 2, 3 up to the number of groups that you need (thus, if you need 3 groups, have the participants count off 1, 2, 3… 1, 2, 3….1, 2, 3… etc.).
- Then ask all the participants with the same numbers to come together.

Method 2
Ask the participants to think of a number between 1 and 9 (depending on the number of groups you would need).
Using only sign language (without directly indicating the number), ask them to find partners having same number in their minds.
If the number of members in the group is not equal, identify the participants without any partner and try to make the numbers equal.

Method 3
Distribute to the participants drawings of several kinds of animals (the number of kinds according to the number of groups you need).
Have the participants find their partners by making the sound of the animal they have on their pieces of paper.
The participants with the same pictures will group together.

Method 4
Ask the participants with a particular feature (such as wearing spectacles, full sleeves, sarees or earrings) to form one group.
Of the remaining participants, ask the participants with another feature to one group.
Repeat until you have groups of about equal numbers.

How to Conduct Role Plays
Generally in role plays, a problem situation is provided to the participants, often using a spoken or printed-out case study and instructions. Within the groups, participants select themselves for different roles. (Note: the participants should select themselves; the trainer does not select them.) Then the actors ‘rehearse’. To assist them, if necessary the trainer can discuss with each actor the role s/he is to play, as well as her or his name, character and other points of clarification, so that each understands her or his roles.

After the role play, facilitate a discussion on the subject of the role play. The actors can give a report on the way they felt in their respective roles, and the audience can give their observations. Follow up with questions to expand conversation on the topic of the role play, and if desired note key ideas on paper or a whiteboard.

How to Conduct a Discussion
To initiate a discussion, the trainer presents a topic relating to a particular theme (such as what findings initiated SANLAAP to work on trafficking related issues in the orientation topic - Organizational Background or learning to relax in the topic Personal Stress, Relaxation Techniques).

A discussion is effective only if the participants have the freedom to express their own ideas and arrive at their own conclusions. After the initial presentation, the trainer should ‘pull back’ and not dominate the discussion, nor insert her or his personal ideas. The role of the trainer is to facilitate or promote the discussion, and not to control it or force the participants to reach certain conclusions.

As the discussion proceeds, key facts and opinions can be noted on paper or a whiteboard. (However, this should not be done if the topic is personal or sensitive, unless the participants specifically request for it.) The discussion may be ‘open-ended’ or may be guided towards conclusions or group consensus.
The trainer should use ‘active listening’ methods to guide, expand and enhance the discussion. This includes using probing questions such as the following:

- ‘Would you explain further?’
- ‘Would you give me an example of what you mean?’
- ‘Is there anything else?’
- ‘Please tell me more about what you mean.’

Active listening methods also include clarification and simplification of the key points of the discussion. Here, the trainer may ask:

- ‘Am I correct that you said ….? ’ (give a brief recapitulation of what the person or group said)

It is important in group discussions that all participants get involved, and that the discussion is not dominated by the most outspoken participants. The trainer should strive to include everyone in the discussion by quieting ‘big-talkers’ with phrases such as:

- ‘Thank you, Rani. Would anyone else like to comment?’

And the trainer/facilitator should encourage quiet persons to speak by asking them directly for their ideas, with phrases such as:

- ‘And what do you think, Rajni?’

When the discussion is finished, the trainer should recapitulate what the participants have said, drawing attention to the key points. Once again, the trainer should not reject any person’s ideas or opinions, nor should the trainer attempt to assert her or his own ideas on the discussion.

**TERMINOLOGY AND TRANSLATION**

This manual has been designed to be used with staff and can be developed in local languages as per convenience. Sex and age terminology can be adjusted in translation for the target group.

This document should be carefully translated to ensure that it communicates with the participants. It should be noted that the participants: a) may have limited knowledge; b) may speak a different language at home; c) likely to speak a simplified local idiom rather than the educated language of the country. It is imperative to make a simple translation using vocabulary which is familiar to the participants.

Translations should be edited for sophisticated words that the participants do not understand. Certain terms used in this English edition will require consultation with others to determine the appropriate translation, viz. assertive, aggressive, personality, feelings, conflict, self-confidence, visualization and others. These terms often need to be expressed in a sentence or phrase, rather than a sophisticated word which the participants would not understand. Introducing new terminology to the participants is not encouraged.

**THE MANUAL IN THE SPECTRUM OF CARE**

The growth, awareness, skills and goal-setting achieved by the participants in this course are directly relevant to the staffs of the shelter home. For example - a proper orientation in the module “Understanding the children in the shelter home” will help the existing as well as the new staff to understand and analyze the sensitive environment where they work.

After the orientation/skills have been imparted to the participants a scale (to be developed beforehand) will assess the performance of the participants to judge the success and efficiency of
the manual. This manual covers significant aspects relating to the residents of the shelter home that have been deeply analysed by the “resource pool” of the organisation.

**TRAINING OF TRAINERS - WHO WILL PROVIDE THE STAFF DEVELOPMENT TRAININGS**

For this manual, the trainers will be trained by the recourse persons or the developer of this manual. They can also communicate with the resource person for further assistance. There may also be an assistant trainer along with the main trainer. Within an organization, a person should be qualified to be able to lead the staff development training only if s/he has previously conducted one entire course as an assistant staff development trainer.

It is recognized that organizations initiating this training programme must train new trainers from the beginning. If possible, the first trainer in an organization should be provided a comprehensive trainer training course by an external experienced trainer /resource person or serve an apprenticeship in another organization.

**QUALIFICATIONS OF A STAFF DEVELOPMENT TRAINING TRAINER**

There are three areas of qualification for staff development training trainers:

- suitability
- work experience
- education

Of these, the suitability of the trainer is the most important, and is not negotiable. A person who is not personally suitable is best assigned to other tasks.

**Suitability**

- is able to mix, relax and socially interact with the participants
- is sensitive to the needs of the participants
- is a ‘natural-born’ trainer, has ease, skill and enjoyment in teaching
- participants both respect her or him and like her or him as a person
- talks at the same level with the participants
- has no hidden or overt prejudices or judgments regarding the background or problems of the participants
- has personal self-confidence, knows her or his own problems and limitations
- understands her status and privileges vis-à-vis those of the participants
- is able to handle difficult individuals
- is enthusiastic about the growth and well-being of the participants
- is diligent, careful and hardworking

**Work experience**

- Primary consideration: direct experience working with adults/organizational staff members in a participatory group setting.
- Secondary consideration: other types of work experience (desk work, planning formal training, report writing, administration, etc.).
- Additional consideration: peers can qualify as a trainer.

Those who would potentially be good trainers include counsellors, occupational trainers, Non-Formal Education teachers, general awareness trainers, trafficking-related trainers, HIV/AIDS-related group facilitators, and drug abuse-related group facilitators.
Education
- Provided the person is literate, formal educational training is not a criterion for this position.
- Training in group work, para-counselling, para-social work, life planning, conflict resolution and other skills are beneficial.

MONITORING TOOLS
There are three monitoring tools that shall be used to monitor the training and development of the staffs. This tool shall be maintained by the Supervisor or the In-Charge of the Training as decided by the Organization.

The Oral Evaluation Sheet (Annex 1) has two Parts. Questions in Part 1 evaluate the Motivation, Learning, Awareness and Application level of the individual. Part 2 include questions to assess the level of learning in the training. These questions are close ended questions.

The Oral Evaluation shall be conducted after the completion of each module as well as after every three modules.

The Oral Evaluation Sheet is a sample that gives an overview of the types of questions that can be asked and also be designed to cover all the topics, as the existing one has limited questions that do not cover all the topics. However, the Resource Persons Pool along with the Training Supervisor (if there is a position) can design questions and add on to the Oral Evaluation Sheet.

The Staff Training Record, is a Record Sheet (Annex 2) that will be used for every staff. It shall record the details of sessions attended by a particular staff. There is an Index on the top-right of the sheet with a standard scale for assessing the participants.

The Standard Scale for Assessing the Participants (Annex 3), is a scale that helps the evaluator to use to maintain staff training record. This scale is very simple and self explanatory, easy for the evaluator to use.

All the three tools as mentioned above shall be used either by any of the Resource Persons involved in the staff development training or by the designated supervisor.
PART I: Setting the Pace

Module I.1: Welcome and Introductions
Module I.2: Philosophy, Background and Activities of SANLAAP
Module I.3: Understanding Myself and Work with Children
Module I.1: Welcome and Introductions

Begin the first day of the Training with an introduction and an “icebreaking session” to allow both participants and facilitators to get to know each other better and to help establish relationships between and amongst them. This module would help the facilitator to:

- Welcome and facilitate introduction of self and participants
- Break initial inhibition and silence
- Understand hopes, fears and expectations of the participants
- Clarify the objectives, broad outline, content and flow of the training

A. First Name Introductions

Objectives

- To start proceedings on an informal note
- To welcome the participants and facilitate introductions
- To help participants understand themselves better

Kind of Activity: Interactive and fun

Time: 15 Minutes

Things Needed: None

Note for Facilitator

The activity can be done when seated, but becomes more fun and active if the participants stand in a circle.

This is an introductory activity that helps create an atmosphere of informality and fun. There is no need to debrief after this exercise. This can serve as a reference point for the rest of the workshop, as participants will remember amusing or significant adjectives. Sometimes participants may find difficult to think of positive adjectives for themselves or may come up with negative responses. It is also possible that participants are unable to find adjectives for themselves at all. In such cases, it may be useful to briefly, enable participants to see that they lack understanding about themselves or make them think of reasons for having negative perceptions about themselves.

It is also possible that participants may not be able to think of adjective with the first alphabet of their name. In this case, the facilitator could ask the participants to help each other with adjectives.

At some point, the facilitator could pull the adjectives to explain how women and men see themselves differently and how from the beginning, society teaches us about our gender role.

How to do the Activity

- Welcome participants. Thank them for coming, and acknowledge individuals’ commitment to attending the course. Introduce the training team – yourself, and co-trainers (if any) or interpreter. You may want to give a brief summary of your role, or experience.
- Now, ask the participants to introduce themselves by adding an adjective before his or her name that begins with the first alphabet of their name. The adjective should describe them as
a person – personality trait, nature, character, or a word to describe how they see themselves. For example: “I am Passionate Pinky”; “I am Beautiful Bulbul”; or I am Hard-Working Harish”

B: Paired Interviewing: Basic Introduction

Objective
- To help participants understand themselves and others better
- To allow participants provide a detailed introduction of themselves

Kind of Activity: Interactions in pairs and presentations

Time: 25 Minutes

Things Needed: Paper and pens

Note for the Facilitator
This activity helps the participants to open up and generally draws the participants close to each other as they get to know each other better.

How to do the Activity
- Divide participants in pairs
- Ask them to interview their partners focusing on following aspects:
  - Who they are and their role in their organization
  - Their background and experience
  - Hobbies, likes/dislikes
  - Have you ever attended any capacity development workshop in the past?
  
Give about ten five minutes for interviewing each other (five minute per partner)
- After interviewing, partners report to the larger group about each other

Alternatively, to save time, the facilitator can invite each participant to describe who they are and their role in their organization.

C: Listing Expectations and Apprehensions of the Participants

Objectives
- To enable participants to express what they hope to achieve from the workshop
- To help the facilitator in assessing the needs of the group and accordingly clarify the goals, objectives and programme/training agenda clearly to ensure participants do not have any unrealistic expectations.
- To allow participants to share their feelings and fears associated with the workshop that may hinder their open participation

Kind of Activity: Self reflection, sharing and discussion

Time: 15 – 20 Minutes

Things Needed: Flip chart and marker
Note for the Facilitators
Participants should be encouraged to share their expectations and apprehensions openly. Generally, it is observed that participants have some apprehensions or anxiety in such workshops where sensitive issues including gender, sexuality and sexual abuse/exploitation are being discussed as these are complex issues involving personal biases, prejudices and stereotypes; and there is a great deal of self reflection and disclosure one is expected to do in such workshops. Providing space to share and discuss anxiety and worries of participants at the beginning of the workshop helps in releasing the nervousness and inhibitions.

How to do the Activity
• Give participants about five minutes to think about their expectations and fears:
  - Expectations - What they hope to achieve/learn from the workshop?
  - Apprehensions/anxiety - what they feel may not happen and/or what they fear may happen.
• After five minutes, ask each participant to share his/her expectations and fears.
• List the expectations and fears on a flip chart as they speak.
• Discuss the expectations of the participants against the goals, objectives and the training agenda of the workshop and clarify in case any unrealistic expectation has been raised.
• Briefly discuss the fears as it is good to be aware of the fears and anxieties at the start of the workshop. Tell the participants that these will be addressed or may subside as the training proceeds, however if any fear persists or comes up in any particular session of a module, they should openly share it.
• Paste the flip chart in the room and tell the participants that they are free to add to the lists later.

D: Listing Ground Rules

Objective
• To discuss and list common rules/norms of conduct/behaviour during the workshop.

Kind of Activity: Brainstorming and listing

Time: 10 Minutes

Things Needed: Flip chart and marker

Note for the Facilitator
The facilitator should ensure that the group has a consensus on the ground rules before listing them down. The facilitator can also suggest some norms/rules if the group does not suggest all the relevant rules. Rules regarding the workshop venue and space could also be added.

How to do the Activity
• Ask the participants to think and suggest rules that the group should adhere to during the workshop.
• List the ‘agreed’ ground rules on a flip chart as the participants speak. Some examples of the ground rules that the participants should agree are:
  - Punctuality
- Confidentiality
- Respect for other people’s opinion
- Open participation
- Listen to each other carefully
- No smoking in the room
- Keep the mobile phones switched off

• Paste the flip chart in the room and tell the participants that they are free to add to the list later.

E. ‘Parking Lot’

Close this first Module on ‘Welcome and Introductions’ by establishing a ‘Parking Lot’

In the course of conducting a training of this extensive and exhaustive nature, questions are raised which will be answered in later sessions, or issues crop up which are outside the scope of the course. While sometimes these matters can be dealt with on the spot, at other times to do so would be very disruptive and it makes more sense to postpone the discussion until a later time. In order to ensure that issues are not forgotten, it is useful to establish a ‘parking lot’ – somewhere a question can be ‘parked’ until later. This can be done by either pinning up a piece of flip chart and writing notes on it, or by pinning cards on a board.

It is important to ensure that all items on the ‘parking lot’ are dealt with by the end of the Training Workshop.
Module I.2: Philosophy, Background and Activities of SANLAAP

This Module would brief the participants about the philosophy, background and activities of the implementing/training organization. Since SANLAAP is the implementing organization for this ‘Staff Development Training Module’ and subsequent Capacity Building Trainings based on this Manual, this Module includes organizational information about SANLAAP. At the same time, this Manual has the scope of being used by other organizations for capacity building of their care givers/staff working in an institutional care setting. Hence, the organizational information in this Module may be replaced with information about the organization using this Manual. However the activities included in this module may be used in their respective organisational context.

A. Introductory Session: A Brief Assessment

Objectives
- To gauge the participants’ understanding of the organization’s background
- To help participants initiate a thinking process on the organization’s history

Kind of Activity - Brainstorming Session

Time - 15 Minutes

Things Needed - Chart paper; marker

Note for the Facilitator
This is a brainstorming session to help the participants think and respond based on their understanding about the organization. The facilitator shall not give his/her input on the given topic while the participants are doing the activity.

How to do the Activity
Ask the participants to think for two minutes about their knowledge regarding the background and present activities of the organization. Each one will then share their thoughts with the group. Meanwhile the facilitator will note down the points in a chart paper already hung on the wall. The following questions will then be asked:

- Do you feel that you had all information about the organisation’s activities and background?
- If no, why?
- How do you think you can keep yourself updated?
- How did you feel when others were sharing?

B. Theme Activity: Meaning and Philosophy of the Organization

Objectives
- To reflect the meaning of SANLAAP as an organisation
- To help the participants understand the organisation’s programmes and activities

Kind of Activity: Group Discussion; Presentation
**Time Needed:** 1 Hour

**Things Needed:** Chart Papers; Markers; Power Point Presentation/Handouts

**Note for the Facilitator**
It will be a group discussion where some groups will discuss the organisational history while others discuss its activities. After the small group discussion, a power point/or flip chart presentation will be put up with all the information from the group.

**How to do the Activity**
Ask the participants to form small groups of three to four members in each. The main topic for discussion is divided into two sub-sections: a) history of the organization; and b) activities of the organization. The two sub-sections will be divided alternatively among the small groups. Every group will note down their discussion points on the given chart papers. When complete, each small group will present their discussion in the larger group.

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**B. Theme Activity: Meaning and Philosophy of the Organization**

**Objectives**
- To disseminate information on the background and activities
- To help participants update themselves on the philosophy of the organisation.

**Kind of Activity:** Small Group Discussion; Large Group Presentation

**Time Needed:** 45 Minutes

**Things Needed:** Chart Papers; Power Point Presentation/Handout 1

**Note for the Facilitator**
Prepare a Power Point Presentation based on Handout 1 before the Training begins. The Power Point Presentation may be replaced (in case of inconvenience) with handouts and the same be discussed by the facilitator. The handout may be translated regionally, if required.

**How to do the Activity**
Make a power point presentation prepared in advance (Handout 1) followed by a plenary session where the feedbacks and queries of the participants shall be discussed and addressed.

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**Handout 1**

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**Welcome to SANLAAP**

**SANLAAP**

**1987 – 2008**

**Path and Mission**

Make The World a Place for Girl Children by Protecting their Rights
1987 -1988

• A Time for learning, growing and moving into need based avenues.

• To understand the consequences and intricacies relating to commercial sexual exploitation of children.

The History
1989-1990

• A Research Study - On sexually abused girl children in Kolkata and its suburbs

• Outcome – Girls were sexually abused when they came in search of work, domestic help and other forms of employment, finally ended up in red light areas

• Women in Prostitution - The women needed to find a safe place for their children during the evening hours.

THE IDEA OF A DROP IN CENTER (DIC) CAME OUT AS A NEED EXPRESSED BY THE WOMEN IN PROSTITUTION.

1992

IN JULY 1992 THE FIRST DROP IN CENTER (DIC) WAS STARTED IN KALIGHAT AND WAS INAUGURATED BY THE THEN COMMISSIONER OF POLICE

At present – under SANLAAP’s Education Programme(Sopan)14 DICs run in 11 red light areas of Kolkata and its outskirts

1993

SNEHA the First Shelter Home established in Baghajatin

THERE ARE FOUR SHELTER HOMES RUN BY SANLAAP WITH SUPPORT FROM GOVERNMENT AND OTHER ORGANISATIONS

Target Beneficiaries:

• More than 250 minor girls

• Girls Rescued from Prostitution

• Girl Children of Women in Prostitution

• Vulnerable Girls

Programs

• Mental Health Intervention Program
  - Issue Addressal Group
  - Prefect Group
  - Advocacy Group
- HIV Support Group
- Captain System

- **Vocational Skills Training & Empowerment Unit**
  - Block Printing
  - Canteen Management
  - Tailoring
  - Handicraft
  - Batik
  - Jute Work

- **Dance Movement Therapy** for **Self Confidence** and **Self Reliance**

- **Dance Pieces**
  - Sampoornata
  - Nava Nritya

- **Formal and Non Formal Education**

- **Staff Development Training Programme**

- **Life Skills Training Programme for the Shelter Home Residents**

- **Case Management Programme**

- **Youth Partnership Programme**

- **Medical Aid Programme**

**SALAH**  
*The Legal Aid Wing - 1996*

Provides Legal Aid Services for –

- Child Custody
- Conviction of Traffickers
- Domestic Violence Cases
- Women’s Rights for all Cases (except property & tenancy disputes)
- Empowering Community Based Organisations by organizing legal Camps
- Conducting Legal Literacy with Municipality and Local Bodies.
- Awareness Training in and around Slums of Kolkata

**SAHAYOG and SANJOG**  
*Campaign & Advocacy - 1999*

Activities in the Source Areas –

1. **Restoration and Reintegration**- Set up procedure for voluntary return of children to their families.
2. Educational; Legal and Economic Support: Build Safe Conditions for Recovery of
Trafficked Victims

3. Protection - Strengthen Capacities of NGOs and CBOs; Local Associations and Institutional Actors to Optimize the Protection of Child Rights Intervention through Action Oriented Crisis Centres

4. Prevention - Train NGOs and CBOs; Local Authorities and Communities to Cope with Child Exploitation and Trafficking; Efforts towards Protecting Rural Communities, Children in Red Light Areas and Street Children Networking - Encourage Collaborations among NGOs through Co-ordination of Joint Activities; Lobby and Advocate to Involve the Stakeholders including the State in their Responsibility to Protect Children.

5. Capitalisation / Sustainability - Standardised Intervention Methods to Strengthen Institutional Capacities

**SWADHAR - A Government of India Scheme - 2003**

Criteria to run a Shelter Home -

- Trafficked women/girls rescued or runaway from brothels or other places
- Women/girl victims of sexual crimes who are disowned by family
- Women who do not want to go back home to their respective families for various reasons

Swadhar Scheme is also applicable for women in other difficult circumstances like – deserted widows; released women prisoners without family; homeless women as a result of natural disaster; women victims of terrorism; mentally challenged women; women living with HIV/AIDS; women who have lost their husband due to HIV/AIDS.

**ECONOMIC REHABILITATION PROGRAMME 2003-2005**

- 30 Girls Trained in Fashion Garment Construction at the National Institute of Fashion Technology, Kolkata
- A Coffee Day Xpress Kiosk of Amalgamated Bean Coffee Trading Company Limited Set up in Kolkata in March 2005
- Boys and Girls are Involved in Cleaning and Maintenance of Indian Bank Automated Teller Machine (ATM) Counters
- 1 Survivor joined Youth Partnership Programme
- 4 Survivors have Joined UTSA
- 1 Survivor has Joined Towards
- 10 Survivors are Engaged in Canteen Work
- 2 Survivors Joined as Life Skills Trainee Teachers

**AWARDS...**

- 1997 - National Award (Child Welfare)
- 2000 - National Commission for Women’s Award for the Best Women’s Organization

**SANLAAP’S NETWORK**

• End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes
(ECPAT)
• Coalition Against Trafficking In Women (CATW)
• Action Against Trafficking and Sexual Exploitation of Children (ATSEC)
• National Alliance of Women’s Organisation (NAWO)
• MAITREE - A State Level Feminist Network (West Bengal)
• NGO AIDS Coalition (West Bengal)

**NGO PARTNERS**

**West Bengal**
- Medical Bank
- Offer
- GUP
- HRLN
- SWAYAM
- STOP
- SAHRWARU
- BNWLA
- JWP
- ACTION AID
- COMMUNITY BASED ORGANIZATION IN DIFFERENT DISTRICTS OF WEST BENGAL

**Rest of India**
- PRERANA
- PRAYAS
- RESCUE FOUNDATION
- ARZ
- CHILD RIGHTS IN GOA
- INTERNATIONAL JUSTICE MISSION

**Bangladesh/Nepal**
- MAITI NEPAL
- ACD
- DHAKA AHSHANIA MISSION
- HAQ FOUNDATION

**CORPORATE PARTNERS**
- NIFT
- AMUL
- CAFÉ COFFEE DAY & COFFEE DAY EXPRESS

**GOVERNMENT PARTNERS**

- Government of India
- Government of West Bengal
- National Human Rights Commission
- National Commission for Women
- West Bengal State Human Rights Commission
- State Commission for Women
- Bangladesh Deputy High Commission
• Royal Nepal Consul General
• Child Welfare Committee
• Kolkata Police
• West Bengal Police

DONOR PARTNERS

• CHRISTIAN AID
• Evangelischer Entwicklungsdienst (EED)
• Interchurch Organisation for Development Co-operation (ICCO)
• International Organisation for Migration (IOM)
• Save the Children Sweden and Denmark (SCSD)
• Terre des hommes Foundation, Lausanne (Tdh)
• United Nations Children’s Fund (UNICEF)
• United Nations Development Programme (UNDP)
• United Nations Fund for Women (UNIFEM)
Module I.3: Understanding Myself and Work with Children

This Module is designed to make participants think about themselves and their work with children. Through various activities aimed towards self reflection and exploration, attempt is made to enhance understanding of the participants about their organization’s work with children as well as their role, motivation and commitment. The work with children, especially in difficult circumstances and with traumatic experiences, requires a high degree of sensitivity and commitment, which comes from within based on our level of motivation and concern for the well-being of children. And our attitudes and perceptions towards children affect our work either positively or adversely. This Module would help the participants reflect and introspect on some of these aspects.

A. Let’s Make a Tree

Objectives:
- To stimulate the participants to reflect upon and express their strengths, motivations, self-appreciation and doubts with regard to their work.

Kind of Activity: Collecting individual answers on coloured pieces of paper, forming a tree in the plenary group.

Time: 45 Minutes

Things Needed: Post-it pads in blue, yellow, red and green, or coloured paper and glue, felt tip pens, and one big sheet of paper.

Note for the Facilitator
This exercise is very significant in helping people understand their motivations, strengths, personal qualities, and dilemmas related to their work. Hence, pay good attention to their responses. Keep a big sheet of paper ready with a ‘big tree’ drawn on it. If the participants are from the same project, the tree symbolizes their project. If they come from different organizations, the tree can symbolize the quality of help for traumatized people in their community. The trainer will see to it that all participants are able to express themselves as freely as possible. Negative or discouraging remarks should be interrupted.

How to do the Activity
- Ask participants to think upon the following aspects and write their responses on the post-it pads provided as per the colours indicated below:
  - Blue: Their personal qualities that help them do their work
  - Yellow: Their personal motivation to do their work
  - Red: The results of their work that they are proud of
  - Green: The questions, doubts, and fears that they have with respect to their work, which they hope to address during this training workshop
- Display the sheet of paper with a big tree drawn on it
- One by one, ask the participants to read their yellow papers out loud and stick them to the trunk of the tree. Then they read the red papers and stick them to the branches. The blue papers go on the roots and the green ones, like the red, are stuck to the branches.
- Once all the participants have stuck their post-its, explain that their motivation, (yellow), is the trunk of their work or project, the carrier. The successes, red, are like the ripe apples; the
questions doubts and fears (green), are like unripe apples that need more time to ripen but have potential because asking questions is a step forward. Finally, their personal qualities, blue, are like the minerals that feed the tree, keep it healthy, and help the apples to ripen.

- In the end, also initiate a discussion on if it was easy or difficult for them to express themselves especially their personal qualities, strengths, dilemmas? Having a sound understanding of oneself is important as it enables to express oneself freely and openly.

**B. Influences and Context**

**Objectives:**
- To encourage participants reflect upon their views about how children are or their ideas about how children are shaped
- To help participants to think about how their own experiences affect the way they think about children.

**Kind of Activity:** Quiz, self reflection activity, presentation and discussion

**Time:** 45 - 60 Minutes

**Things Needed:** Note paper, large sheets of paper and pens, handouts 1 and 2

**Notes for the Facilitators**
This activity has been broken up into two sub-sessions: a quiz (handout 1) and a self reflective exercise followed by discussion and presentation based on a handout (handout 2). The 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 and context. 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 a woman? Appreciating that seeing 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, attitude and behaviour towards children and issues concerning them including child abuse.

**How to do the Activity**

**Sub-Session 1:**
- Distribute Handout 1 – Quiz - to be completed individually by each participant
- When finished, read out each situation and ask people to vote about whether they agree or not and facilitate discussion (as mentioned in facilitator’s notes above)

**Sub-Session 2:**
- After the discussion on the quiz, 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, i.e.:
  - Who put physical descriptions first?
  - Who mentioned relationships first such as “mother”, “daughter”, “care giver to children in the shelter?”
- Who mentioned other attributes such as gender, caste/community, religion etc.
- Who mentioned their job roles, designations etc. such as “care giver”, “social worker”, “Counsellor”?

• Using Handout 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.

• In the end, help participants to relate their responses to the quiz, to the hand out 2 i.e. what is their context/lens through which they looked at and assessed each statement in the quiz. This will help them to see where they are coming from and the different lenses they use to evaluate and understand children they work with.

Handout 1

Quiz

Mark as Agree or Disagree
1. Children today are spoilt and have never had such a good life
2. Children should be seen and not heard
3. Beating/hitting/smacking never hurts a child and works well as a punishment
4. A child’s opinion is as important as an adult’s
5. 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
6. Children should grow up being looked after by their family
7. Children never lie about abuse
8. Children should always do what adults tell them
9. Children should be able to make up their own minds about matters concerning them
10. Children should not be a burden on their families and should be self sufficient as soon as possible
11. Children should look after younger siblings while parents are busy working
12. It is more important to learn a skill that will get a job than it is to go to school
13. Children are given too much responsibility too early in life
14. Children are not given enough responsibility
15. “Going without” makes children appreciate the value of things
16. The legal age for consent for sexual relationship should be lowered considering so many children are involved in such relationships at an early age

Handout 2

What influences us and how we see the world?

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:

• **Societal Context** – what the commonly held view is in the social situation that we live in
• **Legal Context** – what the law says (for example about the age of consent)
• **Cultural Context** – how our culture views things - this includes ideas like gender (for example, are women held in as high regard as men)
• **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 reporting suspicions of child abuse is mandatory or confidentially should be maintained)
• **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 “vulnerable” or “victims” or “offenders”? Depending upon the organisational belief and culture, there might be very different ideas about whether something was abusive or not)
Part II: How much do I know? Clarifying Concepts

Module II.1: Trafficking of Women and Children
Module II.2: Gender Constructs: What Makes Girls Vulnerable?
Module II.3: Child and Adolescent Development
Module II.1: Trafficking of Women and Children

This Module would help the participants understand the basics of human trafficking and its multiple dimensions including its definitions; push and pull factors; and the different stages involved in the process of trafficking. This module is very significant for clarity on concepts relating to trafficking for both new and existing staff to take them forward in providing care and protection to the trafficked survivors in the shelter home.

A. Breaking the Ice: Khichdi

Objectives:
- To warm up and energise the group
- To introduce the topic in a creative manner

Kind of activity: Warm up game

Time: 10 Minutes

Things Needed: None

Note for the Facilitator:
It is a very energetic body movement exercise. The facilitator also should be enthusiastic and energetic while calling out the ingredients. The facilitator can change the tone and pace while calling out different ingredients and can also call out two or more ingredients at the same time.

At the end of the exercise, the facilitator can relate it to the purpose of the entire Part (Part II) of this Manual stating that it is very important to be clear about each concept of the issues as it is important to know about the right ingredients to prepare a dish (such as Khichdi). In absence of the correct understanding, there would always be some limitation in ‘what and how much we do’. As care givers, we need to understand the multiple dimensions of the issue including the deep impact it has on its survivors to be able to extend timely care and protection to the children in the shelter home in a sensitive and appropriate manner.

If this activity is being used to make small groups, at the end tell the participants with same ingredients to form a group for example, all participants who selected rice will form one group.

How to do the Activity:
- Ask the participants to stand in a circle
- Ask them the ingredients used in preparing ‘Khichdi’ and choose any four ingredients with the help of the participants, for example – rice, water, pulses, salt
- Ask each participant to choose the name of one ingredient out of the four selected by the group.
- Tell the participants that the facilitator will call out the name of each ingredient one by one and the participants who have selected that particular ingredient will run towards the centre of the circle. For example, if the facilitator calls out ‘rice’, all the people who have selected ‘rice’ should run towards the centre of the circle and if ‘salt’ is called out then all the ‘rice’ participants will run back to their positions in the circle while the ‘salt’ participants will run towards the centre. If the facilitator shouts ‘Khichdi’, then all the participants will run towards the centre of the circle.
- Call out these ingredients one by one few times.
At the end of the activity, relate it to the purpose of the Module, as indicated in the note to the facilitator above.

B. Misconceptions and Misperceptions on Human Trafficking

Objective:
- To explore and make participants realize their misconceptions on issue of trafficking
- To ensure that the participants’ gaps in information vis-à-vis trafficking come up so that they can be addressed through the next set of activities in the Module

Kind of Activity: Quiz

Time: 30 Minutes

Things Needed: A sheet of statements given below, 3 cards/chart papers with ‘Agree’, ‘Disagree’, and ‘Can’t say’ or ‘Don’t know’ written on them respectively (in a bold font); Handout 1 on Statements for the Quiz; Handout 2 for the Facts

Note for the Facilitator
Facilitator can add to the statements in Handout 1 based on perceived myths of the communities/target groups or participants. After discussion, ask the participants to change the positions if they have changed their response to a particular situation. If they do not wish to change the positions, do not force them to do so. However ask them to think about various alternate explanations and facts provided by the participants and facilitator. We cannot expect the participants to change their beliefs after one activity/session or workshop but definitely we, as facilitators can initiate a new thought process.
This activity should cover many aspects and dimensions on trafficking and the following activities in this Module would provide clarifications for some of the unanswered concepts.

How to do the Activity
- Paste the ‘Agree’, ‘Disagree’, and ‘Can’t say’ or ‘Don’t know’ chart papers/cards in three corners of the room respectively.
- Ask the participants to stand up and point towards the chart papers so that the participants become familiar with them.
- Read out different statements one by one from Handout 1 and ask the participants to choose one corner according to their response to the statement i.e. agree, disagree or don’t know.
- Have a discussion on reasons for their response.
- Clarify the responses using the ‘Facts’ provided in the Handout 2.

Handout 1

<table>
<thead>
<tr>
<th>Myths/Misconceptions about Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Poverty is the only push factor for trafficking</td>
</tr>
<tr>
<td>2. Traffickers are always strangers</td>
</tr>
<tr>
<td>3. There is no difference between trafficking and kidnapping.</td>
</tr>
</tbody>
</table>
4. Trafficking always involves force.
5. Human Trafficking happens only for the purpose of Commercial Sexual Exploitation
6. Trafficking always involves commercial exploitation.
7. Human Trafficking does not take place in India
8. Only girls and women are victims of human trafficking
9. Gender discrimination and disparity is one of the key structural factors that result in trafficking of women and children
10. Trafficked persons cannot be reintegrated back in their families
11. Women who are ‘fast’ and dream of ‘elite city life’ get trafficked
12. Women who get trafficked into sex work get used to sex, therefore do not want to be reintegrated/rescued.

Handout 2

Facts/Responses about Trafficking

1. Poverty is the only one of the push factors for trafficking. There are many other factors responsible for trafficking such as unemployment, illiteracy, family situations, natural disaster, and disintegration.
2. Most often traffickers are known to the families/victims such as neighbours, villagers or their own family members including fathers/or both parents.
3. Trafficking does not necessarily involve kidnapping. Traffickers generally use deceit or lure the victims. It is important to understand the difference between trafficking and kidnapping as most of the time trafficked cases are filed under sections of kidnapping.
4. A trafficked victim is usually trafficked through deceit or fraud.
5. Trafficking also happens for purposes other than prostitution/commercial sex work (which will be clarified through the next activity in the module).
6. Commercial exploitation is one form of exploitation that victims go through; other forms include physical, mental and sexual exploitation and harassment.
7. Human Trafficking is rampant in India and happens for various purposes.
8. Both girls and boys get trafficked, though majority of the victims are women and girls.
9. Gender discrimination and disparity increases the vulnerability of women and girls to trafficking. This will be dealt with in detail later in this part of the Manual.
10. This is a myth. Trafficked persons can be reintegrated in the families, however integrated programmes for the same are required involving the survivors, their families and communities and other stakeholders.
11. Women who get trafficked are not to be blamed as trafficking always involves use of threat or force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position of vulnerability and/or giving or receiving of payments or benefits to achieve the consent of a person (generally women and children) having control over another person.
12. This notion is one of the results of labelling and stigmatising women in sex work. Women in sex work and/or survivors of trafficking lack livelihood options and opportunities. In addition, due to lack of standards of care and support, the process of recovery, reintegration and rehabilitation itself becomes coercive, with little or no dignity and respect for survivors. Thus, some sex workers and/or survivors of trafficking may resist the rescue/recovery, reintegration and rehabilitation process, which is perceived negatively (viz. stubborn behaviour, habituated to sex etc.) by service providers/communities and other social institutions.

C. What is Trafficking?

Objective
- To help participants reflect upon their experiences of trafficking in their work
- To explain the concept of trafficking – its definition and model

Kind of Activity: Group work, reviewing/sharing case studies presentation and discussion

Time: 1 Hour 30 Minutes

Things Needed: Flip chart, markers, case studies/press clippings on trafficking (the facilitator should get latest press clippings before the training); Handout 1 and 2

Note for the Facilitator
Since the participants would be from a Child-Care institution working on issues of trafficking, they would be aware of cases of trafficking, hence having them share these experiences/cases in a story form would be most appropriate. However, share the case study/press clipping with groups only if they do not have any story or case to discuss. During group work, the facilitator should facilitate the discussion in each group and probe for the factor that facilitated trafficking.

Using the contents of the Handout 1 and 2, prepare a power point presentation. In case this is not feasible, make copies of the handouts for distribution among the participants.

How to do the Activity
- Divide participants in four small groups (ensuring a good mix of male and female participants in each group)
- In small groups, ask them to narrate the stories/cases that they are aware of or heard of related to trafficking of women and children or read about it in the newspapers. Give them 15 minutes for the sharing.
- After the sharing, ask them to choose one of the stories shared for discussion. Two groups could be asked to focus on stories of children and the other two to identify cases of women. In case, participants are not aware of any case of trafficking, share the case studies/press clippings with them (one case with each group)
- Ask them to identify and describe factors that specifically point towards trafficking of the woman or child i.e.:
  - How they identify that it was a case of trafficking?
  - Who was the victim/trafficked person – specify age, gender etc.
  - Who was the trafficker?
  - Reasons/vulnerability factors that led to trafficking
- Purpose for being trafficked
- What are the specific concerns with respect to trafficking of children?
- Mode of recruitment and transport etc.
- What are the aspects related to consent with respect to trafficking?
- Any other relevant information they could gather

• Allow 30 minutes for small group discussion. After 30 minutes, ask one spokesperson from each small group to make their presentation based on the above factors. Allow 5-7 minutes for each presentation.

• The facilitator should identify the key issues and factors that explain the concept of trafficking and list them on a flip chart.

• Based on the key factors and concepts listed on the flip chart, ask the participants to come up with a definition of trafficking.

• Using Handout 1, 2 and 3, explain the definition of trafficking and concept of consent, terms used and the trafficking model respectively.

• After explanation, clarify any doubts or questions that the participants may have.

Handout 1

Some of the Commonly Used Definitions of Trafficking

The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children 2000, defines trafficking as: “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of the power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices, similar to slavery, servitude or the removal of organs”.

Under the UN Protocol, ‘child’ shall mean “any person under eighteen years of age”.

The Rights of the Child Article 34 mentions “The state parties undertake to protect the child from all forms of sexual exploitation and sexual abuse……. (They) shall in particular take all appropriate……. measures to prevent ; the inducement of coercion of a child to engage in any unlawful sexual activity ; the exploitative use of children in prostitution or other unlawful sexual practices…… (or) in pornography performances and materials.”

The consent of a victim of trafficking in persons to the intended exploitation set forth in sub paragraph (a) of this article shall be irrelevant where any of the means set forth in sub paragraph (a) have been used;
The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered “trafficking in persons” even if this does not involve any of the means set forth in sub paragraph (a) of this article.

Trafficking victims have either never consented or, if they initially consented, that consent has been rendered meaningless by the coercive, deceptive or abusive actions of the traffickers. The Trafficking in Persons Protocol also establishes that, for the purpose of that definition, consent of the victim is irrelevant where the use of illicit means is established. However, the Trafficking in Persons Protocol excludes a consent-based defence in cases where the use of improper means of obtaining consent is established. A child cannot consent to being trafficked; the Protocol excludes any possibility of consent from a victim under the age of 18.

*Goa Children’s Act, 2003 (India) defines Child Trafficking in Section 2(z) as: “the procurement, recruitment, transportation, transfer, harbouring or receipt of persons, legally or illegally, within or across borders, by fraud, of deception, of the abuse of power or of a position of vulnerability or of giving or receiving payments or benefits to achieve the consent of a person having control over another person, for monetary gain or otherwise.”*

*South Asian Association for Regional Cooperation (SAARC) definition: “child trafficking” means the moving, selling or buying of women and children for prostitution within and outside a country for monetary or other considerations with or without the consent of the person subjected to trafficking.*

*Note to the Facilitator: In explaining the SAARC definition, please note that it deals with trafficking in relation to prostitution/commercial sex work only*

### Handout 2

**Explanation of specific terms/concepts**

**Recruitment:**

Many trafficking cases involve a process of recruitment through agencies that organize and “facilitate” the process of travel from one country to another. Some agencies are legitimate, while others use deceit to recruit persons for the purposes of trafficking.

**transportation within and across borders…:**

Some form of physical movement or transportation is needed for trafficking to occur. The movement often occurs between different countries, but can occur without the crossing of international borders. In either case, the victims are moved to an unfamiliar place, far from home and under the control of the traffickers.

*…through legal or illegal channels of migration:*

Trafficking can occur whether people are moved by legal or illegal means. Migrants with legitimate visas, who entered a country legally, often get trafficked that they realize only at destination where they get deceived and had not agreed to the conditions of work they are made to settle for. Marriage and adoptions are two most commonly used “legal channels” for trafficking.

**purchase, sale, transfer, receipt or harbouring of a person:**
Traffickers use one or more of these actions when they move the trafficked person from the place of origin to the place of destination.

**deception:**

Trafficked persons are usually tricked into their vulnerable situation. They are offered or promised further education, marriage or a well-paid job and end up in forced labor or a forced marriage. However, if a woman is trafficked into prostitution, she may know she is going to work in the sex industry, but not that she is going to be deprived of her liberty or her earnings. This is still trafficking. In most cases traffickers deceive trafficked persons about the conditions under which they will be forced to live and/or work.

**coercion (including the use of threat of force or the abuse of authority)...:**

Some traffickers may use force to abduct a victim and others use violence or blackmail to keep a trafficked person under their control. Trafficked persons are dependent upon the traffickers for food, clothing and housing and must submit to the demands of their captors. Traffickers usually restrict a victim’s freedom of movement or prohibit victims from leaving the premises without an escort. Coercion may also be psychological. Abuse of authority involves dependency situations in which a person who has power over another person (such as a relative or employer) denies the rights of the dependent person.

...or debt bondage

Many trafficked persons are forced into a debt-bondage situation, in which once at the destination they are told they will have to work to pay back a large and increasing sum for travel expenses, housing, clothing, medical and food expenses. Traffickers have full control over their employee’s movement and their income. The victim is never able to pay back the extraordinarily high debt, but the trafficker tells her the debt will be paid off “soon”. Trafficked persons, who are anxious to start earning money, believe the lie and continue to submit to their conditions in the hope that the debt will soon be paid off and they will start earning money. However, the traffickers continually find new (fictitious) expenses to charge and the payoff date continues to be postponed.

**servitude (domestic, sexual or reproductive), in forced or bonded labor, or in slavery like conditions:**

Many women are trafficked into situations not strictly involving forced labor or slavery (by legal definition). In some cases women are trafficked into forced or servile marriages where no money changes hands. Other women are held as household servants and others may simply be held captive.

The core element of trafficking is the coercive and abusive conditions into which the trafficker intends to place his/her victim. Forced labour, servitude and slavery are all crimes prohibited as human rights violations in international law. They cover all situations into which people are trafficked. The kind of business or service into which a person is trafficked does not dictate whether or not trafficking occurred. People are trafficked for many types of situations, such as domestic, manual or industrial work in formal or informal sectors or marriage or other kinds of relationships. It is coercive conditions/relations in these situations that constitute ‘trafficking’.

**community other than the one in which such persons lived at the time of the original deception, coercion or debt bondage (concept included in the Trafficking Protocol):**
In the context of trafficking, victims are moved into foreign communities. They are isolated from their families and sometimes their language and, thus, rendered even more dependent upon the traffickers for food, shelter, information and “protection” from authorities.

**Handout 3**

**Trafficking Model**

From one place

Taken by deception, fraud, force, threat or fear. using one’s power, by abducting or by exploiting someone’s vulnerable position

Through recruitment, transportation, buying, selling, owning a person or harbouring a person with an intention to commit a crime.

To another place

With or without a payment; To use for forced labor or services, domestic labor, sexual exploitation including prostitution, services related to reproduction, slavery, begging or for the removal of organs.
D. Who gets trafficked and who can be the target?

Objectives

- To understand vulnerability of children to trafficking
- To provide an understanding of the traffickers/people who can traffic women and children (boys and girls).

Kind of Activity: Group work, discussion and presentation

Time: 1 Hour

Things Needed: Flip Chart, markers, Handouts 1, 2 and 3

Note for the Facilitator
Using the contents of the Handout 1, 2 and 3, prepare a power point presentation. In case this is not feasible, make copies of the handouts for distribution among the participants.

How to do the Activity

- Divide participants in three small groups and ask them to work on the following:
  - Group I: Why children get trafficked? What are different purposes for which they get trafficked?
  - Group II: Who could be the potential victims/vulnerable children?
  - Group III: Who are the traffickers?
- Provide them flip chart and markers and ask them to write their responses on the flip chart
- After 10 minutes, ask them to make presentations in the plenary
- After each group has presented, provide complete information with the help of Handouts 1, 2 and 3 respectively and ensure to clarify incorrect information given by them during their presentations.
- Wind up by answering questions if any.
Handout 1

**Purposes of Trafficking**

A large percentage of girls trafficked are forced into commercial sexual exploitation

Other purposes for trafficking of children (girls and boys) are:

- domestic help
- working in the unorganized sector (mines, brick fields, carpet, garment)
- camel jockeying
- organ transplantation
- child / forced marriages
- adoption
- begging rackets
- sex tourism
- other forms of exploitative activities

Handout 2

**Who are Trafficked?**

Marginalized and Vulnerable Women and Children – both boys and girls are the key target groups

**Communities or Individuals...**

- With limited and / or no access to any kind of economic resources
- Who are illiterate or with very low levels of education
- Who are forced to migrate either for job or marriage
- Who have come from other countries and are undocumented

**And...**

- Young children who run away from home due to poverty, gender discrimination and violence, lack of resources, abusive/discordant families etc.
- Persons who belong to communities where girls are traditionally forced into prostitution (Bedia Community, Devadasi system)
- Children living in the streets and on railway platforms

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1 In 2005 the United Arab Emirates (UAE) government in partnership with UNICEF entered into an agreement to identify children employed as camel jockeys and repatriate them to their respective countries of origin at the expense of the government.
### Handout 3

**Who may traffic a woman or child?**

- Parent
- Relative
- Trusted friend
- Neighbour
- Local government official
- Law enforcement officer
- Sub agents
- Politician
- Strangers: auto rickshaw driver, bus driver, bus conductor, person at bus stand, rich people from the city

**Definition of “traffickers” by SAARC:**

Trafficker means persons, agencies, or institutions engaged in any form of trafficking

**The actors in the trafficking cycle**

The different forms of trafficking exist at the hand of a wide variety of actors:

**Private actors:** the networks that facilitate and maintain trafficking can involve a variety of private sectors, including transportation, tourism, media/communication, entertainment and legal
- Taxi drivers, rickshaws, truck drivers, who participate in the movement
- The media can be a method of recruitment through classified and radio advertisement. (Internet)
- Hotels and motels, are often used as “safe-houses”
- The legal profession has been implicated in trafficking activities by arranging false documentation

**Public actors:** Immigration police, other civil servants aid traffickers

Example: arranging false documentations, arranging for illegal border crossing, protecting bars and brothel owners from investigations

**Clients:** the root cause of trafficking is demand from the client
E. Commercial Sexual Exploitation of Children: What it means and Who is affected?

Objective
- Having established the basic understanding on Human Trafficking, the objective of this session is to arrive at a common understanding of ‘Commercial Sexual Exploitation of Children (CSEC)’ since most of the women and girls, the care givers/staff of children institutions’ interact with are survivors of trafficking for commercial sexual exploitation.

Kind of Activity: Group work, Case Discussion and Presentation

Time: 30 Minutes

Things Needed: Large sheets of paper and pens, copies of handouts 1, 2 and 3

Notes for the Facilitator
Allow plenty of time for discussion about each case study 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. Here, you could relate to the ‘Influences and Context’ activity done in Part I of the Manual.

Emphasise that while there are differences, each child’s experience is unique to themselves. It is also crucial to reinforce that even where ‘positive’ language is used to describe the experiences of CSEC, it is always abusive.

How to do the Activity
- Divide participants into groups of 4-6 each. Ask them to write, on flip chart, the groups’ understanding and definition of what ‘commercial sexual exploitation of children’ means. Each group to share their definition in the large group after 10 minutes.
- After all the groups have presented, using Handout 1, go through the definitions of CSEC and Article 34 of UN Convention of Rights of Child in large group.
- Now, in the large group, read each case provided in handout 2 and go through the list of those at risk of being commercially sexually exploited.
- Discuss, why these children are vulnerable and why do children run away from home.
- Wind up the activity by making a presentation on vulnerable children and risk factors using Handout 3.

Handout 1

**Child Sexual Exploitation - What is it?**

**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)”
The UN considers a child to be anyone under the age of 18 years old

**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”

### Handout 2

**Is this child being commercially sexually exploited, or likely to be?**

**Case 1: Bibi**
A 16 year old Bibi, stepped out of her hometown in West Bengal for the bright lights of Delhi to work as a domestic maid. When she reached Delhi, she was taken to a labour contractor, who apparently ran a maid bazaar/placement agency. She waited for a job for about 15 days, but did not get a break because she could not speak Hindi. She had no place to stay in Delhi and had no body to support her.

**Case 2: Suman**
Suman 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. Suman 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 Suman marries him.

**Case 3: Bubli**
Bubli is 15 years old, beautiful and energetic girl and dreams of making it big in a city by becoming a film star. She meets a man who assures her that he knows many stars in the city and can get her good roles and offers. He tells her that she has great potential and could make a lot of money. Since she knows her parents will never agree, she plans to run away with the man.

**Case 4: Raju**
Raju is 13 years old. He was unhappy when his mother remarried after her husband (Raju’s father) abandoned her two years ago together with Raju. He did not like his stepfather and there were many arguments at home. One evening, after another such argument, Raju 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 Raju with a place to stay, food and clothing.

### Handout 3

**Vulnerability of Children to Trafficking and Commercial Sexual Exploitation**

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/rural 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 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 beggars, 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 (for example dedicated to gods etc and therefore able to have sex with any holy man, believer etc)
Children living in areas or communities that are prone to unsafe migration
Also at particular risk is any child who is without carers or the protective environment of adults (e.g. supportive community)

Hence the causes/vulnerability factors can be categorized as:
Economic causes: poverty, globalization, increased export oriented growth, growing consumerism, unemployment, lack of opportunities in rural areas

Triggering factors: family disintegration, conflict, getting away from hard situation (violence, abuse, neglect), moving out into vulnerable situations, for example affected by natural disaster, personal loss of spouse, of parent, of bread winner

Contributory factors:
Illiteracy, poor education, lack of awareness (trafficking, HIV/AIDS), lack of legal knowledge, no access to health care, lack of knowledge and access to government welfare schemes, lack of political will or commitment, corruption, lack of sensitized media, lack of effective NGO network at grass root level.

These are some factors, which also make children run away from home for search of better life, hence increasing their risks and vulnerability.

F. Process and Stages of Trafficking

Objective

- To provide an understanding about the various stages of trafficking and factors operating in the different stages of the trafficking cycle and post rescue from trafficking situation.

Kind of Activity: Presentation and group work

Time: 1 Hour 30 Minutes

Things Needed: Handout 1

Note for the Facilitator

This is an activity to make the participants aware of various stages of trafficking and post-rescue. The impact on children at each stage will be discussed later, in Module II.3 of this part.

How to do the Activity
Introduce the concept of different stages in the trafficking cycle (Pre-trafficking, Transit, Destination, Post-Rescue: Rehabilitation and Reintegration) with the help of Handout 1

Divide the participants into 5 groups and allot one stage to each group.

Ask the groups to discuss the various factors involved and what happens to the child in the different stages allotted to them and list them on a chart paper.

Ask one person from each of the five groups to briefly summarize their group observations.

Wind up the group presentations with asking a volunteer from the large group to share a case study they have personally dealt with, which illustrates all the five stages of the trafficking and post-trafficking cycle.

**Handout 1**

**Different Stages of Trafficking and Post-Rescue**

**Stage 1: Pre Trafficking (Source/Origin)**
Recruitment can occur as an act of physical violence by kidnapping the victim, or by threat, or with consent through deception, when good job possibilities are promised or implied, or by other forms of coercion such as debt bondage. Abuse of authority plays a role when parents agree to sell a child or when anyone who exercises a form of authority over the victim agrees to or is involved in trafficking.

**Stage 2: Transit**
Transit may also be forced as in the case of kidnapping or travel under threat. Agents and brokers may restrict the women’s/girl’s freedom of movement by confiscating their passports or identity cards, thus restricting their independence and ability to return home. Sexual harassment and rape may also occur during or after transportation. Sometimes, the trafficked persons are sold several times to middlemen or other agents, before they reach their final destination. A considerable amount of official involvement (of police and immigration authorities) in the trafficking process has been reported.

**Stage 3: Destination/Exploitation**
Work/living conditions at final destination: Trafficked persons are forced or deceived with the aim of exploiting them in abusive, sometimes slavery-like conditions. Many boys and girls find themselves working against their will in exploitative conditions in a variety of jobs, such as domestic work, factory work or in the sex industry. They lose their right to decide freely over their own destiny and are subject to violence, abuse and other forms of coercion. Majority of the women and children get trafficked into sex work, but others are trafficked into other exploitative situations, such as organized begging, domestic work as servants, servile/forced marriage, factory work in the garment industry, agricultural or fishery industries, and criminal activities.

**POST-RESCUE STAGES**

**Stage 4: Rescue and Rehabilitation**
In this stage, rescue and recovery operations are conducted through police raids with the help of individual or voluntary organizations which may be planned or unplanned. Many agencies network in carrying out such raids on brothels, factories, homes to rescue children who have been forced into exploitative work. After rescue the child is usually taken to the police station for initiating legal procedures and then produced before the Child Welfare Committee (CWC), from where the child is sent to a J.J. Act notified Shelter Home for rehabilitation and reintegration.
Rehabilitation of the rescued child involves creating of a safe, secure environment which fosters health, self respect, dignity and emotional healing by providing a variety of services aimed at promoting physical, psychological and social integration of the child.

### Stage 5: Reintegration

Trafficked women and children usually need support when they return to their family, community or country. Return and reintegration form a difficult process, in which the returnees may face psychological, health, legal and financial problems. Some may have illness, injuries, HIV, and malnutrition. They may be afraid of police or other officials. Fear of some kind of retaliation or persecution is not uncommon. If these problems are not solved, and the returnees are not supported, it is likely that they will be abused and exploited again, sometimes even re-trafficked. The rehabilitation and reintegration work involves identification process (who is she, where does she belong, family tracing – if it exists and where) family assessment (what kind of needs they have and if they can provide after care), family reunification, travel and follow up of reintegration through visits.

### G. Recapitulation and Closure of this Module (II.1)

**Objectives:**
- To evaluate and assess the learning from the training conducted on day I
- To allow participants to raise any un-addressed issues/question.

**Kind of Activity:** Reflection and Discussion

**Time:** 15 Minutes

**Things Needed:** None

**Note for the Facilitator**
The facilitator may address the pressing issues/questions that come up in the recapitulation. However the questions that do not require immediate attention can be put in the ‘parking lot’ i.e. to be addressed later.

**How to do the Activity**
- Ask the participants to share one by one responses to the following questions:
  - A new thing/lesson learnt from this Module
  - One question/doubt/dilemma that they may have
  - Any suggestion/comment/shortcomings
- Analyze the responses quickly and wind up.
- Wind up this Module by informing the participants that having understood the basics of human trafficking and broad vulnerability factors leading to trafficking of women and children, we will look at one of the key structural factors resulting in high magnitude of trafficking of girl’s i.e. the Gender Disparity
Module II.2: Gender Constructs – What Makes Girls Vulnerable?

In this Module, participants will learn about concepts of gender, sex, sexuality, and the linkages between gender and trafficking. Since gender disparity and inequality is one of the key structural factors that result in trafficking of women and children, and given the fact that most of the caregivers may be dealing with survivors of trafficking for commercial sexual exploitation who are more often than not girls and women, it is essential for the participants to understand the concepts of gender and sexuality well. There is a separate Module on interventions with the survivors of sexual exploitation and trafficking on ‘sex and sexuality concerns’ integrated with gender issues in Part III of the Manual. This conceptual clarity on Gender and Sexuality is a must and a prerequisite to gender sensitive interventions including care and protection extended by the caregivers to children who get trafficked.

A. Understanding the term ‘Gender’

Objective
- To understand the perceptions of participants of the term ‘Gender’

Kind of Activity: Brainstorming and listing

Time: 10 Minutes

Things Needed: Flip Chart and Marker

Notes for the Facilitator
Encourage each participant to give his/her view. List the responses on a flip chart as they speak but do not discuss the responses at this point. The concept would be explained at the end of Activity C under this Module.

How to do the Activity
- Write the word ‘Gender’ on the flip chart.
- One by one, ask participants to respond to what they understand by this term
- List the responses of the participants on a flip chart

B. Understanding the term ‘Sex’

Objective
- To understand the perceptions of participants of the term ‘Sex’

Kind of Activity: Brainstorming and listing

Time: 10 Minutes

Things Needed: Flip Chart and Marker

Notes for the Facilitator
Encourage each participant to give his/her view. The responses are not discussed at this point – just write the responses on the flip chart as they speak and initiate discussion after Activity C.

**How to do the Activity**
- Write the word ‘Sex’ on the flip chart
- One by one, ask participant to respond to what they understand by this term and list the responses of the participants on a flip chart

**C. Exploring and clarifying the concepts of ‘Gender’ and ‘Sex’**

**Objectives**
- To use non-verbal, creative ways to express ideas and concepts of gender; and sex
- To clarify and enhance understanding of participants on the concepts of gender and sex

**Kind of Activity:**

**Time:** 60 Minutes

**Things Needed:** Handout 1

**Note to the Facilitator**
Encourage all participants to enact roles at least once. If time permits or enough responses have not emerged to discuss the differences between the terms ‘gender’ and ‘sex’, then the facilitator could ask some participants to enact more than once. It should be ensured that along with behavioural differences, biological differences or acts highlighting biological differences also emerge through enacting for example, a pregnant women, the act of breast feeding etc. The facilitator could also take a turn to enact the desired response highlighting a significant difference (example, on biological differences) that gets missed out.

**How to do the Activity**
- One by one ask each participant to enact any behaviour/role/act associated with a female or male, without speaking or expressing anything verbally.
- Ask other participants to guess whether the character/role played out represented a female or a male. Ask reasons for their response.
- List the behaviour/act played out on the flip chart under ‘Boy/Male’ or ‘Girl/female’ or ‘both’ categories based on the responses given by the participants. For example, if the character played out was identified as a ‘female’ based on her act of washing utensils, then the act/behaviour of ‘washing utensils’ will be listed under the ‘girls’ category. Similarly if the boy is identified by his act of ‘smoking a cigarette’, then this act will be listed under the ‘boys’ category. If the participants feel that both boys and girls can perform a particular act/behaviour, then it is listed under the ‘both’ categories.

**For example**

<table>
<thead>
<tr>
<th>Boys/Males</th>
<th>Girls/Females</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>Washing Utensils</td>
<td>Cooking</td>
</tr>
<tr>
<td>Whistling</td>
<td>Walking suggestively</td>
<td>Serving food</td>
</tr>
<tr>
<td>Blowing kisses</td>
<td>Pregnant Woman</td>
<td></td>
</tr>
<tr>
<td>Smoking Cigarette</td>
<td>Breast feeding</td>
<td></td>
</tr>
</tbody>
</table>
After each participant has enacted at least once and an exhaustive list has been prepared, participant’s responses should be reviewed and discussed.

Analyze the responses listed with the help of the participants to establish the biological (sex) and behavioural differences (gender, which is based on social norms and stereotypes) between males and females. Focus the discussion on why the group came to the conclusions they did for each statement and how many agreed that the roles played could be defined as either masculine or feminine or both. Following points can be raised for discussion and analysis:

- How does one recognize a girl or a boy at birth? Generally the response to this question would be ‘biological’ characteristic of boys and girls i.e. based on the genitals/reproductive parts.
- What are the significant factors that establish the differences between boys and girls? This question again emphasizes differences based on biological make up of boys and girls.
- Who determines differences based on behaviour factors/characteristics i.e. girls will only perform certain acts etc.? Do these behaviours/facts establish differences between men and women adequately? How do certain behaviours get associated with ‘only boys’, ‘only girls’ or both?

The responses to these questions would begin to highlight the role of society, upbringing, cultural norms, gender roles and stereotyping etc.

Based on the responses to the above exercises on gender and sex, facilitator can explain the terms ‘gender’ and ‘sex’ with the help of Handout 1
Handout 1

<table>
<thead>
<tr>
<th>What is Sex and Gender?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Defined and imposed by Society</td>
</tr>
<tr>
<td>Changes with caste, class, ethnicity, religion, culture</td>
</tr>
<tr>
<td>Socially constructed</td>
</tr>
<tr>
<td>Learned, developed, evolves</td>
</tr>
<tr>
<td>Can be changed</td>
</tr>
</tbody>
</table>

Definitions and Concepts: Explanation

**Sex**
Sex refers to the biological differences between male and female, e.g., whether a child is born as a male or female by birth based on the biological characteristics.

**Gender**
Gender refers to the economic, social, cultural attributes and opportunities associated with being male or female. It encompasses socially defined roles, attitudes and values, which the society ascribes, appropriate for one sex or the other- for males and females. Gender is a social construct that binds people in rigid definitions of masculine and feminine and it influences how we think, how we feel, and what we believe we can/should and cannot/should not do because of socially defined concepts of masculinity and femininity. Whether you are a male or a female, it also influences how people see you and the social expectations of how you should behave. Gender is not equal to women. It relates to the position of men and women in relation to each other.

Gender is not fixed – it is a social construct, often also shaped by other factors such as class, ethnicity, age and religion. The definition of what is “masculine” and what is “feminine” can and does change over time and across cultures.

**Differences between Gender and Sex**
Sex refers to the biological characteristics by which we identify males and females. Gender as described above, refers to socially determined characteristics. Sex is something one is born with, whereas gender is imbibed and learnt through a process of socialization. Sex does not change and is constant, whereas gender and gender roles and norms change and vary within and between cultures.

**Gender Stereotypes**
Gender stereotypes are the images we carry about males and females. Each society defines the roles for males and females and socializes them into these roles so that each individual accepts these norms as ‘normal’ and ‘natural.’ For example, girls should be passive, homemakers, submissive, gentle; boys should be strong, head of the family/provider, active, aggressive.

Attitudes, behaviour, roles of men and women are compartmentalized on the basis of masculinity and femininity. Men are under a constant pressure to be physically, emotionally and psychologically stronger and be “man enough” as opposed to women who are “supposed” to be physically, materially and psychologically dependent on men; whose sole role is to be a “good”
and obedient wife, mother, daughter and one whose entire existence and identity depends upon her male counterpart.

**Socialisation**
Socialization is a process by which an individual is taught to behave in a manner considered appropriate by the patriarchal value system. It is a process by which a male or female child learns the practices, customs and beliefs specific to the sex he/she belongs to laid down by the society and internalises these as he/she grows up. Socialization occurs through both direct and indirect ways by agents of socialization, such as parents, teachers, peers, religious, political and cultural institutions and also through mass media, art and literature.

**Patriarchy**
Patriarchy means the rules laid down by the male member of the household or society and a system through which males control property, labour, mobility, fertility, sexuality, mind, body and emotions of females. Patriarchy is propagated through the process of socialization at the different stages and institutions and through this system males gain greater power over females, which lead to “unequal power relationships” between males and females in the society.

**Gender Equality and Equity**
Gender equality means that there is no discrimination on grounds of a person’s sex in allocation of resources or benefits, or in the access to services. Gender equity is the means by which we achieve equality. It indicates fairness and justice in the distribution of benefits and responsibilities. To ensure fairness, measures often must be available to compensate for historical and social disadvantages that prevent females and males from otherwise operating on a level playing field. Equity leads to equality, the equal valuing by society of both the similarities and differences between females and males and the varying roles they play. The point simply put is this: Regardless of whether you are a male or a female, you have a right to equal opportunities and a duty and responsibility to provide equal opportunities to your family, on the job and in your community.

**Empowerment**
Empowerment is a process of awareness and confidence building leading to greater participation and decision-making power. It enables people to take control over their lives, set their own agendas, solve problems and develop self-reliance. It involves the ability to make choices as well as to define what choices are offered. While only females or males can empower themselves, such institutions as NGOs can support processes that create space for people to develop their skills, self-confidence and self-reliance.

### D. Mapping the Life Cycle

**Objectives**
- To discuss the process of socialization of boys and girls
- To understand how social conditioning and integration of gender norms happen from childhood, which is more often than not disempowering and makes girls and women vulnerable to various forms of violence including trafficking

**Kind of Activity:** Group work, presentation and discussion

**Time:** 2 Hours
Things Needed: Chart papers, markers, paper and pen

How to do the Activity
- Divide the participants into four smaller groups and assign the following task to each group:
  - Group 1 and 2: map the life cycle of a girl/female from birth to old age; and
  - Group 3 and 4: map the life cycle of a boy/male from birth to old age.
Tell them that the girl and boy belong to their socio-cultural and economic background and give 20 minutes for group work.
- Ask each group to make their presentations at the plenary
- After each group’s presentation, help the participants to discuss and analyze the following:
  - Differences in treatment of girls and boys from birth even from the time a child is conceived, as there is a focus on having a male child.
  - Differences and discriminatory attitude including messages in every sphere/phase of growth/life should be examined, including rituals at birth, nutrition, education, restrictions, mobility, marriage, childbirth, career, job and old age.
  - Gender stereotypes, norms, socialization of girls and boys and its impact on concepts of masculinity and femininity and gender imbalance should be examined.
  - List instances of gender violence emerging from the life cycles. Discuss and analyze responses including violence and discrimination.
  - Overall impact of gender discrimination and stereotyping should be analyzed in personalities and expressions of girls and boys e.g. girls become passive, submissive, lack confidence, become critical about self and feel inferior. Whereas boys feel superior and stronger than girls, feel macho and associate the same with violent behaviour and also tend to indulge in unhealthy and violent habits and behaviours such as eve teasing, wife beating, drugs, alcohol etc.

E. Binders

Objectives:
- Taking the above activity forward and to make the participants understand how a woman is bound in different ways in our society
- To see the impact of gender discrimination and stereotyping, as seen in ‘Mapping the Life Cycle Activity’ on girls and women
- To create a visually strong symbol of how a woman is treated in our society
- To highlight women’s vulnerability to trafficking and HIV/AIDS

Kind of Activity: Participatory and interactive exercise followed by discussion

Time: 1 Hour 15 Minutes

Things Needed: 12-15 Ribbons, preferably black (about a meter each), Handout 1

Notes for the Facilitator
All the participants should be encouraged to come up with at least one binder on women in our society. The facilitator can also give some responses to initiate the discussion or to ensure that all the points are covered.

It is visually a very strong exercise as it shows how a woman is treated in our society. By the end of the exercise, generally a woman is covered with binders all around her body – from head to toe. A discussion about binders on men, if any, can also be initiated. Some of the responses that
generally come up are: they cannot cry, cannot express their emotions etc. Initiate a discussion and analysis of binders on men and women in order to understand the differences in the binders on men and women i.e. the binders on women are much stronger, rigid and binding and for men are flexible and fragile. Gender norms and stereotypes trap both men and women in different ways; however consequences and repercussions are greater for women. Men can break away from these barriers without being judged by society whereas if a woman tries to break away from the chains imposed on her, she has to confront harsh criticism and judgment on her character and honour.

**How to do the Activity**

- Ask a volunteer to come in the centre. Give her/him a fictional name, for example ‘Madhu’ (do not choose a name of any participant)
- One by one, ask each participant ways in which a woman is suppressed/restricted/bound by the society
- Tie a ribbon around the area/body part that signifies that particular restriction. For example, a woman cannot speak her mind openly or a woman is supposed to be polite – a binder/ribbon tied around the mouth; a woman is not allowed to go where she wants to go – binder around the feet and so on.
- Initiate a discussion around the binders and restrictions on women and who is responsible for it.
- Ask the participants on how we can remove these binders from women, where can we start from, who will remove them etc. Based on the responses from the participants, untie the ribbon from the part of the body from where a binder could be removed. For example, we can empower woman to speak up by giving her information, life skills and livelihood opportunities, and then remove the binder from the mouth. And so on.
- Unwind the volunteer at the end of the exercise by asking her to say “I am not Madhu, I am ……. (ask her to speak her name). I am no longer a volunteer for this activity and am ready to resume my role of a participant in the workshop as ……….(speak out her/his name).”
- Ask the reactions of the participants to the bound figure and discuss the binders on women; its impact on their sense of self and self esteem; and how these binders make women vulnerable to trafficking.

<table>
<thead>
<tr>
<th>A possible list of binders of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot dress freely--body</td>
</tr>
<tr>
<td>Cannot do what she wants--hands</td>
</tr>
<tr>
<td>Cannot spend money and buy what she wants --pocket</td>
</tr>
<tr>
<td>Cannot eat what she wants--mouth</td>
</tr>
<tr>
<td>Cannot move--leg</td>
</tr>
<tr>
<td>Cannot speak--mouth</td>
</tr>
<tr>
<td>Cannot read/study--eyes</td>
</tr>
<tr>
<td>Sexual intercourse--genitals</td>
</tr>
<tr>
<td>Cannot decide when to give birth--genitals</td>
</tr>
<tr>
<td>Cannot attend social events--leg</td>
</tr>
<tr>
<td>Cannot make choices--mind/head</td>
</tr>
<tr>
<td>Cannot hear--ears</td>
</tr>
<tr>
<td>Cannot breathe fresh air--nose</td>
</tr>
</tbody>
</table>

*Highlight that even an unborn girl does not have the right to be born citing the example of sex selective abortions*

- The facilitator can ask the following questions to raise gender-related issues and vulnerability of women to trafficking and other forms of gender-based violence and exploitation:
- Why do we have binders?
- Why does society protect girls?
- Who is society?
- Are women safe with these bonds?
- How does it affect a woman’s mobility?
- What are the options for women?
- How does this affect her sense of self?
- How does it make women more vulnerable to trafficking? (Like puppet, someone else controls. She lacks information to make choices, hence can easily be lured by traffickers, and is in this situation all her life)
- In unbinding, who should decide?
- If we need to unbind, what is easier? Should she be given knowledge first, or a voice, or mobility

Wind up this Module with emphasizing the linkages between gender discrimination and inequity with the session on trafficking, that how these factors and binders make her vulnerable to trafficking. Sometimes these restrictions make adolescent girls run away while some women are abandoned by their husbands/partners, placing them at a high risk of various forms of exploitation. On the other hand, due to overall low self esteem and lack of confidence, information and/or avenues for finding correct information coupled with lack of resources and economic independence, they become easy prey for the traffickers.
Module II.3: Children and Adolescents Development

Module II.2 helped the participants understand the gender dimensions and vulnerability of girls/women to trafficking; Module II.3 will help them reflect upon the children and adolescents development and their vulnerability as well as impact of trafficking on them against the background of gender discrimination, which is an added vulnerability factor for a girl child in comparison to boys.

A. Who is a Child?

Objective
- To clarify the definition and age of the child as per the UN Convention on the Rights of the Child (UNCRC)

Kind of Activity: Brainstorming

Time: 10 - 15 Minutes

Things Needed: Flip Chart, Marker, Handout 1

Notes for the Facilitator
This is a brief exercise to explain the definition of the child to the participants. Through brainstorming, allow the participants to give their definitions of the child and see if any variations in age come up. Then, clarify the definition with the help of Handout 1

How to do the Activity
- Ask the participants that according to them ‘Who is the Child? How would they define a ‘Child’?
- Write their responses on the flip chart as they speak.
- End the activity by explaining the UNCRC Definition (Handout 1)

Handout 1

Definition under United Nations Convention on the Rights of the Child (UNCRC)
“Child refers to all persons below 18 years of age, unless the legal age of majority in a country is lower”

B. Mapping the Stages of Development of the Child

Objective
- To understand the development of children and changes corresponding to each stage of child development.

Kind of Activity: Group Work followed by presentation and discussion
Time: 1 Hour 15 Minutes

Things Needed: Flip chart and marker, Handout 1

Note for the Facilitator
This session is very important to make the participants understand the developmental stages of children, which will help them understand the impact of trauma on each of the aspects mentioned above. Read the Handout 1 provided very carefully before conducting the activity and prepare a PowerPoint presentation based on it if possible. If not, then prepare copies of handouts for distribution to each participant. Make the session as interactive as possible by inviting the participants’ own observations/experiences of child’s growth and development. As the session is largely theoretically based it is important to clarify concepts of development and tasks to be accomplished at each stage very clearly. At the end of the presentation, also explain that these developmental changes and tasks explained are generally seen in each child and adolescent, however some variations are possible as every child/individual is unique.

How to do the Activity
- Divide the participants in three groups and ask each group to discuss and make a list on a flip chart of various aspects of Physical, Sexual, Cognitive, Emotional and Social growth and changes that takes place in children as per the age-groups below:
  - Group 1: Changes vis-à-vis above aspects during the early childhood stage i.e. 2-6 years
  - Group 2: Middle childhood stage (7-11 years)
  - Group 3: Adolescent stage (13-18 years)

Provide a flip chart and marker to each group and give 20 minutes for group work
- Ask each group to make their presentations in the plenary
- After each group presentation, explain the various stages of the growth and development in Children with the help of Handout 1. Intersperse your presentation with discussions by involving the participants based on the presentations made by them
- Wind up with answering queries and clarifications from the participants
# Handout 1

## Stages of Child Development and Growth

<table>
<thead>
<tr>
<th>Age/Stage of Development</th>
<th>Normal Development and Growth of Children</th>
<th>Age appropriate developmental capacities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood 2-6 years</td>
<td>Physical and sexual</td>
<td>♦ Copying figures</td>
</tr>
<tr>
<td></td>
<td>♦ Redistribution of ‘baby fat’</td>
<td>♦ Button clothes</td>
</tr>
<tr>
<td></td>
<td>♦ Better motor skills and coordination</td>
<td>♦ Tie shoelace</td>
</tr>
<tr>
<td></td>
<td>♦ Visual-motor coordination, walking</td>
<td>♦ Physical skills</td>
</tr>
<tr>
<td></td>
<td>stability, hopping, skipping, running,</td>
<td>♦ Masculinity/femininity roles</td>
</tr>
<tr>
<td></td>
<td>jumping, climbing stairs.</td>
<td>♦ Reading, writing and calculation</td>
</tr>
<tr>
<td></td>
<td>Cognitive</td>
<td>♦ Personal autonomy</td>
</tr>
<tr>
<td></td>
<td>♦ Rapid language gains in vocabulary</td>
<td>♦ Conscience</td>
</tr>
<tr>
<td></td>
<td>♦ Communication skills, understanding.</td>
<td>♦ Attitude towards self</td>
</tr>
<tr>
<td></td>
<td>♦ Commands, sentence construction with</td>
<td>♦ Peer relationship</td>
</tr>
<tr>
<td></td>
<td>grammar, egocentric speech and thoughts.</td>
<td>♦ Attitude towards social</td>
</tr>
<tr>
<td></td>
<td>♦ Relationship between thought and</td>
<td>groups and institutions</td>
</tr>
<tr>
<td></td>
<td>expression, memory process begins</td>
<td>♦ Moral values</td>
</tr>
<tr>
<td></td>
<td>♦ Beginning of intrusive thought play,</td>
<td>Differences in boys and girls:</td>
</tr>
<tr>
<td></td>
<td>creativity and fantasy.</td>
<td>- Most of the development</td>
</tr>
<tr>
<td></td>
<td>♦ Preoperational stage (Piaget).</td>
<td>patterns and tasks learnt are similar in</td>
</tr>
<tr>
<td></td>
<td>Emotional</td>
<td>girls and boys in this stage of</td>
</tr>
<tr>
<td></td>
<td>♦ Differentiations of emotions such as</td>
<td>development</td>
</tr>
<tr>
<td></td>
<td>fear, anger, delight etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Rapid emotional changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Heightened emotions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Lacks control over emotions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Pro-social behaviour improves</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Better interaction with parents and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>peers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ More cooperative in approach.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ More play activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Acquisition of basic sex roles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Early moral development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>♦ Guided by rewards and punishment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age/Stage of Development</th>
<th>Normal Development and Growth of Children</th>
<th>Age appropriate developmental capacities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Childhood 6 -</td>
<td>Physical and sexual</td>
<td>♦ Learning complex motor activity</td>
</tr>
<tr>
<td></td>
<td>♦ Gains weight and height</td>
<td></td>
</tr>
</tbody>
</table>
12 years

- Increased bone and muscle development, strength
- Rudimentary sex characteristics
- Sex differentiation
- Better fine motor control, coordination
- Ability to find way around, agility

**Cognitive**

- Development of intellectual functions that can be measured.
- Language acquisition, vocabulary, sentence construction, refinement to usage
- Object classification, logical reasoning, number concept
- Additions and subtraction
- Increased creativity and expression

**Emotional**

- Better emotional control
- Appropriate expressions through modelling
- Constructive use of emotions through limitation
- Ability to empathize

**Social**

- Gender differentiation – defined gender roles
- Intensification of peer group ties
- Ability to cooperate
- Strengthening of moral development and reasoning
- Gang behaviour

**Gender and Sex Differentiation:**

Gender (Masculine and feminine roles and expectations) and sex (identification of a boy and girl based on physical/biological characteristics) differentiation happens at this stage. Since puberty starts setting in at the age of 11, differences in physical changes in boys and girls start at this stage, however become more prominent and visible in the next stage of development.

<table>
<thead>
<tr>
<th>Age/Stage of Development</th>
<th>Normal Development and Growth of Children</th>
<th>Age appropriate developmental capacities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescence 13-18 years</td>
<td>Physical</td>
<td>Masculine Vs Feminine Sex roles</td>
</tr>
<tr>
<td></td>
<td>Puberty</td>
<td>Search for identity</td>
</tr>
<tr>
<td></td>
<td>Gain in height muscle.</td>
<td>Autonomy and independence from parents</td>
</tr>
<tr>
<td></td>
<td>Hormonal changes leading to development of secondary sexual characteristics (Growth of pubic hair, development of breasts etc.).</td>
<td>Emotional maturity</td>
</tr>
<tr>
<td></td>
<td>Sexual maturity (maturation of sexual</td>
<td>Control over impulses</td>
</tr>
</tbody>
</table>
organs)
- Menarche in girls
- Sexual preferences and attraction towards opposite sex (or same sex)

### Cognitive
- Abstract thinking ability, hypothetical reasoning.
- Problem solving, concept formation and generalization
- Self-reflection
- Self direction
- Focus on reality

### Emotional
- Autonomy and independence from parents
- Development of romantic, sexual feelings
- Role confusion and conflicts
- Mood swings, irritability, instability
- Assertive, rebellious, irrational

### Social
- Greater peer involvement
- Disengagement from family
- Concerned with identity, independence
- Heterosexual (or homosexual) interests and relationships
- Development of social values and attitudes towards institutions.
- Socially responsible behaviours
- Moral values, strong conscience, Sense of right vs. wrong etc.

### Gender and Sex Differentiation:

Adolescence is the period in life that occurs between the childhood and adulthood. In other words, it is the transition stage from childhood to adulthood. This is the period of physical and psychological development from the beginning of puberty to maturity, where marked differences in girls and boys at all levels – physical, sexual, cognitive, emotional and social are formed and crystallised.

### C. Impact, Needs and Services for Trafficked Children

**Objectives:**
- To enable participants explore and understand the impact on children at each stage of trafficking
- To understand the needs of trafficked children and hence the services required

**Kind of Activity:** Group work
Time: 1 Hour and 30 Minutes

Things Needed: Chart papers, markers, Handout 1

Note for the Facilitator
Having understood the concepts of trafficking, gender, and child and adolescent development, this activity is very significant as it will be a culmination point for all the Modules executed so far as well as the next part of the Manual that focuses on interventions for care and protection of child survivors of trafficking and commercial sexual exploitation. This activity would establish a link and understanding of how children and adolescents inherently are; (as seen in previous activity on stages of development and growth of children and adolescents) and impact of trafficking at various stages (as seen in Module on Trafficking); thus creating a further link with what are the needs and accordingly the services required for trafficked children and adolescents. This will also form the basis for understanding counselling needs and focus for children. Thus spend enough time in this session and ensure that all the questions and doubts related to trafficking; vulnerability of children to trafficking and its impact are addressed adequately.

How to do the Activity

STEP I:

- Divide participants in five small groups.
- Ask participants to list the impact (physical/sexual, emotional, behavioural, social, legal) on children at each stage in the trafficking process; needs of children; and services required. Each group will focus on one stage of trafficking as indicated below:

  - **Group 1:** Focus on Stage 1 of trafficking i.e. Pre Trafficking Stage – The situations and factors that make children vulnerable to trafficking. Participants will discuss and write their responses in a tabular form mentioned below:

    | Impact | Needs     | Services Required |
    |--------|-----------|-------------------|

  - **Group 2:** Stage 2 i.e. Transit Stage – The period during which the child is actually being trafficked or transported. Participants will discuss what happens during this stage; and list the impact, needs and services in a tabular form mentioned below:

    | Impact | Needs     | Services Required |
    |--------|-----------|-------------------|

  - **Group 3:** Stage 3 i.e. Destination Stage – This is the actual destination where the child is brought to, either temporarily or permanently – the place where the child is sold, or placed. Participants will discuss what happens during this stage; and list the impact, needs and services in a tabular form mentioned below:

    | Impact | Needs     | Services Required |
    |--------|-----------|-------------------|

  - **Group 4:** Stage 4 i.e. Rescue or Recovery Stage – The process of rescue/recovery operations that are carried out by recovery teams and what are the factors involved in the process. Participants will discuss what happens during this stage; and list the impact, needs and services in a tabular form mentioned below:

    | Impact | Needs     | Services Required |
    |--------|-----------|-------------------|
- **Group 5**: Stage 5 i.e. Rehabilitation/Reintegration – The process of rehabilitation that allows the child to be reintegrated with the family and society and resume normal life. Participants will discuss what happens during this stage; and list the impact, needs and services in a tabular form mentioned below:

<table>
<thead>
<tr>
<th>Impact</th>
<th>Needs</th>
<th>Services Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Medical Attention</td>
<td>- Medical</td>
</tr>
<tr>
<td>- Fractures</td>
<td>- Testing for STIs/HIV/AIDS</td>
<td>- Safe shelter for rest, sleep, security</td>
</tr>
<tr>
<td>- Cuts, bruises, injuries</td>
<td>- Treatment</td>
<td>- Physical activity and play like indoors and outdoor games; yoga; dance; aerobics etc.</td>
</tr>
<tr>
<td>- Chronic illness from poor hygiene</td>
<td>- Opportunities for play/exercises</td>
<td>- Counseling on physical upkeep and cleanliness</td>
</tr>
<tr>
<td>- T.B./Respiratory</td>
<td>- Balanced nutritious diet</td>
<td>- Assessment of impact</td>
</tr>
<tr>
<td>- STI’s, HIV</td>
<td>- Clean clothes</td>
<td></td>
</tr>
<tr>
<td>- Malnourishment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Inadequate care and poor nutrition, illness - stunted growth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Slow development of skills due to poor play opportunities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- chronic fatigue, listlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Disability and death in extreme cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bodily changes can be distressing and confusing to cope with especially if child is isolated from family.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remind the participants of the stages of trafficking discussed in Module II.1. Give each group a handout of the respective stage (provided in Activity F of Module II.1)

Give about 30 minutes for the group work and ask each group to select a representative who will make presentation to the larger group.

Ask each group to make their presentation. After each presentation, ask the participants if they would like to add anything to the presentation made.

**STEP II:**

- After all five group presentations are made, through a process of discussion, go over the synopsis of impact of trafficking on children and adolescents provided in the **Handout 1 categorized into** physical, Emotional/Psychological, Sexual, Behavioural, Social and Legal impact, and corresponding needs of children and services required.

- Further explain the **model of vulnerability** through **Handout 2** which will summarize the deep impact that trafficking and sexual exploitation has on the child and consequently what roles do the care givers need to undertake in ensuring their care, protection and well being.

- Wind up by answering any questions that participants may have.

### Handout 1

<table>
<thead>
<tr>
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<th>Needs</th>
<th>Services Required</th>
</tr>
</thead>
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<td>- Opportunities for play/exercises</td>
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<td>- T.B./Respiratory</td>
<td>- Balanced nutritious diet</td>
<td>- Assessment of impact</td>
</tr>
<tr>
<td>- STI’s, HIV</td>
<td>- Clean clothes</td>
<td></td>
</tr>
<tr>
<td>- Malnourishment</td>
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<td></td>
</tr>
<tr>
<td>- Pregnancy</td>
<td></td>
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<tr>
<td>- Headache</td>
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</tr>
<tr>
<td>- Disability and death in extreme cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bodily changes can be distressing and confusing to cope with especially if child is isolated from family.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Hormonal imbalances can occur. Lack of rest, disturbed routines, and inadequate sleep can lead to fatigue, coexisting with rapid growth and development, which also requires energy by body.

<table>
<thead>
<tr>
<th>Emotional/Psychological</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Guilt and shame</td>
<td>- Need for love and affection</td>
</tr>
<tr>
<td>- Fear</td>
<td>- Patient hearing and understanding</td>
</tr>
<tr>
<td>- Low self esteem</td>
<td>- Unconditional acceptance</td>
</tr>
<tr>
<td>- Lack of confidence / Overconfidence</td>
<td>- Disclose and talk about the traumatic experience</td>
</tr>
<tr>
<td>- Un worthiness/Self disgust</td>
<td>- Need to build confidence and self esteem</td>
</tr>
<tr>
<td>- Feeling degraded</td>
<td>- A space to express anger and negative emotions</td>
</tr>
<tr>
<td>- Hopeless, Powerless/Vulnerable</td>
<td>- Need to connect and be accepted by the family</td>
</tr>
<tr>
<td>- Sad/depressed</td>
<td>- Peace of mind</td>
</tr>
<tr>
<td>- Lack of trust, Betrayal</td>
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<tr>
<td>- Hostile</td>
<td></td>
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<tr>
<td>- Intrusive memories</td>
<td></td>
</tr>
<tr>
<td>- Unattractiveness: low self-confidence, girls more vulnerable than boys due to gender bias in caring.</td>
<td></td>
</tr>
<tr>
<td>- Repeated experience of unpleasant emotions: unpleasant disposition, surly, grumpy, sullen expression, lack of affection from others, abuse</td>
<td>- Safe shelter (Security)</td>
</tr>
<tr>
<td>- Feeling of insecurity.</td>
<td>- Counseling for Emotional disorders and Trauma</td>
</tr>
<tr>
<td>- Emotional turmoil, moodiness, - low threshold for anger, irritability, temper outbursts.</td>
<td>- Psychiatric Intervention for severe Anxiety, Depression</td>
</tr>
<tr>
<td>- Breakdown of trust in elders.</td>
<td>- Assessment of impact</td>
</tr>
<tr>
<td>- Confusion and disorientation in their outlook and perception of the world.</td>
<td></td>
</tr>
<tr>
<td>- Unfavourable self-concept, self rejection</td>
<td></td>
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<tr>
<td>- Ego centrism: exaggerated sense of importance.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Sexualisation – Preoccupation with bodily changes, increased arousal and stimulation, early sexual maturity, advanced puberty (more likely in middle childhood or adolescence)</td>
<td>- Healthy spaces for exploring their body and sexuality</td>
</tr>
<tr>
<td>- Sexual misconceptions</td>
<td>- Need to relate and connect to “someone” intimately</td>
</tr>
<tr>
<td>- Sexual aversion</td>
<td>- Need for love and “unconditional acceptance”</td>
</tr>
<tr>
<td>- Hypersexual behaviour – High arousal and high sexual activity</td>
<td>- Body and Sexuality Counselling</td>
</tr>
<tr>
<td></td>
<td>- Trauma Counselling</td>
</tr>
<tr>
<td></td>
<td>- Sex Education</td>
</tr>
<tr>
<td></td>
<td>- Psychiatric</td>
</tr>
</tbody>
</table>
- Sexual disorders/dysfunctions like Ejaculatory Problems, Erectile problems in males, Vaginismus (contraction of vagina during penetration), Frigidity in females.
- Sexual manipulation
- Hatred towards body
- Confuses love and sex
- Need for acceptance of the self and body
- Need to understand the confusion due to body changes

**Intervention**
- Assessment of impact

**Behavioural**
- Numbness, shock
- Disoriented/confused
- Low concentration
- Helplessness
- Aggressive, violent, abusive, risky behaviours, impulsiveness self harm (suicidal attempts, slashing)
- There will be an overlap between emotional and behavioural needs as the emotional impact leads to behavioural patterns and vice versa – it's like a viscous cycle – both affecting and influencing each other.
- Healthy spaces for expressing their behaviour and understanding
- Need to relate and connect to “someone” intimately
- Need for love and “unconditional acceptance”
- Need for acceptance of the self and body
- Need to speak and be heard
- Need to be supportive even in case of “difficult” or manipulative behaviour patterns
- Need to trust others

**Rebellious, defiant of authority**
- Interpersonal difficulty
- Substance abuse
- Flirtatious, Provocative behaviours
- Truancy, Running away
- Suspiciousness
- Stealing
- Lying
- Often confused, fearful, shy, withdrawn, feel betrayed and becomes suspicious and untrusting.
- Deprived of opportunities for interacting with peers and family, becomes a social or antisocial → disgruntled and rebellious.
- May indulge in attention seeking behaviours due to feeling neglected.
- May indulge in day dreaming and fantasy to seek outlet from oppressive conditions.
- Acceptance of aggressiveness, abuse and exploitation as models of behaviours.
- Fear of adults: lack of trust, avoidance behaviours
- Hatred towards others, shuns contact

**Social**
- Isolation (Feeling lonely, cut off from the society)
- Stigmatization (feels an outcast)
- Rejection by family, friends
- Difficulty in forming relationships
- Acceptance by peers
- Acceptance by family and parents
- Acceptance and love from significant others

**Intervention**
- Behavioural Counselling and modification
- Group Counselling
- Psychiatric Intervention
- Assessment of impact

- Acceptance by peers
- Acceptance by family and parents
- Acceptance and love from significant others

**Intervention**
- Family Counselling
- Group/Peer Counselling
- Community Counselling
<table>
<thead>
<tr>
<th>and loss of old relationship</th>
<th>– shelter staff; care givers, counsellors etc.</th>
<th>- Assessment of Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Difficulty to conform to societal norms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Loss of status, respect in society</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to give testimony</td>
<td>Preparation for court trial</td>
<td></td>
</tr>
<tr>
<td>Unable to go through court/legal procedures</td>
<td>- Witness protection</td>
<td></td>
</tr>
<tr>
<td>Turning hostile</td>
<td>- Disassociation with emotional trauma and</td>
<td></td>
</tr>
<tr>
<td>Trouble with law</td>
<td>legal intervention/court trials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Need to get justice</td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatric</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression/suicide</td>
<td>Need to understand their own mental state,</td>
<td></td>
</tr>
<tr>
<td>Phobia</td>
<td>their signs and symptoms.</td>
<td></td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder (PTSD)</td>
<td>- Diagnostic evaluation.</td>
<td></td>
</tr>
<tr>
<td>Anxiety and panic</td>
<td>- Need to be accepted and treated for the</td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td>problems.</td>
<td></td>
</tr>
<tr>
<td>Sleep disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Legal Counselling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Protection by police and legal system</td>
<td></td>
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</tbody>
</table>
EXPLANATION:
This model explains how various factors impact the trafficked child to make her/him particularly vulnerable to the trauma, and the experience of the trauma – its severity and duration. The following are some of these major factors that determine the trauma experience.

External factors include:

1. **Trafficking Event**: The experience of being trafficked, sold, abused, tortured, repeatedly sexually exploited, the betrayal by family or friends, the uncertainty of future – all add up to making the trauma experience what it is for the child.
2. **Support Network**: The child who has some social support in the form of friends, relatives, understanding staff, counsellor or concerned people from the community will experience less trauma impact than a child who has no such support systems.

**Internal Factors Includes:**

3. **Stress Vulnerability**: This refers to the combination of biological make up and psychological aspects of the child, the physical, emotional, mental attributes that interact to determine how vulnerable a child will be under adverse and stressful conditions. This includes genetic factors, personality characteristics as well as environmental influences.

4. **Trauma Perception**: How the child perceives and processes the trauma event (trafficking), what meaning and significance she attaches to its and her own perception of the event’s impact on her, all determines how negatively she will think and feel it is (E.g. Is it bad or horrible, unbearable?)

5. **Coping Behaviours**: These refer to certain behavioural patterns adopted by the child to face the trauma event (trafficking) which would include both positive coping behaviours (showing ability to face challenging or threatening situations in a positive manner, resilience) and negative coping behaviours (aggression, withdrawal, substance abuse, suicide attempts). Positive coping behaviour reduces the impact of trauma experience, while negative coping worsens it over time. Past experiences of coping positively to trauma, gives confidence to face current trauma or crises better.

The combined effects of all the above factors impinge on the child to determine the experience of the trauma, as minimal, moderate or severe.

The **Trauma Experience** in turn has its impact on the developmental process of the trafficked child –

- Physical and sexual development (See Annex I)
- Social development (See Annex I)
- Emotional development (See Annex I)
- Cognitive development (See Annex I)

The various developmental impact of the **Trauma experience** leads to certain characteristic **Trauma process** as –

- Physical and sexual impact can lead to **Sexualisation** (See Handout) of the child that in turn determines her **Health and Sexuality**.
- Social developmental impact in turn leads to **Marginalisation and Deprivation** (See Handout) that determines the kind of social and personal Identity the child will develop.
- Impact on Emotional development can lead to **Traumatisation** and **Stigmatisation** (See Handout) process in the child that affects her/his overall **Behaviour**.
- Cognitive or Mental functioning that is impacted can lead to the development of **Commodification** process (See Handout), which in turn affects the Worldview of the child (E.g. ‘This world is a bad place; I have no choice’).

**Explanation of Key Terms**

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>PRESSURES</th>
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</table>

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1. Traumatisation

Health and Psychosocial problems increasing risks and lowering vulnerability.

2. Commodification

Becomes ‘Commodity’ that is saleable, pressures to generate more income.

3. Sexualisation

Sexual behaviours that are inappropriate confused or misconceived due to repeated abuse, no meaningful relationship.

4. Stigmatisation

Negative view of self that leads to an inability to have a normal life in mainstream society.

5. Marginalisation

Isolated from mainstream, have no social support systems, leading to ‘escape’ risky behaviours like substance abuse.

6. Deprivation

Lacks access to health, nutrition, financial security, decent livelihood.

Hence, ultimately the Health, Sexuality, Identity, Behaviour and Worldview that result as a consequence of the above processes and impacts are those factors that determine the child’s overall well-being. That is why interventions are required at all these levels to help the child reclaim her lost sense of self and identity.

D. Understanding the Children in the Shelter Home

Objectives

- To develop better understanding on the background of the shelter home girls

Kind of Activity - Brainstorming Session, Self-Exploratory Activity and Group Work

Time - 40 Minutes

Things Needed - chart paper, marker pen and paper sheets

Note for the Facilitator

This activity is an orientation for the staffs who are already working in the shelter home or who may have just joined work. It is useful for the staffs to revisit the background of the children at the shelter so that they can relate to their present behaviour in the shelter home. Most of the children, who would be primarily girls and survivors of commercial sexual exploitation and have experienced coercion, manipulation, deception and all forms of abuse (physical, sexual, emotional, mental) by traffickers, families (in many instances) and other agencies of trafficking; has led to certain behavioural adaptations like lying and manipulative behaviour, use of slang language, sexualised behaviour, anger, self withdrawal are few among many others.

This orientation activity may help the participants to review the past experiences; and have a better understanding of the trafficked girls.

How to do the Activity

Step 1:
Ask all the participants to read the case study already hung on the wall. After the participants have finished reading, ask them to think about the possible whereabouts of the girl in the case study. The participants will then share their thoughts with the larger group and these points will be documented by the facilitator. To help the participants in reflection, the following questions may be asked.
- How could the lifestyle of girls like Munni be (refer to Handout 1)?
- What do you think about her family/parents/siblings?
- What is their economic/educational/social status?
- Ask participants to provide their responses to the above questions, one by one.

**Step 2:**

- Divide the participants into small groups and asks them to answer the following questions through discussions:
  - Where has Munni gone?
  - Why did she not return?
  - Where could she go?

The answers may include (friends’ place, neighbouring village; at a fair; relatives’ house, missing, trafficked, kidnapped etc). These answers are expected to come up from the participants who will present each of their small group findings in the larger group followed by a large group discussion. Their responses would be an indication for the facilitator to gauge and assess their understanding developed through the previous Modules on trafficking and gender.

### Handout 1

**Case study**

Munni is a young girl living in a village. Each morning she goes to the river to catch shrimps (Bengali – Meen) and sells them in the market. One day she left from home in the morning to the river. It was past seven in the evening …… but Munni had not returned home…
E. A child’s experience

Objectives
- To identify the different images of childhood
- To highlight the need of child protection and role of care givers to be able to do so
- To wind up this part of the module

Kind of Activity

Time: 30 Minutes

Things Needed: Balloons (flat, if possible different sizes, without air inside), markers and pens.

Note for the Facilitator
You might want to prepare by inflating and drawing on a balloon yourself to show participants what they have to do.

How to do the Activity

Step 1:
- Give each participant a balloon and ask them to inflate it.
- Ask participants to draw a face, symbol or a sign on the balloon that they think communicates something about children’s experiences. For example: a happy face communicates happiness and fun, which every child should experience; a sad face may represent the difficult situations children live in and how hard their lives can be.
- Invite participants to share the image on their balloon, saying what it signifies to them. They can do this in pairs, small groups, or in the large group, depending on numbers.
- Lead a discussion to draw out any themes emerging from the feedback and connect to the need for protecting children and keeping them safe focusing upon the following aspects:
  - Children have a range of experiences as they grow and develop
  - Children are very resilient even when faced with the most difficult circumstances. It is important to focus on this, and not only on children’s vulnerability. For many children, these experiences will not be harmful, but for others they could be abusive and have a bad impact on them.
  - A child’s happiness and security are very fragile at times.
- Burst a balloon to show how vulnerable children are, and how quickly they can have their childhood destroyed by abuse. Hence emphasise on the significance of Child Protection.

Step 2:
- Making the link to the outcome of the step 1, ask the participants to brainstorm on “What do care givers of children with experiences of trafficking and sexual exploitation need to be able to do”?
- List their responses on the flip chart as they speak.
- Wind up by giving additional points and summary using Handout 1.
- Conclude by addressing any queries that they may have and inform them that this aspect of Child Protection and Role of Caregivers will be dealt with in detail in the next Module.
Handout 1

What do carers of Child Sexual Abuse (CSA) and CSEC children need to be able to do?

In addition to the ‘normal’ qualities required of a good enough carer (i.e. providing structure, routine, meeting physical care needs etc), carers of children who have been trafficked 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 ‘unburden’ 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 fulfil 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, family members as applicable
- act as role models where appropriate
- identify and develop the strengths of the child
- 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
Part III: Interventions for Care and Protection of Children in Institutional Care/Shelter Homes

Module III.1: Child Protection
Module III.2: Psychosocial Care: Essential Prerequisites
Module III.3: Case Management
Module III.4: Counselling
Module III.5 Conflict Resolution and Anger Management
Module III.6 Communication and Listening Skills
Module III.7 Body and Sexuality
Module III.8 Module on Health Promotion
Module III.9 Life Skills Education
Module III.10 Rescue/reintegration and rehabilitation
Module III.11 Rights, Policies and Legal Framework
Module III.1: Child Protection

This module is designed to help the participants understand the concept of Child Protection as well as probable forms of harm or abuse possible towards children in the shelter homes and accordingly the specific child protection concerns of children. The care givers need to be alert about this as we need to ensure that children are protected in the shelter home and not further harmed in anyway.

A. What do you mean by Child Protection?

Objective
- To help the participants understand what the term Child Protection means

Kind of Activity: Group work

Time: 30 Minutes

Things needed: 3-4 eggs, some news papers, scissors, balloons, cello-tape, Handout 1

Notes to the Facilitator
Discuss and present the definition and concept of Child Protection with the participants after brainstorming on it. Prepare a PowerPoint presentation based on Handout 1. If not possible, make handouts for distribution to the participants

How to do the Activity
- Divide the participants in three or four groups
- After that, give each group an egg, some news papers, scissors, balloons, cello-tape and ask the groups to pack the egg with these materials safely.
- Now, take the packed egg from each group and throw the packed egg on the ground one by one from a certain high distance. Help the group to see and assess which group’s egg will not break and is well protected.
- After that, discuss what their feelings are after that exercise and help to think the egg as a child.
- Then start the brainstorming discussion what is protection and why does a child need protection.
- Make a presentation on Child Protection with the help of Handout 1.

Handout 1

What is Child Protection?
A broad term to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm
There are two basic elements:
- The safety of the operating environment, including physical aspects and the sustainability of those working with children.
- Responding to concerns raised by/about children and young people.

B. Situations of Lack of Protection

Objective
To create a sense of protection towards the child

**Kind of Activity:** Role Play and Discussion

**Time:** 30 Minutes

**Things Needed:** None

**Note for the Facilitator**

The facilitator will read out the situations (refer to Handout 1) and allow the participants to perform the probable consequences in each of the cases through role plays. The sense of feeling vulnerable and facing different forms of abuse should be facilitated through these role plays. After the role play, the facilitator may share the issue of child protection as a very vital factor in any given situation. A caregiver must ensure the protection of the vulnerable. At this point the facilitator may inform the participants about the State’s recognition of the issue of child protection - Juvenile Justice Act 2000 for Child In Need of Care and Protection(Refer to Handout 10)

**How to do the Activity**

- The facilitator may first divide the participants in two or three small groups and give one situation to each group and ask them to develop a consequence (as much as close to the reality). Once ready, each group is asked to perform a role play based on the situation and its consequences, as worked upon by the small groups.

<table>
<thead>
<tr>
<th>Situation 1</th>
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<tbody>
<tr>
<td>A 25 year old lactating mother is alone with her child in her house. Her husband is away for work. She has no other support system in the neighbourhood. Two local hoodlums are aware of her situation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Situation 2</th>
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<tbody>
<tr>
<td>A fifteen year old girl runs away from a Shelter Home. She is not acquainted with the city. She is lost.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Situation 3</th>
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<tbody>
<tr>
<td>A fourteen year old boy has been molested by his male maid servant. He has an angry father.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Situation 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raju (5 years) and Rani (6 years) are victims of the Tsunami where they have just lost both their parents.</td>
</tr>
</tbody>
</table>

After the small group activity and the role plays presented by each of the groups the facilitator may initiate a discussion based on the following questions:

1. What is/are the vulnerable factors that led to the consequences?
2. How did the participants feel while presenting each of the situations?
3. Could have there been any other possible consequences to these situations?

**C. Child Protection Concerns in the Shelter**
Objectives
- To simulate the understanding of Child Protection concerns in the Shelter Home and the forms of probable abuses that can happen that the care giver needs to be alert to

Kind of Activity: Role Play, Discussion and Presentation

Time: 30 Minutes

Things Needed: None

Note for the Facilitator
This activity re-emphasizes the individual rights by re-working on the same role plays done in previous activity (Activity B). The participants shall be able to identify the actions that violate the Rights and the actions that restore them. It is essential for the facilitator to explain Handout 1 to the participants.

How to do the Activity

Step 1:
- The facilitator shall revert back to the three situations (as mentioned above in Activity C). The participants are again divided into small groups. The same situations shall be given to them with the vulnerable consequences that had been explored earlier by the participants. In small groups the participants are asked to work out on solutions that could ensure the Rights of the Child.
- When the role plays are complete, all the participants are asked to sit together and discuss on the following points:
  1. The changes in the situations made to ensure the Rights of the Child.
  2. What is/are the Rights ensured in the revised situations?

Step 2:
- Now ask the participants to discuss about some protection concerns for the children that they faced or usually see.
- Through a presentation using Handout 1, discuss and explain different types of protection concerns that arise in a Shelter Home

Step 3:
- After the presentation, ask the participants, either in small groups or individually to think about any situation or case studies that he/she has faced or seen or may have happened where the protection concern arise for the children they are working with?
- Then ask the participants to put the situation in the following Risk Assessment Grid to analyze the situation and present in the plenary for feedback or inputs.

Risk Assessment Grid
This is a grid where the participants can analyze the protection concerns or risks and what should be done to address the risks in different situations in their shelter and what they need to do in such situations. The facilitator shares the grid with the participants.

| Child Protection Risks are |  |
Why?

How serious?

Why?

How likely to happen?

Why?

What should be done?

Why?

What can I do to ensure protection of the child in my shelter/organization?

Finally the facilitator can link this to the need for child protection policy and tell them that this would be dealt with in the last part of this Manual.

Handout 1

Protection concerns for the children living in the shelter home

There are three different types of protection concerns for the children living in the shelter home.

- Abuse
- Neglect
- Conflict situation - fighting, runaway

What is child abuse?

Child abuse is defined as any act by a parent, guardian or caregiver and others that endangers or impairs the child’s physical or emotional well being.

Different types of abuse

Physical Abuse - Physical abuse occurs when a child is physically injured by non accidental means-

- Excessive discipline or physical punishment
- Forceful shaking (especially for children below 5 years)
- Burning, tying up or slapping the child
- Inappropriate administration of drugs and alcohol
- Attempted suffocation

Sexual Abuse - Sexual abuse is the exploitation of a child or young person for sexual gratification or any sexual activity between an adult and a child. It also includes exposing a child to forms of sexual acts or pornographic materials.
Having sex with a child
- Failure to protect the child from sexual advances
- Fondling a child’s private parts

**Emotional/Psychological Abuse** - Emotional/psychological abuse refers to the significant impairment of a child’s social, emotional, cognitive and intellectual development, and/or disturbances of the child’s behaviour resulting from behaviours such as persistent hostility, ignoring, blaming, discriminating or blatant rejection of the child.

- Telling the child he or she is useless or worthless
- Rejecting the child physically and emotionally
- Verbally abusing and threatening the child

**Neglect** - Child neglect is the deliberate denial of a child’s basic needs. This is where a parent, guardian or caregivers fails to provide adequate food, shelter, clothing, medical care and supervision or forces.

### D. The Protective Cape

#### Objectives
- To relax and to learn that it is possible to build inner protection
- Exploring an activity that can be used with children in the shelter homes to make them feel protected

#### Kind of Activity: Guided fantasy

#### Time: 60 Minutes

#### Things Needed: Relaxing music

#### Note for the Facilitator

Guided imagery is an activity that aids process of reflection and internalization through helping participants go within. Conducting a guided imagery is a skill that needs to be developed gradually. Ensure that you read the instructions on how to do the activity carefully and mock session with colleagues are highly suggested before conducting it in the training. Alternatively, a professional/care worker who is well versed with this technique could be called to facilitate this activity.

Also note that it can be very comforting to find and build inner protection. The children have felt unsafe and unprotected for a long time, and they may continue to feel so in the shelter home as well till they completely settle in and start relating and responding to the psycho-social care being provided. Hence, helping them find inner protection would be a comforting experience. After some practice with this exercise, the same result can be reached without anyone guiding from the outside.

#### How to do the Activity

- Explain the participants that in the following exercise, you will use words to lead the participants to their own images. The participants are instructed to relax, to let go, and to let their imagination go wherever it wants.
To begin with the participants are asked to sit as comfortable as possible, knowing that they can change position during the exercise. Ask them to close their eyes. Make sure to tell the group that any time they feel unsafe or troubled they are allowed to step out of the guided imagery. It is all right if they do not wish to continue, some people may not be in the right mood; however, they should try not to disturb the others. If no images come to them this is okay, some people need more time or practice to get in touch with their imagination.

Put on relaxing music, and talk in a clear and gentle voice. Do not hurry.

Begin the instructions for imagery: Sit comfortably and close your eyes. Feel your body, how does it feel in the chair (or replace by mattress/floor where they are sitting). Focus on what is happening inside your body. Can you feel your heart beat? Do you feel any tension? Try to relax these areas as well. Focus on all parts of your body until you are completely relaxed (here you can name some parts of the body i.e. Focus on your shoulders, arms, hands, chest, stomach… slowly and gradually as it will help them focus on each part systematically and will help them in getting relaxed). Pause for a few seconds.

Now pay attention to your breathing. Feel how your breathing continues by itself. Feel the air going into your lungs and out again. Feel the rhythm of your breathing. Imagine that with every breath going in you are filled with fresh energy flowing through your whole body. Imagine that with the air you are breathing out you are letting go of tension and pressures.

Now imagine you are going for a walk alone in a very pleasant environment: the sun is shining, your feet feel the ground, and you can hear water flowing and birds singing. A beautiful piece of cloth is floating toward you from the sky. It has your favourite colour. What is the colour? Hold it in your hand… feel the texture…it is soft and soothing. Now, wrap yourself in it. It makes you feel completely peaceful and safe. Stay with the wrap and the feeling of peace within (pause for a few seconds). This is your protective cape and anytime you wish you can wrap it back to feel protected. It is yours and it will always protect you. Now slowly come back to the room, leave the cape behind but know that it is part of you now and that you can have it back anytime you want. Open your eyes and make contact with the group.

Ask them not to talk with each other and to stay with the feelings they experienced.

After a few minutes, when everybody has opened their eyes, ask the participants to share their experiences with this exercise. Explain to the participants that the protective cape is actually an inner resource, always available when we need it.
Module III.2. Psychosocial Care: The Essential Prerequisites

This Module is designed to help care givers/participants develop effective ways of working with girls/children in the shelter home to aid the process of care and protection. Note that this session will not teach someone how to be a therapist or a counsellor, however would help develop skills for effective care-giving and working with the victims/survivors of trafficking and commercial sexual exploitation that will help the children open up and enhance the level of comfort with the care giver. The ‘Essential Prerequisites’ covered here are:

- Empathy
- Establishing and Maintaining Trust
- Facilitating Disclosure
- Confidentiality

These elements are considered mandatory in counselling set up, however in the shelter home the care givers need to imbibe and demonstrate these in day-to-day interactions with children, which will aid the counselling process as well. Being empathetic and ensuring confidentiality are necessary elements for building trust, which not only aids the process of disclosure and counselling but also goes a long way in recovery and healing process, hence these are the ‘Essential Prerequisites’ for all care-givers to imbibe and reflect in their interactions and behaviour with children at the shelter home. Care-giving starts with these basic traits. Nevertheless to say, that these are ‘Essential Mandatory Requirements’ for every counsellor to follow in a counselling and therapeutic set up.

A. Knowing the Girls/Children: Creating Empathy

Objectives

- To reinforce and sensitise the participants/care givers about the situation of girls so that they can empathize with them
- To understand the different environment the girls in the shelter home come from

Kind of Activity: Role Play

Time Needed: 20 Minutes

Things Needed: Chart papers, pen

Note for the Facilitator

In this session it is important that the facilitator gives clear instructions and demonstrations on the activity s/he will observe how the participants are preparing for the role play. Help the participants relate to this activity to the activity on ‘Understanding the Girls’ done in Module on Child Development and Adolescents’ and draw parallels while facilitating discussion.

How to do the Activity

- Divide the participants in three small groups and give each group the following topic to perform a role play on:
  - Group 1: Poverty - Domestic Violence
  - Group 2: Domestic Abuse – Trafficking
  - Group 3: Gender Discrimination - Child Abuse
Ask each group to prepare the role plays from the perspective of the girls living in the shelter home keeping the background of the girls discussed in previous part of the Manual as well as in the context of the knowledge they have about the girls in their respective shelter home. The group members and not the facilitator will select participants to perform the role plays. The ‘active’ participants must encourage the others in their group to participate.

After 15 minutes, ask them to perform their role plays.

After the role play is over, facilitate discussion and help the participants take a note of the impact of this activity on them by asking the following questions:
- How does it feel to act like a “girl/child” who has had a history of abuse?
- Could you explore the feeling of the girl/child while she was going through the abuse? What were these feelings?
- Which is/are the most important emotional sufferings of the girl/child, according to you?
- How does it feel as a care giver to relate to such feelings of the children with experience of different forms of abuse?
- How can help the girl in this situation?

B. My Childhood Revisited

Objectives
- To understand what it was like, to be a child
- To learn to empathise with the children in their care and support
- To understand the child through personal experiences
- To understand the difference between sympathy and empathy

Kind of Activity: Brainstorming and Reflection

Time: 20 Minutes

Things Needed: Paper and pens in adequate numbers, Handout 1

Note for the Facilitator
The facilitator should encourage the participants to relate their feelings with the lives of the children in their care. The participants should stress that their own childhood experience - both good and bad - can help them to empathise with the rescued minor girls/children in a meaningful way.

How to do the Activity
The entire activity is to be completed in silence. On the paper provided, each participant privately answers the following questions:
- What nicknames or pet names did you have as a child?
- How did you get this name?
- How did it make you feel – happy, angry, accepted as part of a group, loved, bullied, singled out?
- How do you feel about it now? How does it feel to remember your childhood?
If the participant did not have nicknames, they are asked to recall a time in their childhood when they felt either happy, included in a group of friends, family or community; or a time when they felt isolated and different.

The questions may be answered in both words and pictures: efforts to make it as detailed as possible, are to be made. The information is private: participants do not need to share it with others if they do not wish to.

When this is completed, each person finds a space in the room and places the paper on the ground and sits on it. Each participant is made to experience the feeling of owning her space by keeping her eyes closed for a minute or two.

Everyone stands up, leaving the papers on the ground. They join hands to form a chain. Without breaking the chain the participants walk around the circle, at least twice, stamping on the papers written by them. After a breaking away from the chain the participants come back to their original places and each of them examines their own papers.

At the end of the activity some time is devoted for a brief feedback session. In this session the facilitator will stress on the following questions:

- Was it easy to find your own space? Did you find it difficult to leave your own space? (The discussion may be on how all of us have fixed ideas regarding children.)
- How did it feel to have your own space without intrusion? (The discussion may be on how we might find it difficult to accept other people and their ideas.)
- Were you able to form the chain easily? (The discussion may be on how the children in our care can find it hard to relate to others.)
- How did you feel when stamping others’ papers and your own? (The discussion can be on how children can be possessive about their identity and are hurt if treated harshly.)
- How did you feel when others were stamping your paper? (The discussion can be on how children can have their own values and how they can be forced into a situation.)
- What were your feelings when you saw your dirtied paper? (The discussion can be on how situations, that we have no control over, can make us feel about our self-worth.)

Wind up the session by making the participants realise what is empathy and dos and don’ts of empathy, with the help of Handout 1.

**Handout 1**

**Empathy**

Empathy is the ability to sense and understand someone else's feelings as if they were one's own. It is an indication to the other that you understand them, their feelings and emotions completely and relate to their experiences.

**Dos and Don’ts of Empathy**

**Dos:**
- Show an attitude of accepting and understanding what the child is experiencing at the moment, or had in the past.
- Think and feel as if you are the child going through her/his experiences – ‘to actually be in her/his shoes’.
- Convey ‘I understand how you feel’ in both verbal and non verbal ways.
- Empathy is not to be confused with sympathy which is a mere feeling without really understanding the meaning behind the behaviour. Empathy allows you to ‘feel’, at the same time maintain a sufficient reserve, a distance so that you do not get caught in the child’s overpowering emotions yourself.
- Maintain your identity as a care giver, who is in a helping situation, who ‘feels’ the emotions of the child, without getting emotional yourself.
- Reinforce a strong message of support and understanding to help the child through the trauma.
- Give access to the feelings, perceptions and behaviours of the troubled child.
- Non verbal behaviours can greatly facilitate empathy.

**Don’ts:**
- Don’t look sorry or feel pity for the child.
- Don’t identify yourself with the child’s problem situation – maintain your own.
- Don’t disbelieve or discredit the child.
- Don’t trivialize the child’s thoughts and feelings.
- Don’t become too emotional yourself and show it.

**C. Trust Walk**

**Objective**
- To help participants reflect on what trust is and how to establish trust

**Kind of Activity:** Outdoor fun game

**Time:** 60 Minutes

**Things Needed:** Ribbons or pieces of cloth/scarves to blind fold the participants

**Notes for the Facilitator**
Although this exercise can be conducted indoors, it is much more effective outside. A good location is the plane ground or a garden without many obstructions. It would be good to have at least two facilitators for this activity to assure that a safe environment is maintained. However, when a facilitator is managing the group alone, he/she needs to be highly vigilant or can take help from another staff in ensuring safety of the participants.

**How to do the Activity**
- The participants are divided into two groups in two lines facing one another.
- One line of participants blindfolds the other and the blindfolded group is told to remain in place for a few minutes.
- The sighted group is led aside out of hearing of the blinded group. The sighted group is told that when they return to their partner they will be leading them around the area. Instruct the sighted group to walk their partners around the area taking them from one point to another and if there are objects in between such as tress, plants, chair, poles etc, they may have the blinded partner touch the objects around them. Remind the sighted team that this is a trust building exercise. All communications are to be non-verbal. Explain that you will visually signal them to rally at a shaded spot in about 8 to 10 minutes, and to keep an eye out for your signal, and that they are to remain within eyesight of a facilitator at all times-don't wander off.
- Have the sighted group return to their partners and begin.
As the pairs move about, the facilitator should move around keeping a vigil on all the pairs. The facilitator can try to create distractions by clapping, whistling etc.

After 8 - 10 minutes, signal the sighted team members to assemble in a shaded area or back in the training hall.

Tell the blinded participants that we are going to remove their blindfolds and that they should open their eyes slowly to allow time to adjust to the light. Sighted team members are encouraged to support their partners.

Once everyone has adjusted to the light, have the recently blinded participants blindfold their previously sighted partners. Signal the newly sighted team members to follow you to a spot away from the hearing of the blinded participants. Make sure you leave a second facilitator/staff member with the blinded group. The second facilitator intervenes if necessary and encourages the blinded folks to remain where they are. They may talk amongst themselves.

The facilitator, who has the newly sighted team members aside, explains that they will be non-verbally leading their partners around the area, having them touch various objects and insist to this group that they must walk safely over and around obstacles. Explain that when you give the non-verbal signal they are to lead the team member back into the meeting area and seat them in a chair.

This time the facilitator would not create distractions and see to it that the sighted partners are ensuring safety and are careful.

After five minutes, signal the team to get back to the training hall/venue and once everyone is seated, have the blinded participants remove their blindfolds.

Facilitate the discussion based on the following questions:
- How and what did they think or feel during this exercise?
- Whether it was easier to lead or be led?
- Was there a difference in the way first and second group was left (as the second group was specifically instructed to be careful and ensure safety and there were no distractions created by the facilitator)
- Did anyone in the second group of blindfolded participants notice the change in the way their partners walked them? What did that do to the non-verbal communication rapport that you had established as a pair?

Many people may share and realize that they are not as trusting as they thought. Others will observe that they become anxious when they are not in control. Share your own insights and observations as the facilitator on the process and trust (or lack of it).

Wind up by helping the participants reflect that when we find it difficult to trust others as adults and those people who we work with and know well (since this would be a group of trainees from same organizations/shelter home), how do we expect the children who do not even know us to trust us immediately, especially when they have had history of mistrust and betrayal from people whom they trusted/loved/their own family members in some cases. Hence the onus of building trust as care givers is on us and it depends on how we empathize and demonstrate sensitivity towards children.

D. Do we Trust?

Objectives
- To help participants understand their own trust framework
- To emphasise what it entails to establish and maintain trust with children in their shelter home

Kind of Activity: Individual, reflective activity, discussion and presentation
Time: 30 Minutes

Things needed: Paper and Pen, Handout 1

Note for the Facilitator
Taking the previous activity forward, this will help the facilitator explain the concept of trust to the participants. Ensure enough brainstorming and discussion on the questions raised and you may link some of the responses to the anxiety, fear and difficulty in maintaining trust in the previous activity when they were blindfolded.

How to do the Activity
- Explain that it is an individual exercise and they would not have to share their responses with the group. Tell them to respond to the following questions in their notebooks:
  - List the names of people you trust: friends, family, associates, clients etc.
  - Explain why you trust the people on the list
  - List the names of people you do NOT trust
  - What would have had to happen to make you trust this person?
- After they have written their responses, facilitate the discussion with the help of following questions:
  - Why do you trust the people you trust?
  - What does it take to get trust in the first place?
  - Why you do not trust the people you have mentioned in your list?
  - What does it take to get trust back? Does it take 15 years vs. 15 minutes or 15 days? Can it ever be regained?
  - How is it different to regain trust in an organization versus trust in a person?
- Wind up the activity by explaining to the participants that they should know their own trust framework, which will help them in establishing and maintaining trust with children in the shelter home. Give the tips provided in Handout 1 to conclude the activity.

Handout 1

Trust: Some things to think about
- First impressions are often lasting impressions
- Do a good job the first time to establish trust
- Every impression counts
- Each person representing your organization can impact the trust of any child they come into contact with
- Once lost or damaged, trust is difficult to restore
- Trust in an organization or institution is easier to lose and more difficult to restore than trust in an individual
- Children will forgive a mistake much faster than a lapse in trustworthy behaviour
- Once you have established a high degree of trust, inevitable mistakes will be more easily accepted.

E. Exploring Complexities of ‘Disclosure’

Objectives
To sensitise them about difficulties in disclosure and to explore the psychological aspect of the residents
To understand the predominant emotions prevalent in the girls of the shelter home
To understand one’s own reactions and emotions in order to learn through personal experiences and reflection

Kind of Activity: Brainstorming and Sharing

Time Needed: 30 Minutes

Things Needed: Chart paper and marker

Note for the Facilitator
Both positive and negative feelings of the participants are raised and dealt with through this activity. The facilitator would need to be careful and sensitive while dealing with negative emotions and reactions of the participants that come up. Do not impose or pressurise any participant to share his/her feelings if they do not wish to do so. At the same time, the facilitator should keep some space for breakdown by the participants and allow group sharing as well as arrange for individual time or one-on-one interaction after the workshop time with the participant(s) that breaks down if required.

How to do the Activity
- The participants are asked to individually think of any one positive event in their life. After 2-3 minutes the participants are asked to share their feelings and the event if they want to.
- After the participants have shared the positive event, the facilitator asks them to individually think of a negative event i.e. an incident or experience that had a negative impact on them. After 5 minutes, the facilitator asks the participants to group into pairs. Let them select their own partners with whom they share some level of rapport and comfort. In pairs, ask the partners to share their feelings and event they recalled with each other. It needs to be clarified here by the facilitator, that the participants may share the incident with their respective partners, if they wish to.
- After this, the participants are asked to return to the larger group. They are asked to remain silent for 1 minute. Then each one is asked to share their feelings in the large group and initiate the discussion, based on the following questions:
  - How do you feel after the activity? Explore their feelings such as are they feeling relieved, embarrassed, good, happy etc.
  - What was easy to share – the positive event or the negative one?
  - Whether the participants were able to share their emotions as desired?
  - Now that you have been able to share positive and negative emotions, how do you feel?
  - How were you feeling when your partner was sharing his/her experience and feelings associated with it with respect to both positive and negative event?
  - While you were sharing what did you observe in your partner that motivated you to share your feelings?
  - Did anything evolve within you? If yes, what?
  - What was the dynamic between the partners before and after the sharing? Did they come closer, did it strengthen their association?
- The response to above question would indicate the feelings of the participants towards opening up to share or disclose a positive and a negative event. The facilitator must pick up the responses of the participants and explain that often it is easier to share the positive experiences of life – in fact this kind of sharing makes us happy. However, sharing negative
experiences is difficult and makes us feel sad. In particular, if the experience has been traumatic and we have never shared it with anybody, it makes it much tougher to disclose the same. However, the attitude, behaviour and reactions of the listener would either aid or hinder the process. The more empathetic we are and if confidentiality is ensured, it makes it easier for the person to open up.

F. Confidentiality: Identifying the Need and Significance

Objectives
- To help the participants identify the significance and their own feelings related to confidentiality
- To make the participants realise that each one of us holds some kind of secret in our lives
- To respect other’s need for confidentiality like we do it for ourselves

Kind of Activity: Brainstorming and Introspection

Time: 25 Minutes

Things Needed: Chits of paper and pencils/pens

Note for the Facilitator
This session helps the participants to learn the need for confidentiality through reflecting upon their own secrets. It helps them understand their feelings about keeping and disclosing secrets; as well as think beyond the feeling of being vulnerable when secrets are disclosed. The facilitator must be very sensitive and prompt during this session. Making the participants identify their vulnerability which is essential for them to understand the feelings of the resident’s need and breach of confidentiality in the shelter home.

How to do the Activity
- Ask the participants to form a circle and give each one of them a chit of paper.
- Now, ask them to write down any secret of their respective lives that they have not yet shared with anyone.
- After each participant has written their secret on the paper, ask them to fold their chits and write their names on it, and tell them to hold it for some time in silence. Gradually the facilitator makes the participants feel that one of their secret is in writing now and has become tangible.
- Then the participants are asked to hand over their secrets to the facilitator.
- After all the chits are received by the facilitator, he/she distributes the secrets amongst the participants ensuring that the person who has written the secret does not get his/her own chit. So, the chits are exchanged but ask them not to open the folds.
- Initiate a discussion with the participants on significance of confidentiality and how we feel when someone we trust breeches the same, based on the following questions:
  - How are you feeling after the activity?
  - How did you feel when you were writing down your secrets and handing them over to the facilitator? Why did you give your secret to the facilitator (because of trust or authority of the facilitator?)
  - What happened when the facilitator distributed your secrets to other participants without informing you that he/she would do this while taking your secrets from you? How did you feel?
  - Your secret is with someone, how do you feel about it?
Someone else’s secret is with you, how you feel about it?

Wind up the activity by explaining how it feels when our secrets are out and make the participants feel what they are feeling in silence .... “Your secret is with somebody and someone else’s secret is with you.... How vulnerable do you feel?” This activity, on one hand gives a sense of power when they are holding others’ secret with them; and on the other, a sense of loss develops in them when they are made to feel that one of their secret is lying in the hands of another person.

G. Confidentiality: Application in the Shelter Home

Objectives
- To explain the concept and protocol of confidentiality to the participants
- To learn how to ensure confidentiality in daily activities and events
- To Identify instances where we break confidentiality

Kind of Activity: Role play

Time: 25 Minutes

Things Needed: Chart paper and markers, Handout 1 and 2

Note for the Facilitator
In this activity, the facilitator will put up a small role play relating to the issue of confidentiality at the shelter home, based on Handout 1. The play will have to be pre-prepared with the help of some participants. A day before this activity has to be done, ask a few volunteers from the participants and ensure that the play is ready when this activity is to be conducted during the training.

How to do the Activity
- Ask the participants to form a circle.
- The facilitator then with the help of the volunteers will put up the role play which has been already prepared earlier.
- After the play has been performed, help the participants reflect upon the concept of confidentiality by asking the following questions:
  - What is Confidentiality? What do they understand by it?
  - Why do we need to maintain confidentiality (relating it to the previous activities)?
  - And when do we break it? The facilitator will bring out instances where we break confidentiality by making reference to the role play.
  - What impact does it have on the child? If we break the confidentiality, will the child trust us again?

Wind up the activity by defining the meaning of confidentiality and explain how it is beyond our ethics to break confidentiality, with the help of Handout 2 and 3. Emphasize that a lot about maintaining confidentiality depends on individual ethics rather than mere protocols. Make linkages with the previous activities on their secrets and how they felt about it. The facilitator should also emphasise that as a caregiver, one should share information at the best interest of the girl whose wellbeing is at stake.
Handout 1

Case Study
Ria is a 16 year old girl who has been recently brought to the shelter home. One day she breaks down. Ria shares her grief with one of the shelter home staff. She narrates that she had been sold off by her husband who had promised her a job in Mumbai. At that point she was rescued and brought to the shelter home. And now she often thinks of her husband whom she really loved. However, the staff to whom Ria had confessed about her past breaks her confidence and shares it with her other colleagues. As a result her ‘guarded secret’ becomes revealed to other staff in the shelter home and nothing remains confidential about her background.

Handout 2

Meaning of Confidentiality
Confidentiality in regular terms means not sharing or disclosing information which can in turn jeopardize trust. We need to respect every individual’s right to Confidentiality i.e. not to disclose any information that they have shared with you about themselves to anyone without their consent.

Why confidentiality?
- It is a Right of every individual – children and adults, which must be respected
- It aids disclosure as it creates a level of comfort to know that the information that is being shared will not be shared with others. Hence, it helps people/children open up without resistance and inhibitions.
- It is a sign of trust i.e. if a child is sharing some secret/information with you that she has not shared with others; this indicates her level of trust on you. And when the confidentiality is breeched, the child will feel a sense of betrayal and would not trust you, or may be others again. In particular, children in shelter home would have had many experiences of betrayal and mistrust. By breaking confidentiality, we do not want them to have similar experiences through care givers again. And, in case a care giver breaks this trust, there is a high possibility that the child will not be able to trust anybody else in the shelter again.
- We should also ensure dignity by maintaining dignity in human beings.

An Exception to the Rule
However sometime we may need to disclose information that the child has provided. This may be done in exceptional circumstances keeping the best interest of the child as well as other children in the shelter home in mind, such as:
- Where not to do so would break the law
- Where you may fear that the child may put him/herself in serious danger for example, when a child is contemplating suicide or perhaps planning to run away from the shelter
- Where you may fear that the child may put others in serious danger, for example when a child may harm some other child or adult in the shelter because he/she does not like them or have had a fight with them etc.
If we have to disclose some information we must strive to disclose the least information necessary in the given circumstance.

- **For self learning and exchange of information among concerned staff:** Sometimes staff need to share information amongst themselves such as a care giver may discuss a child’s progress and concerns with his/her supervisor for enhancing learning and discuss/decide a way forward with respect to the particular child. Such internal processes are healthy and are done in the best interest of the child. In that case, while ensuring confidentiality to the child, the care giver may clarify that the information disclosed would be confidential among the concerned staff and explain the reason why you may discuss it with certain members of the staff. It is generally seen that children are fine with this as long as they also share a good rapport and positive trusting relationship with the other concerned staff with whom the information may be shared.

**Handout 3**

Confidentiality in following instances needs to be maintained:

- When a child discloses the serious traumatic experiences or information or any other private/personal matter in the shelter home
- When personal information is shared in counselling sessions
- Data and records protection i.e. the case records maintained including photographs and any personal documents and belongings of the child

Instances of Breach of Confidentiality:

- Access to case record and other personal records
- Release of information and what information is provided to others (including central office, doctors, lawyers, police, media etc)
- Observation of victims’ case history or photographs
- Use of victims in presentations, seminars, and publicity events
- Entry without permission into private space and access to victim’s personal belongings
- Privacy of personal matters
- Privacy of inter-personal matters such as discussion with family and friends

A policy on confidentiality and privacy must be present in every organization and should include disciplinary measures for staff for breach of confidentiality and privacy

**H. Summing up of the Facts**

Objectives

- To receive feedback from the participants
- To ensure enrichment for further development on this broad issue
- To ensure clarity of the issue amongst the participants

Kind of Activity: Feedback session

Time: 20 Minutes

Things Needed: Paper and pen
Note for the Facilitator
The facilitator will take note of all the feedback. If any queries arise where the information is not available to facilitator, in that case s/he must get back to the participants in due course of time.

How to do the Activity
The facilitator will ask a few participants about their feelings and queries, if any at the end of the session.
Module III.3: Case Management

This Module would help the participants understand the concept of Case Management in the Shelter Home with reference to a specific knowledge base necessary for providing assistance at different stages to the child from the time he/she comes to stay in the Shelter Home. It is important for the care givers to understand the continuum of services and care that needs to be provided to the children based on their specific, individualised needs and concerns.

A. What is Case Management?

Objectives
- To make the participants understand the process of Case Management that needs to be practiced in the shelter home
- To reflect upon and understand why case management is necessary and arrive at a common understanding

Kind of Activity: Brainstorming and Information Dissemination

Time: 30 Minutes

Things Needed: White board, markers, Handout 1 and 2

Note for the Facilitator
The facilitator must try to draw out information from the staff as to how much they understand about case management and its necessity in the shelter home. The facilitator shall write down the answers on the white board and assimilate it as mentioned in Handout 2 given below.

How to do the Activity
- Read out the case study provided in Handout 1 aloud, which should be written on a flip chart and hung on a wall for easy reference of the participants
- After everybody has understood the case study, facilitate the discussion based on the following questions:
  - What would be your first step when the girl comes into the shelter home?
  - What all needs to be done at the shelter home, step by step, to ensure overall wellbeing and a meaningful stay of the girl at the shelter home?
  - Outline her overall journey/process, from the day she comes to the day she would leave in the shelter home, in terms of services provided and tasks undertaken.
  - In view of the above questions, what do they understand by the term ‘Case Management’?
  - Why is Case Management necessary?
- After this brainstorming, clarify the concept of Case Management with the help of Handout 2
- Wind up by answering queries, if any
Handout 1

Case Study of Ruby

Ruby is 13 years old. She is six months pregnant and malnourished. She has been rescued from Pune and sent to Kolkata Liluah Home (Government shelter home) and thereafter to SANLAAP’s (replace the name with the name of the organization conducting the training). She is generally very upset and somehow seems to be scared. She said her home is in Bangladesh and has a brother who is in Delhi working in some garment factory. Her younger sister was kidnapped by some men three years ago.

Handout 2

What is Case Management?

Case Management is a system constituting of various services offered to the residents of the home covering the entire spectrum of their stay from the day they arrive until they leave the home. Case Management focuses on individual, personalised assistance under the guidance of a multidisciplinary team. The process encompasses protection, healing, strengthening and reintegration of each resident.

The core elements involved in the framework of Case Management in a particular setting include:
1. Intake
2. Assessment of each child to understand the impact, needs and services required
3. Planning and providing services as per the assessment of needs of each child including basic services, counselling, medical and health services, life skills education and care and protection services
4. Implementation
5. Reviewing
6. Monitoring and evaluation

B. Importance of the INTAKE Form

Objective
- To make the participants understand the significance of the INTAKE FORM, which is the first step as soon as the child arrives in the shelter home

Kind of Activity: Information dissemination

Time: 20 Minutes

Things Needed: Specimen of the INTAKE form (Handout 1).
Note for the Facilitator: None

How to do the Activity
- Referring to the above activity on Case Management, reiterate that the first step is to record basic information of the child/girl who comes to the shelter home.
- Ask them what all information should be required to be recorded when a child comes to the shelter home?
- In this activity, the facilitator shall give the participants an idea of what the INTAKE form is all about and it's utility. The intake form is the first form that is used as soon as the girl enters the Shelter for recording and documenting basic information of any individual.
- Show a specimen of the intake form (Handout 1) to the participants and address queries if any. This is a form used by SANLAAP, however this can be replaced by the form of the training organization if they have one or they can develop one based on this specimen provided.

Handout 1

### INTAKE FORM

<table>
<thead>
<tr>
<th>Project Name-</th>
<th>Age- Approx Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s name/Mother’s Name-</td>
<td></td>
</tr>
<tr>
<td>Marital Status-</td>
<td></td>
</tr>
<tr>
<td>Husband’s Name-</td>
<td></td>
</tr>
<tr>
<td>Sibling - Offspring-</td>
<td></td>
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<tr>
<td>Educational Qualification-</td>
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<td>Address-</td>
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<tr>
<td>Nationality-</td>
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<tr>
<td>Rescued From-</td>
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<td>Rescued By</td>
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<tr>
<td>Rescue Date-</td>
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<tr>
<td>Case History-</td>
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<tr>
<td>How was she trafficked-</td>
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<tr>
<td>Detail of trafficker-</td>
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<tr>
<td>Observation-</td>
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<td>Mental Health-</td>
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<td>Physical Health-</td>
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<td>Order by- Order date-</td>
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<td>Belongings-</td>
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<td>Expectation from the organization-</td>
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Declaration, I, _______________ declare that I would be staying at SANLAAP’s home till my family and address is clearly identified.

Date-

The process that should be followed by SANLAAP:
- Received from-
- Received by-
- Received Date-
C. Addressing Immediate Needs for Impact Reduction

Objective
- To help the participants understand the immediate needs of children that need to be addressed once the child is recovered/received after a trafficked experience that not only would comfort the child but also help in assessment and planning the direction for him/her at the shelter home.

Kind of Activity: Role play, brainstorming and discussion

Time: 1 Hour 30 Minutes

Things Needed: Case Studies (Handout 1) and Handout 2

Notes for the Facilitator
It is important for participants to realize that an important part of case management is how to integrate the child in the shelter home and address the immediate needs so that he/she feels a certain level of comfort. This process would enable the care givers and counsellors to undertake a detailed assessment (as explained in next activity) and plan the direction and services required. Also, it is important to realize that it is not possible to get into the “counselling mode” as soon as the child survivor of trafficking arrives, however care givers can play an important role here by ensuring that the child’s needs are met and prepare them for a process of counselling and other tasks/services at the Shelter. Some of these tasks will help in establishing a level of comfort, which may help the child in opening up and healing. It needs to be emphasized that these tasks or steps need to be followed on an on-going basis – till the child is in the shelter. These are not one-off processes – should be followed, not only by the care givers and counsellors but also by the other staff to reinforce same messages to the child.

How to do the Activity
- Ask 3 - 4 volunteers from among the participants.
- Give them Case Study 1 of Ruby (the same case study used in Activity A of this Module) and ask them to enact the situation out in a form of a role play – spontaneously – at the most 3 - 5 minutes can be given so that they can decide on their characters for the role play.
- The rest of the participants would observe and react on the following:
  - What is being done in the role-play?
  - Will the tasks that are being done reduce the impact of trauma or will they increase the trauma or re-traumatize the child?
  - What else can be done immediately to provide relief to the child even before a process of needs assessment and counselling is initiated.
- Discuss the cases role played and provide additional information from Handout 2
- Clarify questions if any

Handout 1

Case Study 1

Ruby is 13 years old. She is six months pregnant and malnourished. She has been rescued from Pune and sent to Kolkata Liluah Home (Government shelter home) and thereafter to SANLAAP’s
She is generally very upset and somehow seems to be scared. She said her home is in Bangladesh and has a brother who is in Delhi working in some garment factory. Her younger sister was kidnapped by some men three years ago.

You do not know what happened to her and how she got to Pune from Bangladesh and any other details about her. What do you think are her immediate needs and what will you do as soon as she arrives at your shelter after the intake (as explained in previous Activity) has been done?

Handout 2

Addressing Immediate Needs: Impact Reduction Skills

These are skills required to help a child in crises due to a threatening life event. This could result in a temporary disturbance of the child’s equilibrium leading to an immobilization of the child’s coping abilities and acute physical/emotional/spiritual distress.

♦ Immediate Needs:
  - Attend to the child’s immediate needs for good food, medical care and attention, restful, sleep and a secure place that gives a feeling of belongingness.

♦ Ventilation:
  - Allow the child to ventilate freely all pent up emotions and feelings. Talking about the events helps the child accept and cope with it.

♦ Recount Trauma:
  - Allow the child to recount or reconstruct trauma experiences if he/she wants to, without probing too much or going into the details of the experiences. Convince the child that it is normal to think about the trauma experiences.

♦ Support:
  - Convey support by warm cordial gestures, show understanding of her/his feelings and predicament, create a secure environment. Once the child feels safe and secure in the environment he/she will be able to share thoughts and feelings.

♦ Negative Emotions:
  - Understand and be prepared to face many negative emotions from the child – fear, guilt, anger, betrayal, distrust, helplessness, shock, suspicion or confusion.
  - Don’t react emotionally yourself to the child’s emotional outbursts.

♦ Reassurance:
  - Give reassurance wherever possible that tends to restore the child’s sense of well being, confidence, trust or worthiness in herself. (For example: Observations of the child’s intelligence, skills, coping). Assure the child of confidentiality.

♦ Optimism:
  - Express genuine optimism about child’s problems and concerns being resolved and that he/she can get back to normal life.

♦ Suggestions:
- Give suggestions appropriate to the situation. This will help the child move out of confusion and have clarity of what is happening and the way forward.
- Suggestions are indirect action plans that the child can decide or feel free to act on, choose between alternative proposals, one that is more desirable.
- Suggestions are not dictums. The child can accept or reject them.
- Avoid flooding the child with advice.

♦ Clarification:
- Clarification of their negative feelings and emotions like rage, anger, resentment, feelings of ambivalence towards the counsellor or the staff, family members reduces their acute distress.
- Clarification of needs and expectations from the Counselling are also handled.
- Interpretation of experiences/ formulation of current issues that she/he can readily accept as non-threatening can be made to facilitate the clarification process.
- Take the pressure off to make an immediate response.

♦ Cognitive Restoration:
- After the child has thoroughly ventilated feelings, gained knowledge and understanding of his/her current crises situation reduce emotional overloading by helping the child find causes and explanations for the crises and its consequences and thus regain cognitive control.

♦ Environmental Changes
- Make small environmental changes like care of hygiene, safety, personal space and privacy, use of personal belongings, opportunities for play, relaxation and a structured schedule.

D: Process of Assessment

Objectives
- To make the participants understand the process of assessment of the girls while they are in shelter home
- To assess the level and impact of trauma of trafficking on children who have come to the shelter home

Kind of Activity: Case study review in groups and information dissemination

Time: 1 Hour 30 Minutes

Things Needed: Handouts 1 to 4

Notes for the Facilitator
Go through the case studies properly and try to do the assessment for each case yourself in order to understand the process so that you are easily able to guide the participants at the workshop. Inform the participants that this is an important process which will guide them in understating important aspects of case management as well as counselling needs for each child based on specific impacts on the various areas assessed.

How to do the Activity
Ask the participants about the next step that they would need to take after the intake has been completed. Initiate a brainstorming on this with the participants based on the following questions referring to the case study of Ruby in Activity A of this Module:
   - What are the specific needs of Ruby?
   - How do you think we will understand her needs?
   - What do you think is this process called?
   - Do you think that Ruby’s opinion matters here?

Then explain the broad process of assessment through Handout 1

Now go over the sample assessment checklist (Handout 2) to explain the various components for assessment i.e. Physical, Sexual, Emotional, Behavioural, social and legal. Make linkages with the activity on impact of trafficking on children (Activity C in Module II.3).

Now, divide participants in two groups

Give one Case study to each group along (Handout 3) with the Assessment checklist of symptoms and problems. Ask them to complete the following tasks in their respective groups with respect to the case study provided to them:
   - Go over the case study provided and fill up the Assessment checklist form provided. Make an assessment of the case provided to you based on the checklist.

After both the groups have completed their assessments, ask them to make their presentations before the large group.

Ensure all the parts of the assessment are covered as per the problems/concerns highlighted in the case study.

Reiterate the process of assessment from Handout 4 and explain that this assessment may not be possible in one day but would have to spread over a few days/weeks to be able to fill in all the aspects of the checklists. Some aspects would be visible as soon as the child comes to the shelter (such as Physical and some behavioural patterns) whereas some aspects especially emotional would be revealed slowly as the child starts living in the home. Also, it requires a coordinated effort from all the staff (care givers, social workers, night supervisors) and hence they all need to be vigilant about various aspects to be assessed. This kind of assessment helps in understanding the immediate needs of the child as well as the therapeutic/counselling goals for each child based on which services required can be planned and implemented, which will become clear from the next Activity.

Handout 1

**Impact Assessment Steps and Skills**

- **Step I** – Understand the nature of trauma event: What was the trafficking experience?

- **Step II** – Understanding the impact of that experience: What problems the child is experiencing as a result of that experience – difficulties, symptoms, (Use checklist)

- **Step III** – Assessing the severity of impact: How often the problem occurs and how distressing it is and how much it affects daily functioning.

- **Step IV** – Understand Child’s needs to address the problem’s consequences: Whether the child needs assistance and in what ways.

- **Step V** – Assessing the child’s strengths and resources to cope: How does the child ease the distress and cope with the consequences of the experience.
Handout 2
(Make copies for distribution to the participants)

ASSESSMENT OF THE IMPACT OF TRAFFICKING

Each of these below ‘symptoms’ or ‘complaints’ can be rated for severity on a 5 point rating scale from 1 to 5 as follows. The rating is carried out based on self report by the child as well as observation of her/him by the Shelter staff, counsellor or other care givers, and any family member if available. Probing questions can be used wherever needed to explore further.

1 – None
2 – Mild
3 – Moderate
4 – Significant
5 – Extreme

This rating will enable care givers and counsellors to assess the problem area in terms of severity that can serve as a baseline assessment as well as help in planning the services including formulating the Counselling goals, and post intervention assessment.

Note: Only current problems and symptoms should be included for rating.

Impact Areas

I. Health/Physical

1. Fractures 1 2 3 4 5
2. Cuts, bruises, injuries 1 2 3 4 5
3. Chronic infection from poor hygiene 1 2 3 4 5
4. T.B./Respiratory 1 2 3 4 5
5. STI 1 2 3 4 5
6. HIV (if known) 1 2 3 4 5
7. Malnourishment 1 2 3 4 5
8. Pregnancy 1 2 3 4 5
9. Aches and Pains 1 2 3 4 5
10. Others (specify)…………………… 1 2 3 4 5

II. Sexual

1. Sexual misconceptions 1 2 3 4 5
2. Sexual aversion 1 2 3 4 5
3. Hypersexual behaviour 1 2 3 4 5
4. Sexual disorders/ dysfunctions 1 2 3 4 5
5. Sexual manipulation 1 2 3 4 5
6. Confuses love and sex 1 2 3 4 5
7. Others (specify)............................ 1 2 3 4 5

III. Emotional
1. Guilt and shame 1 2 3 4 5
2. Fear 1 2 3 4 5
3. Low self esteem 1 2 3 4 5
4. Lack of confidence/ Overconfidence 1 2 3 4 5
5. Unworthiness/Self disgust 1 2 3 4 5
6. Feeling degraded 1 2 3 4 5
7. Hopeless, Powerless 1 2 3 4 5
8. Sad/depressed 1 2 3 4 5
9. Lack of trust, Betrayal 1 2 3 4 5
10. Hostile, Anger 1 2 3 4 5
11. Moody, Sulky 1 2 3 4 5
12. Intrusive memories 1 2 3 4 5
13. Others (specify)............................ 1 2 3 4 5

IV. Behavioural
1. Numbness, shock 1 2 3 4 5
2. Disoriented/confused 1 2 3 4 5
3. Low concentration 1 2 3 4 5
4. Helplessness 1 2 3 4 5
5. Aggressive, violent, abusive 1 2 3 4 5
6. Risky behaviours, Impulsiveness 1 2 3 4 5
7. Self harm, suicidal attempts 1 2 3 4 5
8. Rebellious, defiant 1 2 3 4 5
9. Sleeplessness 1 2 3 4 5
10. Substance abuse 1 2 3 4 5
11. Truancy, Running away 1 2 3 4 5
12. Suspiciousness 1 2 3 4 5
13. Stealing 1 2 3 4 5
14. Lying 1 2 3 4 5
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<tr>
<td>15. Others (specify)…………………</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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V Social

1. Feeling isolated, cut off from the society | 1 | 2 | 3 | 4 | 5 |
2. Feeling unaccepted by society | 1 | 2 | 3 | 4 | 5 |
3. Rejection by family, friends | 1 | 2 | 3 | 4 | 5 |
4. Difficulty in forming relationships | 1 | 2 | 3 | 4 | 5 |
5. Difficulty to conform to societal norms | 1 | 2 | 3 | 4 | 5 |
6. Loss of earlier achievements | 1 | 2 | 3 | 4 | 5 |
7. Others (specify)………………… | 1 | 2 | 3 | 4 | 5 |

VI Legal

1. Inability to give testimony | 1 | 2 | 3 | 4 | 5 |
2. Unable to go through court/legal procedures | 1 | 2 | 3 | 4 | 5 |
3. Turning hostile | 1 | 2 | 3 | 4 | 5 |
4. Trouble with law | 1 | 2 | 3 | 4 | 5 |
5. Others (specify)………………… | 1 | 2 | 3 | 4 | 5 |
Handout 3

Case Study 1 - Sumi

Sumi, aged 16 years, was brought to the Shelter Home after a rescue operation from the brothel. It has been a week since she has been brought to the shelter home but she has not adjusted to the routine at the Home. She partially resents having been rescued, as she has to do all her own work here by herself as compared to life at the brothel which seemed better to her. She is moody, sulks a lot and picks up fights with other members at the home. She is also abusive and defiant, breaking the rules at the Home. She is talkative and loud, using abusive expletives quite frequently. However, she cooperated in a medical check up she complains of some infection in her genitals and some respiratory problems (as she was smoking before) and needs to be treated for them. She expresses no need to go back to her family and only wants to go back to the brothel.

She has informed the police and staff who rescued her that she is from Bangladesh and that a woman had brought her to Kolkata for domestic work who sold her to a man in a house somewhere in the outskirts and she did not remember the name of the place. He was a middle aged man who was staying there alone and repeatedly raped her over several days. At times his friends would also come over and repeatedly assault her sexually. She was threatened with torture and death if she tried to escape or speak about it to anybody. She was not allowed to go out anywhere. After about 6 months she was finally taken one day in a car and ‘sold’ to a brothel owner in the red light area of Kolkata from where she was rescued.

Case Study 2 – Munna

Munna was rounded up along with other substance abusers by the police from their locality and then sent to the Juvenile Home. From there he has been referred for counselling and treatment.

Munna is a 13 year old son of a casual labourer. He had never been interested in studies and dropped out of school a year ago. He made friends with an older boy in his village who has been working in Bangalore in a restaurant since a few years. He promised to find Munna a job too. So Munna told his father and went away with the friend to the city, promising to return soon with money earned. He has indicated that he was forced to perform sexual favours for his friend. He was too small and innocent to resist the assaults and bore it silently, feeling shame and disgust for himself. To escape the torture, dread and tension of such a life, Munna has taken to brown sugar. With growing dependence, he had now resorted to petty stealing to maintain this expensive drug habit.

During the assessment interview, Munna appeared apprehensive and anxious. He was aware of the cases against him (possession of narcotics and petty crimes) and was worried about his fate. He was quite restless and agitated and kept looking around in a guarded manner. He was not too willing to talk about his experiences initially. He expressed feeling of guilt and shame over his behaviours and regretted the fact that he has lost everything – his innocence, his education, his family, his self esteem and all his money. He felt totally defeated and frustrated about his life and shattered ambitions.
Handout 4

**Process of Assessment:**

**Participatory Assessment** - This shall be based on observation, information, and child participation. It includes interview, physical, psychological examinations, and collecting information to plan interventions on behalf of the individual. The checklist/assessment form needs to be filled through one of these various ways.

**Periodic Assessment/ Review of the Child (as needs change with time)**

The same assessment form can be used for this with dates mentioned to assess the progress and change in each child on a periodic basis.

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**E. Planning, Implementation, Monitoring and Evaluation**

**Objectives**

- To help the participants understand the process of planning and implementation based on the pre-assessment done
- To identify various programs and services that need to be made available to the child to ensure overall development and well being of children in the shelter home and beyond

**Kind of Activity:** Brainstorming and Information Dissemination

**Time:** 30 Minutes

**Things Needed:** White board, markers, Handout 1 and 2

**Note for the Facilitator**

The facilitator would use the case studies provided in the previous activity to help the participants to take the process of assessment forward from the assessment stage to planning, implementation and monitoring stage.

**How to do the Activity**

- Ask the participants about the next step after the assessment of girl’s needs. Ask the participants that what we need to do now that the assessment is done and we are broadly aware of the needs and specific concerns of the child/girl in the shelter home. Write their responses on the flip chart/white board as they speak.
- Explain the stages of planning, implementation, monitoring and evaluation from *Handout 1* to clarify concept.
- Now ask the participants to go back to their respective groups and discuss the case studies again (from previous activity) and plan what direction of support and services need to be provided to the child based on his/her specific needs and concerns that they have identified through their assessment.
- When the groups are ready, ask them to make their presentations in the plenary. Initiate brief discussion on each case after the presentation to get views on each of the cases from other participants.
- Wind up the session by providing additional inputs from *Handout 2*.
**Handout 1**

**Planning**

Once the needs are assessed, one is ready to work with the ‘case’ (child in the shelter home), with the specific task of developing a plan of action that will reduce or eliminate the problems and promote well being. It determines the direction of support provided to the girl, to move ahead. Planning depends on individual girls’ capabilities, aptitude, skill and this includes:

- Setting priorities
- Establishing goals
- Determining interventions
- Documenting the plan (as a record of it has to be maintained and other care workers need to know about the plan)

**Implementation** - What is happening? The services and support provided to the child based on the assessment – i.e. to put the plan into action. It includes the following:

- Performing interventions and providing services as set on the agenda (some of them are listed in Handout 3 below)
- Recording and documenting the process

**Monitoring and Evaluation** – Follow up after assessment to monitor and gauge the progress and changes in the child based on the services and support provided, including evaluation of key strengths, weakness and needs. This helps us to assess and determine how well the plan has worked and whether there are any changes in the plan of care required. This includes:

- Assessing how far did you go in achieving the plan of action and goals set
- Recording and documenting the progress

Indicate that documentation is an important aspect of case management as it helps us in sharing and tracking the process and progress

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**Handout 2**

**SERVICES AND SUPPORT NEEDED**

**Immediate:**

- Create safe environment to develop feelings of trust and security in the child.
- Reduce child’s distress and discomfort and help her/him recuperate physically
- Provide safe outlets for self disclosures and expression to provide emotional comfort
- Promote better self awareness – of needs, desire, feelings.

**Long term:**

- To understand and accept self
- To promote self esteem
- To reconcile with the past, view self as survivors not victims.
- To enhance resilience and coping skills.
- To improve social skills and promote socialization process.
- To change negative, maladaptive behaviours.
- To achieve better control over negative destructive emotions.
- To help decision making and become autonomous and independent.
- To help deal with existential dilemmas through problem solving
To help develop a new identity, new purpose.
To help achieve reintegration with society and family.
To heal the person holistically

Services and Programmes that can help in overall development and provide the care and support needed:
- Counselling
- Learning opportunities and education including literacy and life skills education
- Addressing specific needs and concerns through anger management/behaviour management/crisis management techniques
- Vocational training
- Other support services and alternate approaches including meditation, yoga, self defence, theatre and such other creative therapy approaches

F. Summing up of the Facts

Objectives
- To summarise the process of care giving so far and receive feedback from the participants
- To ensure enrichment for further development on this broad issue
- To ensure clarity of the issue amongst the participants

Kind of Activity: Feedback session

Time: 20 Minutes

Things Needed: Paper and pen

Note for the Facilitator
The facilitator will take note of all the feedback. If any queries arise where the information is not available to facilitator, in that case s/he must get back to the participants in due course of time.

How to do the Activity
- The facilitator will ask a few participants about their feelings and queries, if any at the end of the session.
- Summarize the entire process of case management and care giving with the help of the Model provided in Handout 1 and inform the participants that all these aspects would be covered in the following Modules in this Manual.
Module III.4: Counselling
This Module is designed to help the caregivers understand the basics of counselling and role of a counsellor in helping children in the shelter home to manage and cope with their emotions in a better way. The activities are designed in such a way that can also help the caregivers undertake basic counselling sessions if required as well as be able to understand what a counselling entails and what it is not so that they do not have any unrealistic expectations from the counsellor or even the child after counselling sessions. The facilitator must establish adequate linkages here with the Module on the ‘Essential Prerequisites’ as they are mandatory elements for counsellors to follow in each counselling session.

A. Counselling: Exploring Misperceptions

Objective
- To explore the myths and misperceptions participants may have around counselling

Kind of Activity: Participatory game, discussion

Time: 45 Minutes

Things Needed: Chits of paper with one statement written per chit from Handout 1, Music (optional), and Handout 2

Note for the Facilitator
The statements provided (Handout 1) would help to understand the myths and misconceptions of the participants on the subject of counselling. Since most of the participants would be expected to provide psychosocial care and counselling to the children in their shelter, it is important to help them explore and reflect upon their own opinion and views on the concept of counselling. Write each statement on a separate chit of paper and fold each chit. Be prepared with the chits of paper with one statement per chit before conducting the activity and put all the chits in a box. In case the music is not available, the facilitator can clap his/her hands instead.

How to do the Activity
- Ask the participants to sit in a circle
- Play the music or clap your hands. While the music is on, pass the box full of chits among the participants in a circle.
- Randomly stop the music and look who is holding the box when the music was stopped
- The person holding the box will take out one chit from the box and respond whether the statement written on it is a myth or a fact stating reason for his/her answer
- After, he/she has responded, ask other participants whether they agree or disagree with his/her opinion. Facilitate a brief discussion on it and read out its corresponding ‘fact’ from Handout 2
- Continue the same process till all the statements are covered.
- In the end, ask them if there are any other myths they have come across specifically in their context that has been held by children/girls in their shelter home
- Wind up by informing that many people don’t seek help from a counsellor because they have concerns and misconceptions about counsellors and counselling. Tell them that through the next exercise we will try to understand what counselling is and what it is not.

Handout 1
Common Myths on Counselling

Myth 1: Seeking counselling is a sign of weakness.
Myth 2: Counselling is Only for People who are Crazy and Unsuccessful.
Myth 3: The counsellor will tell you what to do and how to "fix" your problems.
Myth 4: Someone Who Doesn't Know Me Can't Help Me
Myth 5: Counsellors Can Read People's Minds
Myth 6: A Counsellor Can Solve All Your Problems
Myth 7: Counselling Takes Forever
Myth 8: Everyone will know what I tell the Counsellor
Myth 9: I am Afraid Counselling Will Change Who I Am

Handout 2

Facts

Fact 1: There is nothing weak about a person who seeks counselling. In fact, it takes courage to explore sensitive feelings and painful experiences. The individuals who enter counselling are taking the first step in resolving their difficulties.

Fact 2: Many people who are in Counselling have normal problems that people face every day. Sometimes the stress from these problems can become overwhelming. Often stress from changes in life - positive or negative - can lead a person into a place in life where they need some assistance from a counsellor. These normal, healthy people seek help from a Counsellor to work through a specific problem or emotions that cause stress or to figure out why they are not happier with their success.

Other common reasons for people to see a Counsellor are to get help with depression or anxiety.

Fact 3: Counselling is not a "quick fix" cure to your problems. The counsellor is there to help you explore your feelings, thoughts, and concerns, to examine your options, and to assist you in achieving the goals you have set.

Fact 4: This is one reason why Counselling can be successful. The Counselling process depends on the Counsellor being unbiased. Counselling involves a unique relationship with an impartial person who can help you figure out how to reach your goals. Most counsellors believe that you are the expert of your own life. Counsellors receive special training to help them know how to assist their clients facing a wide range of life challenges.

Fact 5: Counsellors are not psychics. However, through their training, counsellors learn to observe their clients and listen to their clients in such a way that counsellors may notice things about their clients that clients did not know themselves.

Fact 6: It is not the job of a Counsellor to solve your problems. A counsellor’s job is to help you think through your problems, provide insights, and help you to figure out how best to solve your problems for yourself. They help the counselees in managing and with their emotions and feelings in a better way.
Fact 7: The length of Counselling depends on the client’s unique goals and the severity of the challenges they are facing. Short-term Counselling generally lasts between eight and twenty sessions. This type of Counselling is goal-directed and focuses on specific issues and problems. Longer-term Counselling typically focuses on the client’s personal character development and can last a year or more.

Fact 8: Counsellors are bound to confidentiality and will not discuss your issues with other people. Every Counsellor should explain confidentiality to you at the beginning of your time with them; if they have not explained confidentiality, then perhaps you should find another counsellor.

Fact 9: Change is a constant part of life. Counselling can help you to change in positive ways that are consistent with your goals for life and your relationships.

B. Basic Understanding of Counselling

Objectives
- To allow participants to brainstorm on what counselling means to them before explaining the concept to them.
- To ensure that they are aware of the Counselling department and/or related services of the organization

Kind of Activity: Brainstorming, discussion and presentation

Time: 30 Minutes

Things Needed: Flipchart/white board, markers, and tape, Handout 1

Note for the Facilitator
If there is a counselling department in the organisations’ shelter home (organisation conducting the training), the facilitator must try to go ahead and find out what more do they know about the functioning of the Counselling Department. This brainstorming will give insights into what the participants understand by the concept of counselling. In case there is no separate counselling department, start straight away with brainstorming on the concept of counselling.

How to do the Activity
- Ask the participants about whether they know about the existence of the counselling department in the shelter home. If they are aware of the same, ask them to name some of the counsellors.
- Now, write the word ‘Counselling’ on the flip chart/white board.
- Ask the participants what they understand by this term. Write their responses on the chart.
- When there are no more new ideas, go over the list prepared on the chart/white board and facilitate a brief discussion asking the participants to agree on one word or a combination of words describing best what Counselling means to them.
- Explain the meaning, framework of Counselling indicating ‘what it is’ and ‘what it is not’ with the help of the Handout 1
- Wind up by addressing queries if any
Handout 1
Counselling – Concepts and Framework

Counselling IS:
- A psychosocial process that addresses child’s thoughts, feelings and behaviour in the context of her environment and specify concerns and needs that includes her family, peers and the community.
- A planned intervention between the child and the caregiver/counsellor to assist the child to change, improve, and resolve behaviours that are difficult, distressing or maladaptive.
- A process of identifying the child’s coping strategies and strengthening them further, as well as helping the child develop more effective coping methods.
- A collaborative effort between the child and the counsellor, keeping the child’s interests and needs in mind.
- A process that takes place with full active participation of the child and involves a mutual responsibility between the child and the counsellor.
- Aimed at developing individual’s unique self and potentials
- A form of education through communication and structuring
- Voluntary in nature, can’t be forced on the child
- A process that involves a use of specific technologies based on certain theoretical constructs, which should be carried out by trained personnel in an appropriate place and time

Counselling IS NOT:
- Lecturing
- Advising
- Ordering
- Persuading, Coercing
- Moralizing/Preaching
- Judging/Criticizing
- Confronting
- Instructing
- Deciding
- Problem Solving
- Only for people with problems
- Not just a one-to-one interaction where counsellor is active and child is a passive recipient
- A stand alone process
- Just an add - on technique, it is a basic approach to survivors
- A method to handle only difficult cases
- Just a cathartic experience, it is a skill-based approach to survivors

C. Demonstrating and Practicing Essential Steps in Counselling

Objectives
- To help participants understand and practice some of the essential elements of Counselling
To build practical skills on these essential elements

**Kind of Activity:** Role play, Discussion and Presentation

**Time:** 2 Hours

**Things Needed:** Case Studies (Handout 1 and 3), and Handout 2 and 3 or presentation

**Notes for the Facilitator**

Through this Activity, participants would gain basic skills in counselling, which would help them as care givers undertake counselling sessions as required or at least enable them in understanding the process counsellors follow in each counselling session. In case you decide to conduct the Step 2 of this activity, which is optional and can be done if required and time permits, then ensure that the role play is prepared with the help of some volunteers from amongst the participants covering well the essential elements of counselling that are being discussed through this activity. During making your presentation on essential elements, inform the participants that the **significance of Confidentiality and Dos’ and Don’ts of Empathy** were discussed in the Module on “The Essential Prerequisites” and also remind them of the difficulty that they experienced in disclosing their personal incidents and feelings. They should keep this in mind when you make this presentation.

**How to do the Activity**

**Step 1:**
- Ask for 3 - 4 volunteers from among the participants
- Give them the Case Study 1 of Ruby (**Handout 1**, it is the same case study used in the Module on Case Management) and ask them to initiate a counselling session with Ruby. Tell them to enact out the counselling session in the form of a role play spontaneously – at the most 5 minutes can be given so that they can decide on their characters for the role play. Tell them to keep the basic understanding of counselling in mind that was discussed in previous activity.
- The rest of the participants would observe and react on the following:
  - What is being done in the role-play?
  - Is enough rapport being established by the counsellor?
  - Did the counsellor assure the child of confidentiality (as discussed in Module III.2)?
  - Is the counsellor being empathetic or sympathetic?
  - How is the counsellor helping the child open up and reveal her life experiences? Is the counsellor being helpful in letting the child disclose the concerns and experiences or creating pressure to reveal by being too pushy?
- After the role play initiate a discussion on the above aspects
- Now, make a presentation on the essential elements of a counselling and dos’ and don’t with the help of session Discuss the cases role played and provide additional information from **Handout 2**
- Conclude by summing up the process with a few tips from the **Handout 3**
- Clarify questions if any

**Step 2 (Optional)**
- Now perform the pre-prepared Role play using the case study of Sumi (Handout 2, again discussed previously in the Module on Case Management) to demonstrate and reinforce the essential steps discussed above.
- Wind up by clarifying questions if any
Handout 1

Case Study 1

Ruby is 13 years old. She is six months pregnant and malnourished. She has been rescued from Pune and sent to Kolkata Liluah Home (Government shelter home) and thereafter to SANLAAP’s (replace the name with the name of the organization conducting the training). She is generally very upset and somehow seems to be scared. She said her home is in Bangladesh and has a brother who is in Delhi working in some garment factory. Her younger sister was kidnapped by some men three years ago.

Case Study 2

Sumi, aged 16 years, was brought to the Shelter Home after a rescue operation from a brothel. Sumi partially resents having been rescued, as she has to do all her own work here by herself as compared to life at the brothel which seemed better to her. She is moody, sulks a lot and picks up fights with other members at the home. She is also abusive and defiant, breaking the rules at the Home. She is talkative and loud, using abusive expletives quite frequently. However, she cooperated in a medical check up she complains of some infection in her genitals and some respiratory problems (as she was smoking before) and needs to be treated for them. She expresses no need to go back to her family and only wants to go back to the brothel.

She has informed the police and staff who rescued her that she is from Bangladesh and that a woman had brought her to Kolkata for domestic work who sold her to a man in a house somewhere in the outskirts and she did not remember the name of the place. He was a middle aged man who was staying there alone and repeatedly raped her over several days. At times his friends would also come over and repeatedly assault her sexually. She was threatened with torture and death if she tried to escape or speak about it to anybody. She was not allowed to go out anywhere. After about 6 months she was finally taken out one day in a car and ‘sold’ to a brothel owner in the red light area of Kolkata from where she was rescued.

Handout 2

The following are the elements that are important and relevant to every Counselling Setting, irrespective of the presenting case/story or concern of the child:

- Rapport Formation and therapeutic alliance – this is the first step in counselling
- Ensuring Confidentiality – Should be done at the start of the session after rapport has been established. This will strengthen trust and enhance rapport building
- Facilitating Self Disclosure
- Empathy

Rapport Building Skills

Dos
- Introduce yourself, who you are and your current role.
- Talk to the child in a friendly manner showing genuine interest in her/him – smile, pat, and nod.
Explain how you can work together to reduce her/his stress and resolve problems.
Display attitude of warmth, sympathy and affection to create a congenial atmosphere.
Give some time for the child to feel comfortable in your presence.
Provide for physical comfort, privacy in the setting.

Don’ts
- Don’t begin questioning the child immediately about her/his problems or difficulties.
- Don’t be intimidating, or too authoritarian in your approach.
- Don’t be patronizing.
- Don’t rush into probing into trauma experience.
- Don’t pressurize the child to talk, respect her hesitation to open up immediately.
- Don’t initiate sessions in public, open or spaces with onlookers.
- Don’t show impatience if the child takes time to relate to you.

Facilitating Self-Disclosure Skills

Dos
- Begin with gentle questioning about her/his current activities, daily routine, friendships etc. (general, neutral)
- Direct the talk towards elicitation of her/his current feelings – anxieties, fears, worries, problems etc.
- Encourage the child to express her/his feelings without fear of being scolded, judged or rejected.
- Assure confidentiality of information shared with you. (Exceptions can be made if there is a threat of self harm, substance abuse or planned violence).
- Allow for free flow of talk without too many intrusive questions.
- Listen without passive negative remarks. Convey an attitude of acceptance of child’s experiences and feelings as genuine and that you her.
- Listen actively, indicating by your expressions and verbal affirmations like ‘Hmm’, ‘Is that so’, ‘I see’, etc. Noticing, prompting, pacing, structuring, clarifying – that you are following her talk with interest.
- Show a willingness to understand what she/he is going through.
- Be sincere and honest in your interaction with the child. The child has to believe in you to open up.

Don’ts
- Don’t be critical or pass judgmental remarks.
- Don’t laugh, snigger or ridicule the child’s feelings or experiences.
- Do not reject the child or her/his experiences as untrue or a ‘story’.
- Do not show expressions of shock or disbelief at the child’s disclosures.
- Do not look disinterested or bored.
- Do not make too many interruptions when the child is talking.
- Do not attempt to control the conversation – follow the child’s lead.
- Do not show exaggerative responses yourself – it creates mistrust.
- Do not confront any of the child’s disclosure.
To Conclude:

- Counselling is a process and takes some time for a desired change in an individual.
- The desired change may be developed through self-motivation, that may be facilitated by a therapist/Counsellor/care giver
- The time taken for a desired change by any individual through the process of counselling will depend upon that individual’s motivation and coping skills

D. Attending, Reflecting and Listening Activity

Objectives

- To emphasise that attention is significant in counselling
- To develop the ability to a patient listening during counselling

Kind of Activity: Pair Activity

Time: 30 Minutes

Things Needed: Handout 1

Note for the Facilitator

The facilitator must see that the participants are in comfortable pairs. They should themselves select their respective pairs rather than the facilitator making the selection for them. This session is a hands-on practice session that initiates skills like patience, concentration and listening. There may be difficulty among the participants for the first time. Here the facilitator can inform that these skills can be achieved by practicing from time to time. This session can be repeated as practice sessions otherwise also.

How to do the Activity

- The participants are asked to pair in (A and B) with their comfortable partners.
- The participants are made to sit face to face, with their partners. Now participant A will share an unresolved problem with her partner, Participant B. Participant B will listen to the problem patiently.
- After this, the same process will be repeated with the other partner.
- At the end of the session, a feedback is taken from the participants about their experience of sharing and listening.
- At the end make a presentation on ‘Good Listening Skills’ with the help of Handout 1
Good Listeners

- 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 opinions…. 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
- Ask for clarification or explanation when they do not understand something
- 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 them feel better
- Know when, and how, to get support for them
- Do not think that they have the ‘answers’ or ‘solutions’ to everything

E. When to Terminate Counselling?

Objectives

- To make participants recognize when to terminate the Counselling process.
- To make the participants aware that ‘follow up’ is an integral part of the counselling process

Kind of Activity: Brainstorming and presentation

Time: 20 Minutes

Things Needed: Flip Chart, Markers, Handout 1 and 2

Notes for the Facilitator

Read the Handout properly before presenting to the group. You could also think of a case example you may want to share or can ask participants to share an example when they realized that they needed to end the counselling and what kind of follow was required. These kinds of interaction would make the activities participatory. This will also help the participants/care givers understand why and when the counsellors terminate the sessions, the pressures they face sometimes as well as processes related to follow up with the children.

How to do the Activity

➢ Ask the participants when do they feel is the “Right Time” to terminate counselling. Make a list of responses on the flip chart.
With the help of the Handout 1 provided, present the guidelines that will help in recognizing when the end of counselling is approaching.

After the presentation on Termination, now ask the participants how they generally undertake the follow up with their cases after termination.

After brainstorming, present a few tips on follow up with the help of Handout 2 provided.

Wind up by addressing questions, if any.

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### Handout 1

**Termination of Counselling**

The entire Counselling process can take place over either just one session or several sessions lasting even up to months. Whatever the case, it has to come to a logical and mutually satisfying end. **Counselling should end when:**

- Counselling goals specified earlier have been achieved.
- The desired change in child’s behaviour is maintained and generalized for a sufficient period.
- The child drops out of counselling prematurely in which case, the counsellor should explore the reasons for doing so.
- Counselling is not possible due to repatriation of the child back to the family out of town.
- Counselling has not helped in bringing about the desired changes in the child even after sustained efforts.

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### Handout 2

**Follow up**

Follow up of the child after the Counselling has been terminated is a very important part of the entire process for the following reasons –

- To see if the changes that have occurred in the child and improvement observed during the sessions are stable over time.
- To provide ‘booster’ sessions if necessary, if the child shows evidence of stress reactions.
- To intervene at any level again if child relapses into any symptoms.

**In case of children in the process of rehabilitation and integration:**

- To facilitate further referral services for completion of the rehabilitation process (e.g. Education, Vocational training, Career Planning etc.)
- To pick up early warning signs of the potential threat of re-trafficking.
- To see if the family or community has been able to facilitate successful reintegration of the child.

**Methods of Follow up**

**Follow up with children at the Shelter Home:**

- Counsellor should ensure regular visits to the shelter home, at least once a week.
- All the members/staff of the team, especially the counsellor and care giver need to share information regarding progress, changes and/or possible relapse if noticed of the child on an ongoing basis, at least once a week after the termination of the session, which can be gradually reduced to fortnight or once a month.
The child should be assured and provided space to come back to the counsellor/care giver in case any concern/stress or disturbance emerges again

**Follow up with children reintegrated back with families:**
- Telephonic follow up with child or her/his family members.
- Through mailing a very brief follow up questionnaire to be filled and returned by child or family member.
- Home visits by social workers wherever possible to assess and observe the actual ground situation at the child’s home and community.
- Records of the follow up visits should be adequately documented for all future purposes.
F. Documentation

Objective
- To inform the participants about the significance and ways of documenting the counselling process

Kind of Activity: Brainstorming and Presentation

Time: 30 Minutes

Things Needed: Handout 1 and 2

Notes for the Facilitator
Read the Handouts well thoroughly before presenting. Go over the documentation form to ensure that you understand it well. You could ask the participants to share their documentation formats as well.

How to do the Activity
- Ask the participants how they document their cases. List their responses on the flip chart
- Through the Handout provided explain the process, advantages, disadvantages and ways of documentation.
- Share a copy/sample of the documentation form with them (Handout 2) that would give them an idea of what all should be recorded after each counselling session

Handout 1

Why Documentation?
Recording of the Counselling sessions and progress is of utmost importance in the Counselling process itself. Systematic documentation brings professionalism in Counselling and access to database that has immense potential for Counselling evaluation, training and research.

Advantages of documentation
- Brings objectivity in the process
- Links the different phases of Counselling
- Helps to maintain focus on the goals set in the beginning.
- Helps to monitor the progress of Counselling over sessions.
- Enables the recording of difficulties and obstacles in the Counselling process.
- Helps in case discussions with team members or co-counsellors
- Allows easy information access for purposes of referrals if necessary.
- Forms a baseline for long term follow ups.

Stages of Documentation
1. Initial Intake Phase: A good personal history of the child in the beginning helps the counsellor decide on whether the child requires Counselling or not.
2. Assessment Phase: Information on the various assessment aspects both through formal and interview methods needs to be documented in detail. This will help the counsellor form treatment goals that can be specific, before initiating treatment.
3. **Counselling Phase**: Brief notes on each of the Counselling sessions, helps in planning future sessions and provides continuity to the process.

**Handout 2**

**Documentation: Counselling Session Record**

Child’s Name : 

Date : 

Duration of Session : 

Next Session on: 

*Make brief notes on the following guidelines during sessions:*

**Setting and Atmosphere**
- What was the general atmosphere?
- How was the child feeling?
- How was the child’s overall behaviour?
- How were you feeling?

**Problem/Concerns addressed**
- Description of the problem in detail, (if first meeting)
- Brief description of current issues (subsequent sessions)
- Contextual aspects related to the problem (with peers, in school, at the shelter, with family etc.)
- Views of other’s (as reported by child) about the problem

**Goal for the session**
- What was the main focus for the session?
- What was the goal set?
- Was the goal achieved? If not, why?

**Homework assignments**
- What tasks were assigned for the child in between sessions? (Journal/letter writing, relaxation exercises, imagery practice, make a drawing, activity scheduling etc.)

**Remarks/Evaluation**
- State your overall assessment, observations about the session.
- Link the session’s process with those of previous ones.
- Give your professional views, interpretations about the session.
- Brief plan for next session.

**G. Group Counselling**
Objectives
- To make the participants understand the significance of Group counselling approach in counselling child survivors of trafficking
- To teach the participants use of this supportive techniques of counselling

Kind of Activity: Presentation, Discussion and Role Play

Time: 2 Hours

Things Needed: Handout 1 and 2

Notes for the Facilitator
Read the steps to be followed and Do’s and Don’ts carefully before conducting the activity. Detailed handout on the Group Counselling technique mentioned above is provided. Go through them and these can also be circulated to the participants for further reference and reading. It is an important session as the care givers can and should be encouraged to undertake such group sessions with children in their shelter home.

How to do the Activity
- With the help of Handout 1 provided, explain the steps that need to be followed for Group counselling.
- After the presentation, ask for 8-10 volunteers who would behave like children in the shelter home and choose one counsellor/facilitator who would facilitate a group counselling session with children (volunteer participants)
- Ask the other participants to observe the following:
  - Whether the steps explained are being followed
  - How is the overall process of group counselling?
  - How efficient was the facilitator?
  - Was every child (volunteer participant) participating?
  - Was there any core issue being discussed? What was it, if any?
  - What was done to get the entire group involved?
  - What should not be done?
- After the role play, initiate a discussion based on the above questions
- Wind up by reinforcing the Do’s and Don’ts of Group Counselling from Handout 2. And also emphasize that documentation of the group counselling session is as important as documenting individual session and it is the responsibility of the counsellor/care giver/facilitator of the session.

Handout 1

<table>
<thead>
<tr>
<th>Group Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this approach the counsellor places the person in a group context, usually consisting of persons with similar issues and concerns, to bring about changes in attitudes, behaviours and situations, for the individual and the group as a whole.</td>
</tr>
</tbody>
</table>

These are some advantages of Group Counselling:
- It provides an opportunity to understand that other people also have similar problems.
- It offers a caring and supporting environment to be open, honest, and frank in sharing.
- It aids and enhances the individual counselling process
It gives opportunity to test ideas and solutions to problems, as a feedback evaluation from the
group can be obtained.

It provides opportunity for modelling and learning desirable behaviours from each other.

Problem solving of common difficulties are more efficiently resolved in a group setting.

Group members motivate each other for change.

The counsellor with knowledge of group dynamics can easily facilitate change.

Knowledge and learning in key life issues such as sex education, peer activities, substance
use, career planning, health can all be ideally dealt with in group work.

It is very efficient in focusing on centre-based issues and problems that affect the children,
and to be able to give criticism and suggestions in running of the centre.

Steps in Group Counselling

**Step 1: Intake Phase**
- The group should be composed of children who are carefully selected to make it homogenous
  – that is, the children are of similar age, and having similar kinds of problems or needs.
- The group can be either ‘Open’, (members can join or exit the group any time) or ‘Closed’
  (no new members will be included after the first session).
- The children are prepared in advance to join the group and their expectations from it and how
  it can serve their purpose.

**Step 2: Formation Phase**
- The group formally gets together and members introduce themselves to the group.
- The counsellor should assume the role of a facilitator and help to connect each with other,
  through fun activities and exercises.
- The counsellor is observant of the varied behaviour of the different members as they interact
  with each other (E.g. withdrawn, talkative, and agitated).

**Step 3: Group Cohesion Phase**
- The group becomes organized. The counsellor initiates discussion about each member’s
  goals and expectations from the group experiences.
- The group has to reach a consensus on the shared purpose and goals of the group as a whole
  and then agree to try them out.
- Basic rules of conduct for the group are laid down that includes respect for one another and
  mutual cooperation to ensure a smooth process. These rules would include things like
  speaking one at a time, or in their turn only, listen to the others respectfully, and refrain from
  insulting, derogatory talk targeted at a member, screaming and physical violence.
- Ensuring confidentiality is important, which means all that is said in the group ‘remains in the
  room’, a rule that applies to everyone including the counsellor.
- Patterns of interaction begin to set in slowly and members influence each other as cohesion
  starts building.

**Step 4: Group Interaction and Working Phase**
- The group now becomes more settled and begins to bond together. ‘We’ feeling becomes
  apparent.
- The group work is based on focused activities or discussions that are directly by goals or
  specific topics. There is greater integration amongst members.
In this process there may also be evidence of disintegration as conflicts emerge amongst members who are now more comfortable with each other, begin to express their thoughts and feelings more readily. Anger, hostility or withdrawal from participation occurs.

The counsellor plays a directive facilitator’s role, so that group stays focused on the topics of discussion and the group’s goals can be achieved.

The counsellor may also allow for some participants to leave the group if they are ambivalent about its benefits rather than disrupt the group process and working.

**Step 5: Group Performance and Maintenance Phase**

- This is known as the ‘maturation’ phase as the group members participate fully and the group is performing with maximum efficiency towards problem solving.
- The group members become more emotionally integrated and group culture and ethics emerges. More sharing takes place and members become less defensive.
- Sense of group belonging appear that maintains positive group behaviour, socially approved by other group members.

**Step 6: Termination Phase**

- Evaluation of the progress made by each individual and the group as a whole is done by the counsellors from time to time, to determine if the group Counselling has to continue and for how long. Each child’s treatment goals can be reviewed.
- The members are prepared in advance for the impending separation, once the termination has been decided.
- The group can be terminated if:
  - The treatment goals have been achieved significantly.
  - The members feel that they have attained maximum benefits
  - Too many members drop out.
  - The agency is unable to continue with the service.

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**Handout 2**

**Group Counselling: Dos**

- Select children with similar ages and some similarity in their problems.
- Explain why you are having the group activity and how it will help them.
- Facilitate the group members to connect with each other through an activity or exercise.
- Create a ‘we feeling’ by allowing members to raise topics as subjects for discussion that is relevant to them.
- Initiate discussion and then allow the group to take over and express their feelings about the subject.
- Make the group arrive at a consensus goal for the session.
- Implement basic rules of conduct for group members.
- Observe member’s behaviour during their interactions.
- Listen to their viewpoints, arguments, and expressions by turns.
- Allow only one person to speak at a time.
- Initiate ‘rounds’ where members go one by one around the circle to express.
- Periodically, summarize the discussion up to that point.
- Clarify the contents by making links.
- Stimulate members to take part actively in the group.
Be impartial and non aligned in your approach.
Make the group members come up with their own solutions for the problems discussed, by consensual agreement.
Negotiate a contract, put in writing what the group consensus on a particular issue is.
Evaluate the group’s goal achievement for each session.
Prepare well for each session with topics, exercises.

**Group Counselling: Don’ts**

Don’t have children with too many varied ages and problem issues, to avoid group conflicts.
Don’t direct or control the group.
Do not allow members to be intimidated or threatened by any other group member.
Do not allow one or few persons to dominate the group by speaking too much.
Do not allow members to chatter or have num discussions amongst themselves.
Do not allow any disrespectful or aggressive talk behaviour by any member.
Do not take side.
Avoid imposing your solutions.

**Module III.5 Conflict Resolution and Anger Management**
This Module would help the participants understand conflict in a better way and how it impacts individual’s especially with respect to its impact on behaviours and emotions of individuals in conflict situations. It has been designed in a way that it would first help them to reflect upon conflict and associated anger in their lives, thereby enhancing the understanding of the same in the lives of children in the Shelter Home through a process of self reflection and introspection. It would also provide them with some practical tips on how to resolve conflict and manage anger and other difficult behaviour in children in their Shelter Home.

A. Resolving Conflicts and Developing Relationships

Objectives
- To develop basic understanding of how to resolve a conflict
- To learn new skills to develop a relationship with someone in conflict

Kind of Activity: Role Play and Group Discussion

Time: 1 Hour

Things Needed: Chart papers and pen, Handout 1 and 2

Note for the Facilitator
The facilitator shall prepare two chart papers where the information provided in Handout 1& 2 shall be written and kept ready so that the same can be hung on the wall later during this segment of the training. The facilitator shall try to draw out information as much as possible (the information guide is provided in the Handout below). The facilitator shall not insist the participants if s/he is uncomfortable in thinking or performing.

How to do the Activity
- Ask the participants to think of an incident of conflict in their lives. It will be best to think of an unresolved incident which they might try to resolve in the session.
- Once all the participants have thought about their respective incidents, make pairs among the participants and ask them to share their incident with their respective partner. While one partner shares the information, the other partner shall try to help the first one by asking the following questions:
  - What happened in the incident that exactly triggered your anger?
  - What went wrong among the other people who were involved in the incident?
  - What action in you has aggravated the situation to the worse?
  - What action in you would not led to the conflict?
  - However, if they do not what to share the incident, do not insist on it.
  - As the conflict is still unresolved, how do you want to take this forward and resolve it?
  - Can you think of any action that can help you minimize such conflicts in the future?
  - What impact such conflicts have on our emotions and behaviour?
- If anybody does not want to share the incident, do not insist on it. Instead ask them to reflect upon the above questions individually.
- After the first person has completed answering the questions, the role is reversed and the same questions are asked to the second person by the first.
- When all the pairs have completed, ask everybody to come back to the large group and share their feelings
- Then initiate a discussion based on the following questions:
  - Do you think that this kind of activity can be helpful? If yes, How?
- Can you think of some ways/tips that can be helpful to resolve conflicts?
- What are the ways one can develop relationship and gain co-operation from others?

After the participants have identified and brainstormed on situations of conflict in their lives, ask them to transfer this knowledge to the lives of the children in their shelter home and ask them the following questions:
- Now ask the participants to think of the situations of conflict that the children/girls in their shelter home have faced
- What has been the impact of conflict on their behaviour and emotions?
- Is their anger and frustration justified in such situation?
- What did they do to help children deal with the conflict in their lives?
- What can they do in such situations to help them better cope with this conflict and its impact on their behaviour?

Summarize the information elicited from them through a presentation using Handout 1 and 2. Also inform them that the next activities would help them in dealing with anger and difficult behaviours of children in better ways that are a result of such situations and series of conflicts in their lives.

Handout 1

Resolving Conflicts:

1. **Be proactive instead of reactive.** Good plans shape good decisions. That is why good planning helps to make elusive dreams come true. -Lester R. Bittel
2. **Be slow to express anger-especially over petty issues.** Anger is always more harmful than the insult that caused it. -Chinese Proverb
3. **Instead of telling people they are wrong, point out mistakes indirectly.** A person convinced against his will is of the same opinion still. -Samuel Butler
4. **Look for some type of common ground as soon as possible.** A compromise is the art of dividing a cake in such a way that everyone believes he has the biggest piece. -Ludwig Erhard
5. **If you find that you are in the wrong, admit it.** It's easier to eat crow while it is still warm. -Dan Heist
6. **Admit one of your own poor decisions before pointing out a similar error by others.** A man should never be ashamed to own he has been in the wrong, which is but saying... that he is wiser today than he was yesterday. -Alexander Pope, from Miscellanies by Jonathan Swift
7. **Mend fences whenever possible.** Never does the human soul appear so strong as when it forgoes revenge, and dares forgive an injury. -E.H. Chapin

Handout 2

Gaining Cooperation and Developing Relationships with Others

1. **Acknowledge the importance of other people.** The deepest principle in human nature is the craving to be appreciated. -William James
2. **Show enthusiasm and energy.** Enthusiasm is by far the highest paid quality on earth, probably because it is one of the rarest; yet it is one of the most contagious. -Frank Bettger
3. **Encourage and facilitate two-way conversation.** Education is a kind of continuing dialogue, and a dialogue assumes, in the nature of the case, different points of view. -Robert Hutchins
B. Angry Me!

Objectives
- To develop basic perception of one’s own anger
- To understand the effects of anger and ways to manage anger

Kind of Activity: Individual Activity and Information Sharing, Group Discussion

Time: 1 Hour

Things Needed: Handout 1 and Anger Form (provided below)

Note for the Facilitator
The facilitator shall assure confidentiality towards the information that the participants will share through this activity.

How to do the Activity
- Form 1 on ‘Measure your Anger’ (provided below) shall be distributed to each participant. The group shall maintain silence and shall concentrate on their respective forms and fill in the same. Give 15 minutes to complete the form.
- When everybody has filled in their Form 1, distribute form 2 to all. Now ask them to fill the Form 2 and give another 15 minutes for the same.
- After both the forms have been filled, facilitate a brief discussion by asking them the following questions:
  - How are they feeling after filling up these forms?
  - What is their reflection on anger in their lives and how to they express the same?
  - How do they manage or control their own anger? Is it easy or difficult?
- After this discussion, summarize the discussion on Anger and its Management with the help of Handout 1
- In the end, tell them that the next set of activities would enable them to help children in Shelter Home manage their anger and provide support in managing difficult behaviours.

Form 1: Measure Your Anger

Print this page and use it as a tool for managing your anger now.

1. How am I feeling right now?
   ___ Anxious   ___ Worthless   ___ Hostile   ___ Depressed
Mean/evil  Revengeful  Bitchy  Bitter
Rebellious  Paranoid  Victimized  Numb
Sarcastic  Resentful  Frustrated  Destructive

These are some of the names that we give to our feelings of anger! There is no cure for any of them. The first step in resolving our anger problem is to identify it as anger! The purpose of this step is to make our anger more specific. No one can manage anger that is vague and covered up with euphemisms.

2. What happened to make you angry?
If we can focus on the specific incident, which triggered our anger, our anger becomes more understandable and easier to manage.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

3. Who am I angry at?
My own self  My spouse  My partner  My boss
The kids  God  The Human Race  My Life
All men  Women  Other races  Miscellaneous

After this, Form 2 shall be distributed and the participants shall fill in as instructed.

Form 2: Measure Your Anger …continued

Now that you have established the fact that you are angry and that your anger has an "object" in the real world, you are ready for the fourth step in working through the anger process. You are ready to factor your anger into its main components. If you can identify the specific facets of your anger, you will be in a better position to put your anger into a more moderate and more manageable perspective. You can do this by asking yourself a series of focusing questions.

4. How did the situation make me feel besides angry?
(Example #1: I resent being forced to give into them all the time. It makes me feel powerless!);
(Example #2: His criticism of me makes me feel unappreciated and good for nothing.)
______________________________________________________________________________________
______________________________________________________________________________________

Now that you have pin-pointed your feelings underlying your anger, you are now ready to put your anger in a clearer perspective. The next step is to "peel" your anger down to the next layer.

5. What about this angers me the most?
For example, you have established the fact that in the above situation it made you feel powerless, unappreciated or good for nothing. You are now ready to take a closer look at these feelings underlying your anger. What is it about being made to feel powerless that angers you the most? Some examples of what you might find upon deeper analysis is:
· "there is nothing that I can do about it."
Having peeled your anger down to this level, you are ready now to penetrate your anger at its deepest level. You are ready to focus on the real issue underlying all of the prior layers and levels of your emotional distress.

6. Now, what about this that angers me the MOST?

When the participants have filled in their respective forms they shall be asked the following questions.

1. What are the damages caused by anger?
2. What are they ways to keep you calm?

The following facts shall be discussed by the facilitator. This can be given as Handouts if necessary.

**Handout 1**

**How to Manage My Anger**

**How to Manage My Anger**

Our anger usually will involve five general areas: (1) Our anger at others, (2) Others anger at us, (3) Our anger at self, (4) Residual anger from the past, or (5) Abstract anger.

**You can manage anger by…**

1. Recognizing the difference between an annoyance or inconvenience and a bona fide reason to get mad - somebody hurting you, hurting somebody you care for or damaging your property are all good reasons to get mad; somebody “disrespecting” you, getting in your way, slowing you down, being luckier than you, or doing something better than you do it are not reasonable causes of anger,
2. Taking a deep breath, stepping away from the situation and asking yourself “Why am I really mad?”, often people misdirect anger caused by a valid yet bigger issue on to everyday annoyances and inconveniences,
3. Know your triggers, if there are certain things that you know bother you or that you can’t accept know what they are, take steps to avoid them, and play out an appropriate reaction in your head when you're feeling calm to train your mind to react that way when the problem arises in real life,
4. Plan your time wisely, one of the most common anger stressors is poor time management, when you’re in a rush and something slows you down even more you are very likely to react in anger, the simplest way to avoid this is to exercise effective time management,
5. Exercising regularly, it’s true that exercise is an excellent way to de-stress body and mind, people who exercise regularly are less likely to overreact to annoyances and inconveniences,
6. Talk it out, reacting in anger often causes the reasoning centre of the brain to shut off for a time and the way you can turn it back on is to talk rather than act out when anger takes
hold, it may sound crazy but taking a few minutes to gather your thoughts and speaking them out loud can do wonders to diffuse an angry situation.

We lose our self respect and hold ourselves in contempt. The final step in managing our anger consists of replacing these feeling of worthlessness—even unworthy of our OWN respect—with its specific antidote. The only antidote for self contempt is self respect.

C: How to Help Children in Anger Management?

Objectives
- To provide the participants some guidelines/tips on helping child survivors in “Anger Management”

Kind of Activity: Role play, discussion and presentation

Time: 60 Minutes

Things Needed: Flip Chart, Markers, Case Study (Handout 1) and Handout 2 and 3

Notes for the Facilitator
Read the Handouts carefully before explaining the concept to the participants. The participants may have already mentioned some of the points covered in the slides. Reinforce healthy skills and discourage ways that hinder the process like getting angry with the child, ridiculing the child, loosing patience etc.

How to do the Activity
- Ask for 3 volunteers from among the participants
- Give them the case study of Sumi (Handout 1) and tell them that it’s the same case study that was used in the Module III.3 (on Case Management) to maintain continuity.
- Tell them to do a spontaneous role play based on the discussion on Anger Management in the previous Activity demonstrating how they would help Sumi in managing her anger. What steps would they take to deal with this situation where Sumi is constantly in a state of anger? Out of the three volunteers, one would perform the role of Sumi and the other two would play the role of care givers. Give them 3-5 minutes to decide their characters.
- Ask the others to observe the Role play and reflect upon the following:
  - Why is Sumi so angry?
  - Are the care givers able to deal with her anger?
  - In what other ways they can help children in shelter home in anger management?
  - Have they been any situation in the Shelter Home when they have had an outburst of anger? Ask them to share the same if they wish to
- After the role play, initiate a discussion on the above questions
- After the discussion, go over the Significance and Steps for Healthy Anger Management and the role of a care giver in helping children in managing anger with the help of Handout 2 and 3.
- After a brief discussion, wind up by addressing questions, if any
Handout 1

Case Study 1- Sumi

Sumi, aged 16 years, has been living in your Shelter Home for over a month but she has not adjusted to the routine at the Home. She constantly resents living in the Shelter Home as she feels her freedom has been restricted and she has to do all her own work here by herself. She picks up fights with other members at the home. She is also abusive and defiant, breaking the rules at the Home. She is loud, using abusive expletives quite frequently. Whenever the care giver asks her do anything which is part of the daily routine, she gets angry and shouts back.

Handout 2

Anger Management – Significance

♦ Child survivors often struggle with feelings of anger and hostility that are a result of unscrupulous exploitation, repeated abuse through misuse of power, betrayal of trust and callous attitude towards child’s safety and well being.
♦ This often results either in internalization of anger seen as a neglect of self or self destructive behaviours, even suicidal attempts, or externalization of anger in overt acting out such as shouting, aggression, violence, harm to others or property or extreme rebelliousness.
♦ Learning to vent out or express anger feelings appropriately is an important skill in all interpersonal social relationships.
♦ It is also necessary for both mental and physical health.

Steps for Healthy Anger Management

♦ Let the child recognize the anger within her/him, whether it is due to hurt or guilt.
♦ Ask the child to examine whether it is worth it.
♦ Teach the child to give the provoker benefit of doubt instead of feeding it further.
♦ Teach the child some ‘instant’ calming techniques, For example: Counting 1 to 10, Make an action that delays the response like taking sips of water, taking 3 quick deep breaths and breathe out slowly.
♦ Teach coping ‘self-talk’ – saying helpful statements like ‘Calm down’, ‘Relax’, ‘Don’t get excited’.
♦ Tell the child that she can walk away from the anger situation, to do ‘time out’ on herself till she is calm enough to come back to it.
♦ Teach the child to take out pent up anger in creative ways – through energetic games and sport activities, listening to calming music, dancing, using soothing aromas.
♦ Anger can also be expressed in non threatening ways by writing a letter to the person the child is angry with or keeping a journal and recording angry thoughts and feelings as a venting process.
♦ Explain how the child can use imagery to cope with anger arousing situations and feelings.
♦ Anger can be handled by teaching the child to draw a picture of the person he/she is angry with, or made a clay model representing that person or use a hit-me-doll which could be used for ventilating angry feelings by tearing, destroy or hitting these as a cathartic process.
Handout 2

Role of a Care Giver in helping children in “Anger Management” –

- Stay calm yourself when the child has an outburst.
- Calm down the child with a quiet, low, even voice.
- Remove all onlookers from the spot, or those involved in the fight.
- Listen to the child’s version of the conflict.
- Empathize with the child’s feelings, but show disapproval of her behaviours calmly, yet firmly.
- When the child has calmed down discuss alternative ways of dealing with the conflict situations as per the tips provided in Handout 2 above.

D. Managing Difficult Behaviours

Objectives:
- To help participants formulate strategies for managing difficult behaviours using principles of Behaviour Modification Techniques.

Kind of Activity: Case discussion and Presentation

Time: 1 Hour

Things Needed: Flip Chart/White Board Markers, Case Studies (Handout 2), and Handout 1

Notes for the Facilitator
Make it a brief session. This activity is to recapitulate and reiterate some important points. Do not stretch as most of the points have been covered thorough various other activities.

How to do the Activity
- With the help of Handout 1 provided, go over the tips/strategies to manage “Difficult Behaviours”
- Divide participants into 4 groups.
- Provide one case scenario to each group from Handout 2 and ask each group to list the suitable techniques that can be applied in dealing with and modifying the difficult behaviour of the child exhibited in the case scenario and discus how they will go about it.
- Ask one member from each group to make their case presentation.
- Have a brief discussion on the strategy used out of the ones presented (from Handout 1) and wind up by providing the following general guidelines to the care givers:
  - Don’t be harsh or too critical
  - Give opportunities for learning new behaviours
  - Be seen as ‘fair’ and give opportunity for child to give her side of the story
  - Avoid direct conflicts wherever possible, diffuse tensions by distraction, use humour
  - Apologize if you’re wrong, so that child understands that the rules are same for everyone including you
  - Wherever it appears that the problem Behaviours are too severe to handle by you and there is no headway made, do not hesitate to refer the child to professionally trained
mental health experts for psychiatric treatment or in depth psychotherapy. Emphasize that you would discuss this kind of referral more in the last Activity of this Module

Handout 1

BEHAVIOUR MANAGEMENT

General strategies for encouraging good behaviour and managing difficult / challenging behaviour

• Wherever possible ignore unpleasant 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 – i.e. ‘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 – example, ‘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’. Everybody/all staff members need to be consistent with the messages and rules conveyed to the child
• 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 – example, 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 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

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

**Handout 2**

**Case Scenarios**

What principles or strategies would you adopt in dealing with difficult behaviours in the following cases?

Case 1: A 12 year old girl often demonstrates frustration at being in the shelter home and threatens to run away because it is better on the streets

Case 2: A 14 year old girl, who refuses to talk or interact with anyone in the shelter home, just keep to herself and not joining in any of the group activities. She is sullen and silent and prefers to spend her time day dreaming

Case 3: A 15 year old smart and lively adolescent girl in a shelter home who is seen flirting with a member of staff/ acting in a sexualized

Case 4: A 12 year old child who is in the habit of stealing from the other children at the shelter, usually their personal belongings like items of cosmetic, or trinkets. When confronted she always manages to escape being pinned down by lying about her innocence, till she was caught red-handed while stealing a chain of another girl.

**E. Relaxation Training**

**Objectives**

- To enable participants in addressing stressful emotions including anger and other difficult behaviours through “Relaxation Training”.

**Kind of Activity:** Guided imagery to facilitate relaxation
Time: 45 Minutes

Things Needed: Light music and tape recorder, Handout 1 and 2

Note for the Facilitator
Read the Handout carefully before taking participants through this technique. Mock session with colleagues is strongly suggested before conducting the imagery with the participants. A professional/care worker who is well versed with this technique could be called to facilitate this activity.

How to do the Activity
♦ Through the Handout 1, explain the participants the technique of “Relaxation” and how is it used to cope with difficult emotions, thoughts, behaviour and stress
♦ After the brief presentation, take the participants through the “Relaxation Exercise” with the help of the instructions given in the Handout 2. Play some soft music with a low volume while reading out the instructions for the imagery.
♦ After the imagery, ask the participants to sit in silence for 3-5 minutes and reflect upon how they are feeling
♦ Then ask the participants to share their experiences and feelings
Handout 1

Relaxation Training

Simple relaxation tools, such as deep breathing and relaxing imagery, can help calm down angry feelings. There are books and courses that can teach you relaxation techniques, and once you learn the techniques, you can call upon them in any situation.

How and for what is it used?

♦ This technique is useful to reduce feelings of anxiety, fear and apprehensions that can even lead to agitation.
♦ It is a process of reconditioning the body’s physiology to calm or slow down and decrease levels of arousal.
♦ It can begin with Deep Abdominal Breathing exercises followed by Auto (Self) Suggestions to induce feelings of heaviness, lightness, warmth, coolness etc. that lead to deeply relaxed response within the body. This indirectly impacts the mind also. Thus as a result of this feedback the body also becomes calm and relaxed.
♦ Focused awareness in body, produces deep relaxation effects.
♦ With regular daily practice it helps to overcome anxiety, anger, stress or fear responses.

Handout 2

Relaxation Technique: Deep Breathing

Instructions for Guided Imagery

♦ Close your eyes and focus your awareness on your body.
♦ Concentrate on your breath.
♦ Take a deep breath, inhaling through your nose with a ‘swoosh’ sound.
♦ Feel the air filling your lungs and your chest expanding.
♦ Now hold your breath for about 4 seconds, experiencing the tightness and discomfort in your chest.
♦ Then slowly exhale, breathe out through your mouth and nose feeling the air gently blowing out.
♦ Feel yourself relaxing completely.
♦ Continue to take long, slow deep breaths which make your chest expand and contract.
♦ Focus on the feeling of breathing as you become more and more relaxed with each breath.
♦ Continue breathing for about 5 to 10 minutes at a time, once or twice a day for a week. Then extend the exercise to about 20 minutes per session.
♦ When you have learned to relax yourself using deep breathing, practice it whenever you feel tense, angry or agitated, to get instant relaxation response.

Some other techniques that you can use

♦ Slowly repeat a calm word or phrase such as "relax," "take it easy." Repeat it to yourself while breathing deeply.
♦ Use imagery; visualize a relaxing experience, from either your memory or your imagination.
Non-strenuous, slow yoga-like exercises can relax your muscles and make you feel much calmer.

Practice these techniques daily. Learn to use them automatically when you are in a tense situation. And teach these techniques to children in the Shelter Home. Each day should begin with practice of one of these relaxation technique by the case givers (and other staff) and children in the Home.

F. Referrals – When and to Whom

Objective
- To highlight the significance and need for referrals to other professionals, specially mental health professionals (psychiatrist/psychologist) for effective behaviour management and conflict resolution

Kind of Activity: Brainstorming, discussion and presentation

Time: 1 hour

Things Needed: Handout 1, 2 and 3

Notes for the Facilitator
Tell the participants that a multi-disciplinary effort is required to help the children through the various traumatic and conflict situations and experiences they have been through. Care givers, counsellors and other staff at the shelter may not be equipped to handle certain psychological, physical and behavioural patterns of children for which we need to refer them to appropriate professional. This Activity would highlight some of these aspects and role of care givers in facilitating such referrals.

How to do the Activity
- Inform the participants that based on the assessment checklist (used in Case Management Module) and other interventions with the child (as already covered under previous modules including case management and counselling), we will be able to identify some symptoms and concerns of children that we as care givers and counsellors may not be able to address. In such a case we need to refer them to any other appropriate agency or professionals.
- Ask the participants that under what situations and circumstances do we need to refer the child to other mental health professionals such as psychiatrist/psychologist?
- After the brainstorming, provide additional information and clarifications using the Handout 1 provided
- After the presentation, ask them again if there are any other professionals we need to refer the children to? If so, who are they and what would be the reasons?
- After adequate brainstorming, present the guidelines for referrals to other professionals using the information provided in Handout 2
- Emphasize the significance of documentation of each referral made, which is the responsibility of the referring staff (Care giver, Counsellor). Share the sample Referral Form provided for documentation (Handout 3).
- Wind up by addressing questions, if any.

Handout 1
Some general guidelines for referral to mental health professionals
(Psychiatrist or Trained Clinical Psychologist)

If one or more of these above behaviours and symptoms are observed repeated and consistently over time, the chances are that the child may be more severely disturbed and may require more comprehensive and advanced psychiatric and psychotherapeutic interventions that can be dealt with by trained mental health experts. Hence no time should be wasted in referring the child to an appropriate mental health agency.

- Extreme restlessness or agitation. (Anxiety Disorder)
- Crying without any reason, weeping spells. (Depression)
- Repeated, sudden outbursts of anger, violence, destructive behaviour consistently over time. (Psychosis)
- Extreme moodiness (Depression, Psychosis, PTSD)
- Neglecting care of self or personal hygiene. (Psychosis, Severe Depression)
- Excessive fear or panic reactions. (Anxiety or Panic disorders, Post Traumatic Stress Disorder)
- Complaining unexplained aches, pains, fatigue. (Somatization disorders)
- Withdrawal from all social interactions and activities. (Depression, Severe Anxiety or Psychosis)
- Compulsive ritualistic behaviours. (Obsessive Compulsive Disorder)
- Severe disturbance in sleeping or eating patterns. (Symptoms of many disorder)
- Odd or bizarre behaviour or mannerisms like hearing voices, irrelevant talk, seeing things, muttering to one self. (Schizophrenia, MDP)
- Suicidal attempt or repeated talk of dying. (Depression)
- Disoriented and confused behaviour, memory disturbance. (Psychosis, PTSD)
- Extreme attention seeking behaviours. (Hysteria, Personality disorders, PTSD)
- Substance abuse-addicted to alcohol, tobacco, illicit drugs, medications etc. (Substance Abuse Disorder).
- Frequently getting into sexual relationships with multiple partners or not being able to enter into an intimate sexual relationship (Personality disorder).
- Nightmares, flashbacks of trauma event, startle reactions. (PTSD)

When to Refer to a Mental Health professional

OR

- Sudden change.
- Persistent change.
- Extreme change

* No signs of reduction in reaction.
* Increase in severity
* Is distressing to child or family.
* Interferes with his/her daily routine
* Interferes in social interaction
* Interferes with school/work

IN

➤ Thoughts
➤ Feelings
Behaviours
Overall personality

Referrals: Follow up and Feedback

• Referrals can be made any time during the Counselling or associating with the child, however periodic written feedback from the referral individual or institution should be taken with specific instructions for follow up that the counsellor or the organization’s staff need to undertake.
• A continuous flow of information from the organization’s counsellor or care giver to the referral agency/individual and vice versa is the key to effective referral system and follow up
Handout 2

**Referrals to other professionals**

If any of the following is also observed during the course of counselling or associating with the child, then referral to appropriate agencies should be made:

- Possibility of STI/HIV/AIDS or pregnancy – due to some presenting symptoms or behaviour patterns to be referred to gynaecologist.
- Medical symptoms such as skin infections, dental problems, infections, injuries, frailty or other medical conditions to be referred to a general physician or a specialist consultant.
- If confusions related to career or vocational pursuits are found, a career counsellor or a vocational counsellor can be referred to or invited to have sessions with children.
- Rehabilitation services related to educational sponsorship livelihood, income generation, housing etc. to GO’s and NGO’s.
- Academic or study-related difficulties to psychologist/special educator.

Handout 3

**SAMPLE REFERRAL FORMAT**

**NAME:**

**AGE:**

**SEX:**

**EDUCATION:**

**REFERRAL TO:**

**REASON FOR REFERRAL:**

**BRIEF TRAUMA HISTORY:**

**SUMMARY OF INVESTIGATION/ASSESSMENT DONE:**

**OBSERVATIONS ABOUT THE CHILD DURING CONTACT:**

**SUGGESTIONS:**

**Date:**

**Signature (Referred by):**
Signature (Referred to):
Module III.6 Communication and Listening Skills

Most people think we communicate purely by talking. However, we send out a great number of messages through non-verbal communication on issues such as how we feel, what we think and our reactions to a situation or our surroundings. Non-verbal communication can be divided into two sections: a) non-verbal communication behaviour through the body; and b) non-verbal communication through surroundings and environment.

<table>
<thead>
<tr>
<th>A. Verbal and Non-Verbal Communication</th>
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Objectives
- To help participants understand that most of the time we communicate without words and rely on movement and hand signals
- To stimulate thoughts about communication techniques and skills

Kind of Activity: Game and Discussion

Time: 30 Minutes

Things Needed: None or cards with scenarios on them, Handout 1 and 2

Note for the Facilitator
In this Activity, participants would have to act out a movie title, book title, song title or TV show or a case scenario which the facilitator must plan before conducting the activity. To act out a phrase, one usually starts by indicating what category the phrase is in, and how many words are in the phrase. From then on, the usual procedure is to act out the words one at a time (although not necessarily in the order that they appear in the phrase). In some cases, however, it may make more sense to try to act out the “entire concept” of the phrase at once. However, this game requires certain rules and regulations. Thus the facilitator may prepare all this earlier seeking additional assistance from Handout 1.

How to do the Activity
- Ask the Participants to choose at random and act out a movie title, book title, song title or TV show. Alternatively, each participant is given a card with a scenario on it and they take turns to act out their cards with the rest of the class trying to guess what they are trying to do and express.
- Explain the rules of the game prepared from Handout 1.
- Once the game is complete, the facilitator should lead a discussion using the following questions:
  - How did it feel to communicate without talking, using only visuals?
  - What was easy and what was difficult for them while doing the activity?
  - Can you give examples of situations where people need visual cues to understand what is happening?
  - Why do we need to understand the significance of communicating non-verbally?
- Wind up the Activity by presenting key points from Handout 2
Rules for the Game

To Indicate Categories:
Book title: unfold your hands as if they were a book.
Movie title: pretend to crank an old-fashioned movie camera.
Song title: pretend to sing.
TV show: draw a rectangle to outline the TV screen.

To Indicate Other Things:
Number of words in the title: hold up the number of fingers.
Which word you are working on: hold up the number of fingers again.
Number of syllables in the word: lay the number of fingers on your arm.
Which syllable you are working on: lay the number of fingers on your arm again.
Length of word: make a "little" or "big" sign as if you were measuring a fish.
"The entire concept:" Sweep your arms through the air.
"Sounds like": cup one hand behind an ear.

Handout 2

Non-Verbal Forms of Communication

Non-verbal Communication through the body:
- Eye contact
- Posture
- Facial expression
- Hand and arm gestures
- Repetitive behaviour e.g. tapping fingers etc.

Non-verbal Communication through surroundings:
- Distance: moving further or closer to a person when they approach you.
- Position of furniture or other objects in the room between you and the other person
- Clothing

B. Communication and Our Appearances

Objectives
- To make participants understand how our appearance communicates a message to others

Kind of Activity: Story Telling

Time: 15 Minutes

Things Needed: Handout 1

Note for the Facilitator
The facilitator needs to emphasise that our appearances speak a lot. S/he may initiate discussion among the participants rather than self speaking.

How to do the Activity
Ask the participants to read the story that is written on the chart paper (Handout 1).
When the participants have finished reading the story, the facilitator initiates a discussion using the following questions:
- What are the non-verbal messages that this person is conveying to the people?
- What do you think will be their response?
- How would you dress and why?
The facilitator may expand the discussion, by talking about make-up, hairstyles, piercing, posture and other ways our bodies communicate messages to others.

Handout 3

Reema has taken up a job of teaching nutrition [or life skill, or health] to a group of poor villagers. On her first day at work she is very enthusiastic and wants to make a good impression. She believes in looking smart for work. She leaves the house and arrives at the village wearing a silk sari, gold necklace, gold earrings, four expensive gold bangles and high-heeled shoes.

C. Bad Listener

Objectives
- To understand how being a bad listener negatively affects others
- To understand how a bad listener creates barriers to communication

Kind of Activity: Story Telling and Acting

Time: 10 Minutes

Things Needed: None

Note for the Facilitator
The facilitator will initiate the discussion. Good communication is a two way path. One must communicate clearly but one must also be a good listener. If you do not listen to others, then people are disturbed and unhappy because the communication has failed. Some people can create barriers to their communication either by acting indifferent to them, giving attention to others or by speaking aggressively. Being a sensitive and friendly listener is important in making other people happy. Also reiterate the tips on listening discussed in the Module on Counselling

How to do the Activity

Bad Listener Part - 1
- Ask the participants to form small groups of three each. In each group, the participants are numbered as ONE, TWO and THREE.
- Ask the participants with number ONE to think of a story which is important to them.
- Ask those with numbers TWO and THREE to leave the room with the facilitator. Talk to them privately telling them that the participants in Group number ONE will try to talk to them but they (Number TWO and THREE) must completely ignore them, do not look or talk to them, pretend they do not exist.
All participants return to their respective groups and ask the participants with number ONE to talk to those with number TWO and make them listen to them. Tell the ONEs to keep talking until the TWOs listen. Ask the THREEs to be observers for the groups.

When they are finished a discussion is initiated based on the following questions:
- Ask the number THREE ones what they observed?
- Ask the ONEs how they felt when the TWOs did not listen to them?
- Ask the ONEs how they tried to make them listen?
- Ask the entire group if someone acts like that what should you do?
- Ask the entire group when give someone your undivided attention how does that make the other person feel?

**Bad Listener Part 2**
- Divide the class into new groups of three.
- Once again the participants are numbered as ONEs, TWOs and THREEs.
- Ask the ONEs to think of a story about a very important time in their lives and instruct them to tell the story to the TWOs.
- Take the TWOs and THREEs aside separately tell them that the ONEs will try to talk to them but the TWOs and THREEs should be engrossed in a conversation of their own and should ignore the ONEs. They must not stop talking and should talk with fun and laughter. Do not look at the ONEs - pretend they do not exist. When the participants return to their respective groups tell the ONEs to talk to the TWOs about an issue.
- When they have finished, a discussion is initiated based on the following questions:
  - Ask the ONEs how did it feel to be ignored?
  - Ask the ONEs how did you try and make them listen?
  - Ask the group if this has ever happened to them? (Get examples)
  - Ask the group if you are having a conversation with one friend and another person tries to talk to you in the middle of your conversation, how you can be a good listener?
- Wind up by summarising the key discussion points that emerged and emphasizing the significance of active listening skills, which would be elaborated through the next Activity.

### D. Active Listening Skills

**Objectives**
- To demonstrate and help the participants learn the basic active listening skills

**Kind of Activity**: Presentation and Explanation

**Time**: 15 Minutes

**Things Needed**: Chart papers, markers, Handout 1

**Note for the Facilitator**
Based on the previous activities conducted, now the facilitator will make a presentation on Active Listening Skills. Facilitator will explain the purpose of learning, how to be a good listener and make communication better, that makes everyone happier. A good listener does this by demonstrating his/her interest in the other person, which makes people feel valued. Most of the speaking will be done by the facilitator, however try to make it interactive and participatory.

**How to do the Activity**
Explain that there are five core active listening skills. Ask for a volunteer to help you with the demonstration. Make sure you both face each other and sit sideways to the audience/participants so they can see you both. For a few minutes discuss a story which the volunteer must relay to you in front of the audience/participants to demonstrate active listening. First demonstrate the five active listening skills (one by one) from Handout 1. Then ask the volunteer to tell his/her story and you will demonstrate how to use the skills all at once.

**Handout 4**

### Five Active Listening Skills

<table>
<thead>
<tr>
<th>1. <strong>Sit at the same height</strong></th>
<th>Sit at the same level as the person you are talking to. Not above, not below. Face the person directly. Do not sit sideways to the person.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. <strong>Make eye contact:</strong></td>
<td>Look at the person directly in the eyes often.</td>
</tr>
<tr>
<td>3. <strong>Mirroring (affirmation and confirmation)</strong></td>
<td>Sit in the same posture as the person (But don’t be too obvious so the person knows.)</td>
</tr>
<tr>
<td>4. <strong>Show interest (verbal mirroring no advice)</strong></td>
<td>When they are talking, show interest by nodding or saying simple interest words like ‘uh-huh’, ‘I see’, ‘of course’, etc.</td>
</tr>
<tr>
<td>5. <strong>Summarize the important statements:</strong></td>
<td>Summarize the important things they say, and phrase it as a question. Use questions such as ‘Are you saying…?’; ‘Do you mean that…?’; ‘I think you are saying…?’</td>
</tr>
</tbody>
</table>

### E. Practicing the Five Active Listening Skills

**Objective**
- To help the participants practice the five active listening skills

**Time:** 20 Minutes

**Kind of Activity:** Game Activities / Group discussion

**Things Needed:** None

**Note for the Facilitator**
While the pairs are sharing, the facilitator may walk around and help the participants improve their skills with positive feedback.

**How to Do the Activity**
- Divide the participants into pairs (numbering each person in the pairs as ONE or TWO).
- Ask each person to think of a problem-situation which they have experienced (help the participants think of a good problem for a role play but be sure that they do not start talking about traumatic events). Tell the group that the ONEs will go first while the TWOs will be the good listeners, and then they will swap.
Do a quick last review of the 5 basic active listening skills with the participants: sit at the equal distance/height, make eye contact, mirror the other person’s posture, show interest, repeat important statements in question form

When the pairs are finished with the activity, facilitate a group discussion using the following questions:
- When you were telling to your story did you feel like the other person was interested in what you had to say?
- Did you feel they understood what you were saying?
- How does being a good listener help the other person?
- In what situations can being a good listener help you?
- What are some situations in which you can use active listening skills?

F. Submissive, Assertive and Aggressive Communication

Objectives
- To recognize the differences between assertive, aggressive, and submissive forms of communication.
- To familiarise yourself with the various non-verbal and verbal communication techniques to enhance your assertive communication skills.

Kind of Activity: Role Play

Time: 30 Minutes

Things Needed: Case scenarios (Handout 1) and Handout 5

Note for the Facilitator
The facilitator will initiate discussion by asking questions after and not before the role play is over.

How to do the Activity
- Divide the participants into groups of three.
- Provide each group with a role play scenario from Handout 1 and ask them to perform their plays one after the other.
- On completion of this task, the facilitator will initiate a discussion using the following questions:
  - Which style of communication was the most effective in getting your own way out?
  - Which was the least effective?
  - Which style did you prefer?
- Lastly, the facilitator will distribute the Handout 2 to all the participants highlighting the key points about the different styles of communication.
- Conclude the session by addressing any doubts, if raised by the participants

Handout 1

Case Scenario 1: A family argument is going on about a son wishing to move with his wife to a different city where he has got a new job. The mother objects she is not happy with their decision
as she finds difficult to cook and needs help of the daughter-in-law. A volunteer from each group is instructed to act the role of the son in an “aggressive”, “submissive” and “assertive” manner.

**Case Scenario 2:** Show an argument between a girl who wants to study and her mother who wants her to do chores for the family. Play the role of the girl in the various communication styles.

**Handout 2**

<table>
<thead>
<tr>
<th>Verbal</th>
<th>Non-Verbal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSERTIVE</strong></td>
<td></td>
</tr>
<tr>
<td>• Makes statements that are clear, brief and to the point</td>
<td>• Key words are emphasized</td>
</tr>
<tr>
<td>• Distinguishes between fact and opinion</td>
<td>• Smiles when pleased, frowns when angry</td>
</tr>
<tr>
<td>• Uses firm voice and clear speech</td>
<td>• Steady features</td>
</tr>
<tr>
<td>• When critical, is constructive without blaming</td>
<td>• Open body and hand movements</td>
</tr>
<tr>
<td>• Questions to find out thoughts, opinions and wants of others</td>
<td>• Alert and upright posture</td>
</tr>
<tr>
<td>• Looks for ways of solving problems</td>
<td>• Comfortable, direct eye contact</td>
</tr>
<tr>
<td><strong>SUBMISSIVE</strong></td>
<td></td>
</tr>
<tr>
<td>• Makes long, rambling statements</td>
<td>• Hesitant manner</td>
</tr>
<tr>
<td>• Uses fill-in words, such as “perhaps”</td>
<td>• Clears throat frequently</td>
</tr>
<tr>
<td>• Offers apologies, and asks for permission</td>
<td>• Nervous smile when expressing anger</td>
</tr>
<tr>
<td>• Voice is dull, flat and whining</td>
<td>• Avoids eye contact</td>
</tr>
<tr>
<td>• Uses phrases that dismiss own needs (e.g. “It is not important really”)</td>
<td>• Arms crossed</td>
</tr>
<tr>
<td>• Self-critical (e.g. “I am no good at this…”)</td>
<td>• Defensive posture</td>
</tr>
<tr>
<td></td>
<td>• Wringing hands, fiddling with jewelry and/or playing with hair</td>
</tr>
<tr>
<td><strong>AGGRESSIVE</strong></td>
<td></td>
</tr>
<tr>
<td>• Expresses opinions as facts</td>
<td>• Body closed off</td>
</tr>
<tr>
<td>• Uses threatening questions</td>
<td>• Facial expressions are distant and cold</td>
</tr>
<tr>
<td>• Requests are expressed as instructions or threats</td>
<td>• Scowls when angry</td>
</tr>
<tr>
<td>• Voice is sharp or shouting</td>
<td>• Jaws set firm</td>
</tr>
<tr>
<td>• Blames others</td>
<td>• Tries to stare down and dominate</td>
</tr>
<tr>
<td>• Makes assumptions</td>
<td>• Points fingers, bangs fist and/or stands with hands on hips</td>
</tr>
<tr>
<td>• Uses sarcasm and makes negative remarks about others</td>
<td>• Walks around impatiently</td>
</tr>
<tr>
<td></td>
<td>• Uses threatening posture</td>
</tr>
</tbody>
</table>
Module III.7 Body and Sexuality

The session on body and sexuality brings up the inhibitions of the participants as they feel shy discussing these concepts. However since the participants would have been together for a few days in the training and have been discussion various aspects through the previous Modules, the level of inhibition may come down. Ensure you that as a facilitator are comfortable handling the sessions as your discomfort would lead to higher level of inhibitions and discomfort in the participants. A facilitator who is comfortable handling sessions on body and sexuality and understands its various aspects and dimensions should be conducting this Module.

A. Do We Need to Talk about Body and Sexuality?

Objectives
- To help the participants reflect upon and understand the need for Body and Sexuality Module in this training
- To help them understand the need for conducting these sessions with child survivors of trafficking and sexual exploitation

Kind of Activity: Brainstorming, establishing linkages with previous modules, and discussion

Time: 30 Minutes

Things Needed: Flip Chart/White Board, Markers

Notes for the Facilitator
The participants in this activity should be able to link the previous Modules physical (body) and sexual impact of trafficking on children. The facilitator must go through the modules on gender and child and adolescents development well to establish these linkages for him/her to be able to guide the participants better.

How to do the Activity
- Ask the participants why they think this session is included in this Training Workshop for Care Givers. List their responses on the flip chart.
- Now, ask the participants why they need to conduct the sessions on Body and Sexuality with child survivors of trafficking. List the responses on the flip chart.
- Ask the participants what kind of impact they have seen on body and sexuality of child survivors of trafficking. List the responses on the flip chart.
- By now, based on the activities conducted in previous Modules, participants would be able to draw the linkage. Hence, analyse the responses of the participants to the above questions with reference to the Activities conducted in Module II.3 on Impact of Trafficking that also highlighted the ‘physical and sexual impact’ and the process of sexualisation of child that happens due to sexual exploitation and commercial sex work.
- Re-emphasise the process of sexualisation with the help of Handout 1 and due to harsh experiences of sexual exploitation and control over their body and sexuality, it is extremely important to undertake these sessions with children to help them reclaim their bodies and enable them in developing positive sexual self.
- Wind up the session by explaining that the next set of activities in this Module would help them reflect upon their own concerns, inhibitions and views related to body, sex and sexuality, as well as provide them skills to conduct these sessions with children/girls in the
handy shelter home as most of the activities provided here can be conducted with the children in their organisations/homes.

**Handout 1**

**Meaning of Sexualisation and Sexualised Behaviours**

Sexualisation is a term referred to sexual behaviors that are inappropriate, confused or misconceived due to repeated abuse, no meaningful relationship. **It is not a natural** ‘sexual orientation or development/growth’ process of the child that happens with age and onset of puberty. It happens due to various experiences that the child is put through due to sexual exploitation and abuse as mentioned below.

**Reasons for sexualised behaviour**

- Sexual abuse
- Physical abuse
- Exposed to pornography at a young age
- Forced sex
- Rape
- Gang Rape
- Incest
- Watching parents in sexual action
- When a child witnesses mothers’ sexual exploitation by father or any other

**Sexualised Behaviour:**

It includes preoccupation with bodily changes, increased arousal and stimulation, early sexual maturity, advanced puberty (more likely in middle childhood or adolescence) and exhibition of overt sexual behaviour such as (though not limited to):

- When someone behaves sexually
- Watching pornography intensively
- Engaged in excessive masturbation
- When an individual exposes his/her private areas for pleasure
- When an individual harms others’ or his/her own private areas
- Paedophile
- Aggressive sexual interaction

**B. Body Mapping**

**Objectives**

- To enable participants to talk about body and understand the inhibitions and taboos associated with the issues of sexuality
- To help participants bring out the level of comfort and discomfort to sexual parts of the body
- To increase the comfort with verbalization of different parts of the body especially those related to sex and sexual parts and provide correct and complete information related to puberty in adolescence.
- To enable participants in learning a technique for teaching children about their body parts

**Kind of Activity:** Body Sketches, Discussion and Quiz
Time: 2 Hours

**Things Needed:** Chart Paper and pens, whiteboard, markers, sketches of males and female sexual and reproductive organs, Handouts 1, 2, 3 and 4

**Notes for the Facilitator**

The first level of inhibition and shame starts with the ‘Body’ itself as from childhood onwards shame and silence gets associated with the body and children are not even taught the proper names of genitals and other so called ‘private body parts’. Similarly, the ‘Body’ gets ‘controlled’ and ‘violated’ by others when one experiences sexual abuse and exploitation. Also, often children cannot disclose what has happened to them because they do not know how to take the names of body parts due to inhibitions or lack of knowledge. Hence, talking and learning to name various body parts helps in breaking this first level of inhibition and also provides space to participants (as well as child survivors when this activity is done with them) to share their experiences and feelings about their own bodies. Hence the next two activities would help the facilitator discuss and raise ‘Body concepts and issues’, which would also aid the process of discussion on other aspects of sexuality later in this Module.

In this Activity, observe very carefully the reactions of the participants when you give instructions to draw nude figures; notice their inhibitions while drawing the sketches. Do not force any participant if they do not want to draw.

**How to do this Activity**

**Step 1:**
- Divide participants in two small groups
- Ask group 1 to draw a nude sketch of a girl and group 2 to draw a sketch of a boy (about 10–12 years of age) and ask them to mark the physical, emotional and sexual changes in boys and girls that start taking place at this age (puberty) with names of the body parts in particular sexual and reproductive, and how do we become aware of these changes. Give a chart paper to each group to draw their sketches and mark the body parts.
- Ask them to list any myths and misconceptions about these pubertal changes that they may have heard.
- Ask a member from each group to present their drawing and explain them and generate discussion ensuring the following in detail:
  - Make sure all the body parts are marked including sexual and reproductive organs. Provide correct information on the sexual and reproductive organs and system for both men and women referring to **Handout 1** provided below.
  - Focus on the degree of inhibitions and discuss the same asking the participants to share whatever thoughts, feelings or any association they had while drawing nude sketches or naming body parts and fluids such as vagina, penis, breasts, semen etc.
  - Discuss the taboos in the society on these issues and how we internalize them from childhood (as mentioned in the facilitator’s notes above)
  - Have a discussion on major changes in adolescent girls and boys during puberty from **Handout 2** (reinforcing the learning from Module II.3 on Child and Adolescent Development).
  - Tell the participants that this exercise has proved to be very effective with children in helping them connect to their bodies; facilitate self-disclosure and especially reflect on their feelings towards their body parts (with the help of this exercise clubbed with the next activity).
- When done with children, primarily this activity will help children in learning more about their bodies, body parts, overcoming inhibitions regarding their bodies; becoming comfortable and accepting towards the physical (biological and sexual) changes in the body, thereby facilitating the process of opening up and acceptance of their body.

**Step 2: Exploring myths and facts related to puberty and body changes**

- Divide the participants into two groups.
- Read the statement from **Handout 3** one by one for all to hear.
- One group will be allowed to confer and will come up with the answer. If the team gives a correct answer, they will be given 10 points. Provide correct information or complete information in case of any incorrect or incomplete in order to fill in the gaps in information from the facts provided in **Handout 4**.
- Follow the process with each statement till all the statements are covered.
- In the end, collate the scores and announce the winning team. Also emphasize that the purpose of this activity was to explore our own gaps in information as well as misconceptions we have around the issues of puberty and body including our reproductive system. Similarly, the children have similar lack in information and misconceptions, which we as care givers need to clarify.

**Handout 1**

**Sexual and Reproductive organs: Names and Functions**

![Diagram of Female and Male Reproductive Organs]

*Diagram Source: Training Manual for Facilitators on Sexuality & Gender & Young People; MAMTA, Health Institute for Mother & Child, New Delhi*
Women

**Vagina** - The vagina is a fibromuscular tubular tract leading from the uterus to the exterior of the body in female mammals. The vagina is the place where semen from the male is deposited into the female's body at the climax of sexual intercourse, commonly known as ejaculation.

**Labia** - Consist of outer folds of the skin on either side of the vagina.

**Clitoris** - Is a small, highly sensitive area for women and has no purpose other than sexual pleasure.

**Cervix**
The cervix is the lower, narrow portion of the uterus where it joins with the top end of the vagina. It is cylindrical or conical in shape.

**Uterus**
The **uterus** or **womb** is the major female reproductive organ of humans. One end, the cervix, opens into the vagina; the other is connected on both sides to the fallopian tubes. It is where the baby develops in pregnancy.

**Oviducts/Fallopian tubes**
The Fallopian tubes or oviducts are two very fine tubes leading from the ovaries of female mammals into the uterus. It is the passage through which the mature egg travels to the uterus.

**Ovaries**
The **ovaries** are the place inside the female body where ova or eggs are produced. The process by which the ovum is released is called ovulation.

The female reproductive system contains two main parts: the uterus which act as the receptacle for the male sperm, and the ovaries, which produce the female's egg cells. These parts are internal; the vagina meets the external organs at the vulva, which includes the labia, clitoris and urethra. The vagina is attached to the uterus through the cervix, while the uterus is attached to the ovaries via the Fallopian tubes. At certain intervals, the ovaries release an ovum, which passes through the Fallopian tube into the uterus.

The ova are larger than sperm and are generally all created by birth. Approximately every month, a process of oogenesis matures one ovum to be sent down the Fallopian tube attached to its ovary in anticipation of fertilization. If not fertilized, this egg is flushed out of the system through menstruation.

Men

**Penis** - Is the primary centre of sexual sensation for the man.

**Scrotum** - Is a soft bag like structure which hangs between the two legs.

**Testicles** - Are two rounded glands which produce and store semen.

**Vas Deferens** - Is a tube through which the sperm passes to reach the penis.

**Erection** - Is the stiffening and enlargement of the penis during sexual stimulation.

The male reproductive system consists of those structures in the male body designed to create life. The reproductive system includes the two testes, a network of ducts, the seminal vesicles, the prostate gland, and the penis. As sperm travel through the duct system, they combine with fluids from the seminal vesicles, the
prostate gland, and the urethra to form semen. The two seminal vesicles, which lie near the underside of the urinary bladder, discharge a thick, sticky fluid. The prostate gland is a small, doughnut-shaped organ that completely surrounds the urethra. The prostate gland secretes an alkaline substance that makes up the major portion of seminal fluid. The sperms are protected from acid (present both in the male urethra and in the vagina) by the alkalinity of the prostatic secretions. Sperms are also capable of the greatest mobility when in a slightly alkaline medium. Proper prostate secretion is thus essential to effective sperm action.

Handout 2

Major Changes Observed in Boys and Girls during Adolescence

<table>
<thead>
<tr>
<th>Major Changes Observed in Boys and Girls during Adolescence</th>
<th>Changes in Females</th>
<th>Changes in Males</th>
<th>Facilitators’ Main Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>Becomes oily, sometimes with pimples or acne.</td>
<td>Skin becomes oily, sometimes with pimples or acne.</td>
<td>This lasts through your teen years and then usually ends. Wash the face each day with soap and water.</td>
</tr>
<tr>
<td>Hair</td>
<td>Hair increases on legs, under arms, and in pubic area.</td>
<td>Hair increases on legs, chest, face, under arms, and in pubic area.</td>
<td>The amount of new body hair that grows is different for each young man and woman.</td>
</tr>
<tr>
<td>Breasts</td>
<td>Breasts grow, swell, and hurt just a bit.</td>
<td></td>
<td>Both breasts may not grow at the same rate or to the same size. It is normal for one breast to be a bit smaller than the other one</td>
</tr>
<tr>
<td>Body Size</td>
<td>Hips broaden, breasts enlarge, weight and height increase.</td>
<td>Shoulders and chest broaden, weight and height increase</td>
<td>Girls can reach their full height before boys. However, by the time puberty is complete, young men are often taller and weigh more</td>
</tr>
<tr>
<td>Perspiration</td>
<td>Perspiration increases and body odour may appear.</td>
<td>Perspiration increases and body odour may appear.</td>
<td>Can help control by washing or bathing daily.</td>
</tr>
<tr>
<td>Voice</td>
<td>Voice deepens slightly</td>
<td>Voice deepens and may crack.</td>
<td>Male voices can suddenly go from high to low or from low to high. This cracking can be a bit embarrassing sometimes. In time, it will stop. This is normal.</td>
</tr>
<tr>
<td>Female Sex Organs</td>
<td>Period or menstruation begins, and there is more wetness in the vaginal area</td>
<td></td>
<td>Girls might see and feel a white or clear liquid from the vagina. This does not mean anything is wrong. We will talk about this wetness and the menstrual period later.</td>
</tr>
<tr>
<td>Male Sex Organs</td>
<td>Wet dreams and erections occur, and penis and testicles grow larger</td>
<td>Wet dreams and erections are completely normal. We will talk about this more later.</td>
<td></td>
</tr>
</tbody>
</table>
Handout 3

Statements on Puberty

1. It is unhealthy for a girl to swim or bathe during her periods.
2. The female determine the sex of the baby
3. Once a girl has her first period, she can become pregnant.
4. Abstinence is the only method of birth control that is 100% effective
5. A girl can get pregnant if she has sex during her periods.
6. Menstruation begins for both males and females.
7. Body hair increases for males only.
8. The main sex hormone that causes puberty in males is called testosterone.
9. Changes in moods are less common.
10. Families may experience more conflict due to an adolescent wanting more freedom.
11. Females are capable of producing breast milk once puberty begins.
12. Males may begin to have ejaculations during puberty.
13. Before having her first period, it can be normal to have some clear or whitish vaginal secretions
14. For boys ejaculation may occur both during intercourse and during the night
15. Night falls are unhealthy and happens to boys who have explicit and excessive ‘sexual thoughts and arousal’
16. PMS/PMT (Pre-Menstrual Syndrome/Pre-Menstrual Tension) is a combination of symptoms (e.g., headache and stomach ache) felt by a female just before menstruating
17. A tampon cannot be used by a virgin
18. Hymen is a sign of virginity for girls
19. Males and females find themselves more interested in the opposite sex.
Facts related to the above statements

1. False. There is no reason that women should not partake any of the specific activities because of her periods.
2. False. The male genetic chromosomes XY determines the sex of the baby through either the X (girl) or Y (boy) chromosome. Female genetic chromosome is only XX.
3. True. When a girl starts having her first period, it means that her reproductive organs have become fertile and she can become pregnant.
4. True. The only way to be absolutely sure of avoiding pregnancy is not to have sex.
5. True. It is possible for a girl to get pregnant during her periods.
6. False: Menstruation only happens in case of girls.
7. False. Body hair including pubic hair growth happens in both girls and boys.
8. This is true.
9. False: Frequent Mood swings are seen in adolescence.
10. Fact. Families need to be sensitive and tactful in dealing with their adolescent child.
11. In terms of the bodily change, yes, female bodies are ready for such a change, however breast milk is only secreted after child birth.
12. This is true.
13. True. This is normal, however in case of excessive discharge and if it is yellowish in colours and/or smelly, a medical opinion should be sought.
14. True. The ejaculations at night are called ‘Night Falls’ or ‘Nocturnal Emissions’.
15. False. Night falls are natural process of growing up. It is a way of secreting the excess semen collected in the body.
16. This is true and due to this some females become over sensitive and sentimental during this time. Hence, the care givers should be sensitive and calm in dealing with girls at this time.
17. False. All women at any age can use tampons; however they should be aware of the correct and hygienic way of using the same.
18. False. Hymen can break anytime during the girl is growing up, like while walking, running, swimming and any other such physical activity. Also virginity is a concept and norm imposed by the patriarchs of the society on girls to control their sexuality, which is related to numerous gender barriers and binders imposed on them.
19. True. This is the age when physical and sexual attraction begins.
C. My Body

Objectives
- To help participants personalize and understand their bodies
- To help them identify and accept the inhibitions vis-à-vis their bodies.
- To understand abuse and its impact on the sense of self and body

Kind of Activity: Individual Reflection and Introspection, Discussion

Time: 1 Hour

Things Needed: Paper and pen for participants, Handout 1

Notes for the Facilitator
Help the participants come up with the responses to each question and help them in analyzing their responses. Use the tips given in Handout 1 for helping participants analyze their responses. If the participants do not include reproductive or sexual parts in any of their lists, point towards the charts mentioning various body parts (from the precious exercise), to ensure that they at least try to include and focus on each body part, however they may be free to share or not to share it with the group. However reflecting upon each body parts vis-à-vis the exercises mentioned above is important and will help them in understanding themselves, their bodies and their relationship with themselves better. Eventually this introspection and self reflection will help them in understanding children better when they do the same exercise with them. When done with children, it would provide interesting and in-depth insights to children themselves as well as to care givers/counselors on their feelings and relationships with their own bodies.

How to do the Activity
- Do a Guided Imagery on breathing through different body parts – to bring the focus on each body part – in a similar way the “Deep Breathing” Relaxation exercise is done. Follow the same instructions and tell the participants to be aware of each body part as they breathe through each.
- After the imagery, ask the participants to open their eyes and reflect silently on their body parts.
- Inform that this is an individual exercise and ask participants to write down in their own note books (with reasons for each):
  - 3 body parts I like
  - 3 body parts I dislike
  - 3 body parts I am conscious of
  - 3 body parts I would like to change
  - 3 body parts that give me pleasure
  - 3 body parts that give me pain
- After the participants have written their responses, ask for volunteers if anybody wants to share their responses. Let the participants volunteer to share the information. Do not insist or pressurize anybody if they do not want to share.
- After taking a few responses, analyze the responses with the help of the Handout 1 provided

Handout 1
Body parts – Like/Dislike: Analysis

Make a list of reasons why people like; dislike; are conscious of or want to change parts of their bodies and which parts in general are dislike or make people conscious. The following aspects largely influence the reasons:

♦ **Concept of beauty and imaging** – defined by social norms and notions it is important to analyse who sets these standards and who adheres to these standards. Some factors that form our notions of beauty are:
  - Likes/dislikes are based on the concept of beauty, which is based on feedback from others. For example, if others praise some aspect of our body or appearance, we like it. Similarly if it is criticised, then we also tend to dislike that aspect in us.
  - Comparison with others: We compare ourselves with others and think that the other is better than us or ‘I am not good enough’.
  - Standards of beauty like fair, long hair, thin, tall etc. for women and tall, dark, handsome for men are defined by society.
  - It is important to emphasise and make people realise the importance of acceptance of body parts for the function that is performed by that body part, for example, eyes help us to see; with hands we can work and do what we want to do etc.
  - The concept of exploring, recognising and accepting one’s “inner beauty” needs to be emphasised. True beauty lies within the person – our nature, potentials, talents, abilities, strengths and acceptance of our weaknesses. We all should learn to get in touch with the person inside us who is evergreen and beautiful rather than judging ourselves based on external factors and definition of beauty.

♦ **Impact of abuse:**
  - Due to abuse, the relationship with certain body parts gets disturbed and survivors start feeling conscious of those body parts, even if they like and derive pleasure from them. It affects the sense of self of children and often they have very low self esteem and confidence.
  - Even if one is not abused, there is a fear of violation of one's body all the time.

♦ **Messages around body:**
  - So many times, we start disliking some body parts and feel conscious of them due to the ‘shame’ attached to these body parts. From childhood, children are told to hide and cover genitals and breast (especially in case of girls).
  - If these body parts get exposed, there is assassination of character of women, including young girls.
  - They are made to feel that these body parts are dirty and therefore one should not talk about them and keep them covered all the time.

D. Sex and Sexuality

**Objectives**
- To explain to the participants the basic difference between sex, sexuality and gender
- To clear misconceptions about the terms among the participants

**Kind of Activity:** Brainstorming and Presentation

**Time:** 40 Minutes
Things Needed: Chart papers or white board and markers, Handout 1 and 2

Note for the Facilitator
The facilitator needs to understand the preconceived notions of the participants about the terms related to sex, sexuality and gender as well as the confusions in these terms. While discussion the terms sex and gender, don’t spend much time on this, however, remind them of the explanations provided on this in Module II.2 on Gender. Spend time in discussion the concept of sexuality here with the help of Handout 2. Various feelings may be reflected among the participants during the discussion on the word “sex” and “sexuality”, the facilitator is therefore expected to handle the session very sensitively.

Read Handout 2 carefully before conducting the activity and prepare a PowerPoint presentation or brief talking points for explanation based on the handout. Please do not read out the handout. Also make the explanation interactive and participatory while explaining various concepts.

How to do the Activity
- Ask the participants to sit in a circle.
- The facilitator will write down the word ‘sex’ in the middle of the chart paper. Now ask the participants to brainstorm and share their feelings just when they hear the word ‘sex’. For example participants can associate the word sex with words like male/female, love, excitement, romance, exposed, trust, believe etc. The facilitator will ask the following questions which will further help the participants:
  - Where do we use the word ‘sex’?
  - Do we develop our notions about ‘sex’ since we are born?
  - What are the do’s when we are born as a boy?
  - What are the don’ts when we are born as a girl?
- It is likely that different participants have different ideas and the facilitator will handle this session with sensitivity.
- Now, ask the participants what they think of the term ‘sexuality’ and how it differs from the term sex and gender. Relate it to the definition of gender and sex provided in Module II.2 and provide the definition of the term sexuality from the same handout as well as detailed explanation on it from Handout 2.

Handout 1

<table>
<thead>
<tr>
<th>SEX</th>
<th>SEXUALITY</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological in nature. Sex is determined at the time of birth. ‘Sex’ is also used to describe ‘specific acts that we engage in with another person, for sexual pleasure, or reproduction.</td>
<td>Highly influenced by the environment in which he/she grows up. It also refers to the thoughts and ideas regarding sex.</td>
<td>Dos and don’ts that our society imposes on a girl and a boy.</td>
</tr>
</tbody>
</table>

Handout 2
Sexuality

Sexuality is a complex phenomenon that is difficult to define but perhaps easy to understand. It is our entire being - including sex (biological), gender, attitudes and perceptions, sense of self, relationships, sexual practices, fantasies, concepts of love, romance and pleasure. Sexuality also is about fears, vulnerability and confusions. It is a fine combination of the physical, emotional, intellectual and social aspects of each individual’s personality. Sexuality is seen and expressed in our daily activities — work, expression of affection, responsible (or irresponsible) behavior, parenthood, talking, walking etc.

Sexuality is often understood in relation with the word “sex” and the word sex also has a very limited connotation, it is only perceived in terms of a sexual act or penetration. However, sexuality is not just:
- sexual acts;
- sexual intercourse;
- sexual behaviours; and
- sexual orientations.

Difference between sex and sexuality:

Sex and sexuality is not the same thing. ‘Sex’ refers to specific acts that we engage in with another person for sexual pleasure, or reproduction. Sex is just one part of sexuality. Sexuality is a composite personal identity of our views and attitudes, needs, concept of love and relationships, fears, desires, pleasure, sexual orientation, fantasies, body image, sexual abuse, and the like. Everyone has a unique sexuality that develops from the time we are born and is influenced by every event in our lives. Sexuality is much wider, complex and includes physical, emotional, ethical, social, and spiritual dimensions.

Besides the above-mentioned components, sexuality can be defined as:
- a lifelong process beginning from birth;
- a function of one’s whole personality;
- about who you are;
- what you feel about being a man or a woman;
- about how you interact with members of the same and opposite sex;
- about sharing and intimacy.

Social Norms and Implications on Sexuality

The norms of the society influence our concept of sexuality. Deeply rooted in our psyche, they determine our beliefs and behavior. We learn to avoid talking about sex or anything related to it. This silence leads to confusion, since we never find a space to explore our doubts and fears in a constructive and healthy manner.

Norms related to gender and gender stereotypes also influence our notions of sexuality and are reflected in the differences between male and female sexuality. For example, males can express and explore their sexual behaviors/desires freely in most societies, whereas females experience restrictions and impositions for the same behavior.
Through this section we hope that participants will be able to talk about and find answers to their doubts, confusions and discomfort. The first step toward feeling whole and healthy is to be informed. Sometimes, just accurate information can calm our fears.

Market plays a very important role in influencing and determining behavior, particularly for rural migrants. The market and the exposure to a different set of social norms through the media exert pressure on an individual to change his or her behavior. The relative anonymity and security of a new place, the need to identify with a different social crowd, the opportunities for interaction with the opposite sex and the relative freedom from social control can encourage risk-taking behavior.

**Gender Disparity/Stereotypes and Implications on Sexuality**

Norms related to gender and gender stereotypes also influence our notions of sexuality and are reflected in the differences between male and female sexuality. For example, males can express and explore their sexual behaviors/desires freely in most societies, whereas females experience restrictions and impositions for the same behavior. Consequently, females cannot be sexually assertive and cannot differ from the concept of mutual fidelity as she has been socialized to believe and accept her husband as supreme. For example, a woman finds it extremely difficult to suggest condom use or other methods to ensure safe sex, as the very indication of condom use carries with it notions of infidelity and could threaten her personal security or destroy the relationship. In case she is able to use a condom, she will find it very difficult to prove her fertility in the society as her status and well being (after marriage) is dependent on bearing a son.

Furthermore, notions of shame ingrained in females form barriers and lead to denial of expression of their sexuality. Thus, norms related to gender lead to disempowerment of females, including sexual disempowerment, and this subordination encompasses all spheres of her life.

**Notions of Pleasure**

People more often than not engage in sexual activity for pleasure, and societies’ accepted notion of pleasure is limited to penetrative sex. Non-penetrative sex, where the penis does not enter the vagina or anus, is a way to have safer sex that greatly decreases your risk of getting infected with HIV. Many people do not believe that non-penetrative sex can be as satisfying as penetrative sex. But you can give and receive a great deal of stimulation and pleasure through non-penetrative sex, such as mutual masturbation, massage, caressing, hugging and kissing. It may take patience, practice, imagination and experimenting different ways with your partner, but when you become skilled at non-penetrative sex, you will find, as others have found, that it can be an exciting and sensual alternative. Furthermore, women generally find non-penetrative sex more satisfying. More foreplay and after play enhance stimulations and lead to greater pleasure.

It has been observed that most males also feel sex is not as enjoyable if you use condoms. This is a misconception as it is seen that when men use condoms the right way, and with confidence, there is little or no loss of stimulation or pleasure, for some men, it may even last longer. Condom use can be made interesting and a part of foreplay itself and can be used even while masturbating. There are many condoms in the market that are especially designed to increase pleasure for both partners, such as ribbed, dotted, flavored, extra thin.

**Sexual Orientation**

Sexuality is a lifelong process about learning to decide what is right for you and learning to respect what others feel is right for them. This is why there is no right or wrong about the kind of
partner you might desire. All people, whether they are heterosexual (attraction towards people of opposite sex), homosexual (attraction towards people belonging to the same sex), or bisexual (attraction towards people of opposite and the same sex) have a right to live with dignity and in accordance with their sexual preferences. There are many women in this country who are attracted to and live with women, and there are many men who do the same with other men. However these people cannot come out in open about their relationships because of the stigma, judgment and rejection by the society, which includes their friends and parents, colleagues and others.

**Sexual Negotiation and Empowerment**

Since domination of females encompasses all spheres of her life, the empowerment process should challenge all the oppressive structures and systems in order to help females reclaim their dignity, self worth, self-esteem and liberty. Only when this process is followed—when females achieve a sense of self—can any effort at developing skills of sexual negotiation, including safe sex be effective. The process of empowering females to negotiate sexual practices and safe sex only begins when a female is made aware of her rights and her capacities, which also would lead to confrontation and abandonment of gender norms and stereotypes that disempower them. Females (and males) need to re-examine their lives so they can collectively emerge with a new (and wider) discourse and perspective on gender, sex and sexuality that can gradually be accepted by the larger society.

The strategy of empowerment and negotiations involves:

- Building self-esteem of sexual partners;
- Clarifying perceptions regarding gender, sex and sexuality;
- Developing skills in talking about sex and sexuality, listening attentively and making their emotions explicit;
- Helping sexual partners understand each other by putting themselves in each other’s place; and
- Helping sexual partners to focus on mutual interests and offer options for mutual gains.

| E. Sexual Feelings, Behavior and Gratification |

**Objective**

- To help participants understand, personalize and introspect issues of sexual feelings, behavior and gratification.

**Kind of Activity:** Self reflective exercise, discussion

**Time:** 2 hours

**Things Needed:** None

**Notes for the Facilitator**

Discuss issues of sexual feelings, arousal, gratification, safe and responsible sexual behavior after the sharing of participants and significant of knowing your own self and issues of sexuality better which would enable them to deal with children with traumatic sexual experiences in a better way.

**How to do the Activity**
• Put participants in pairs
• Give each participant the following questions and ask them to discuss their responses with their partners in pairs:
  - At what age do you remember first feeling sexually aroused – specify age and event/incident?
  - Did you touch your body to get sexual pleasure? If yes, how did you feel? In what other ways did you try to get sexual pleasure?
  - When did you begin thinking about yourself as a sexual being?
  - When you think of yourself as a sexual being, do you feel positive or is there a negative feeling?
• Do not insist anybody to share if they do not want to. Instead you can ask them to reflect upon these questions individually
• After everybody has shared in pairs, ask them to share their personal experiences or feelings or combined responses (not mentioning the names in case they are inhibited to do so) in larger group.

Some of the key points that may emerge for discussion are:
• Lack of correct and healthy information. – it’s impact and ways in which we try to fill the gap
• Wrong information and messages – how they lead to misinterpretations, fears and dilemmas.
• Sexual feelings and arousal are natural in adolescence and exploration, curiosity and finding ways of gratification is also normal.
• Initial realization and response to it is generally positive, as this is a natural process of growing up. However the same event gets distorted and get loaded with guilt, fear, dilemmas due to lack of information and messages of ‘morality’ associated with it as well as negativity towards our own self and sexuality emerges due to experiences of abuse and sexual exploitation
• Attraction to same or opposite sex is normal and natural – exploration between people of same sex is quite common and natural. However this also gets misrepresented as the society and only importance is placed on heterosexual relationships after marriage, especially for girls. Therefore people who continue in homosexual relationships or feel attracted to people of opposite sex before marriage, they get slandered and judged by the society.
• Masturbation: Masturbation is not considered appropriate by society. Boys mostly do masturbate, as they have freedom to explore their sexual selves, however they also experience feelings of shame, guilt, and fear after masturbating. Even the definition of masturbation gets distorted. Most of the participants associated masturbation with touching genitals only. It was clarified that touching other parts of the body to gain sexual pleasure and gratification is also masturbation. Masturbation as one of the ways of safe sex was also discussed.
• Barriers to exploring ones sexual selves and ways of achieving gratification: The biggest barrier is the messages by society on acceptable and not acceptable sexual behavior and issues of morality associated with the same. Any kind of sexual exploration and attraction before marriage is considered a sin. As a result, people learn to suppress their desires (mostly true for women) and it becomes a pattern even in ‘socially’ acceptable relationships like marriage. They become passive partners and do not demand or explore ways of getting pleasure and gratification. Those who attempt to explore or achieve gratification by different ways feel guilt and/or acquire a negative perception of self like ‘pervert’.
Wind up the Activity by reinforcing that we as interveners/care givers, should be aware of our own feeling and growing up stages in our lives, only then we will be able to relate to adolescents and their concerns without judgment and moral issues.

F. Myths and misconceptions on Sexuality and Adolescents

Objective

- To explore and make participants realize their misconceptions on issues of sexuality and adolescent sexuality.

Kind of Activity: Interactive quiz, discussion

Time: 1 Hour

Things Needed: Handout 1 of statements given below (Myths and Facts), 3 cards/chart papers with ‘Agree’, ‘Disagree’, and ‘can’t say or don’t know’ written on them respectively (in a bold font)

Notes for the Facilitators

Facilitator’s can add to the statements based on perceived myths of the communities/residents in the shelter/target groups or participants. After discussion, ask the participants to change the positions if they had changed their response to a particular situation. If they do not wish to change the positions, do not force them to do so. However ask them to think about various alternate explanations provided by the participants and facilitator. We cannot expect the participants to change their beliefs after one exercise/session or workshop but definitely we, as facilitator can initiate a new thought process.

However, since this Activity is positioned towards the end of this Module, it would also help in assessing the change or learning facilitated through the previous activities.

How to do the Activity

- Paste the chart papers in three corners of the room respectively.
- Ask the group to stand up and point towards the chart papers so that the participants become familiar with them.
- Tell them that you will read out different statements one by one and they have to choose one corner according to their response to the statement i.e. agree, disagree or don’t know.
- Read the statement from the Handout 1.
- After brief discussion on responses from the participants, provide the fact related to the statement from the same Handout.
- Continue till all the statements are covered
- Wind up by addressing queries if any

Handout 1

**MYTH: Sex education encourages early sexual activity.**

**FALSE.** Multicultural, multi-country studies show that adolescents who receive sex education are more likely to postpone initiation of sexual activity—and even when they initiate sex, they are
better able to negotiate protective sexual activities than those who do not receive sexual education.

MYTH: Anal sex is uncommon.
FALSE. Anal sex is a practice between two men and also between men and women and is not a rare phenomenon. Due to social pressures of labeling, most people do not talk openly about it.

MYTH: Homosexuality is a sin. It is abnormal and unnatural.
FALSE. Some religions do prohibit homosexuality and consider it a sin. However, sexual preference is a very personal issue and nobody can dictate the type of sexual orientation a person is allowed to have. Homosexuality is not defined just on the basis of sexual activity, but on one’s identification, erotic desire and emotional bonding. All people, whether they are heterosexual, homosexual or bisexual, have a right to live with dignity and in accordance with their sexual preferences.

MYTH: Since Indian culture does not permit it, homosexuality does not exist in India.
FALSE. Human sexuality is a very personal issue, and has been practiced in all orientations in India for all time. We all can have personal preferences not controlled by anyone but ourselves. There are many women in this country who are attracted to and live with women, and there are many men who do the same with other men.

However, with reference to children in the Shelter Home, one should not conclude or label children of same who seem to be attracted to each other ‘Homosexuals’. Sometime, this may be part of curiosity and exploration, and due to no members of the opposite sex in the Shelter Home.

MYTH: Street children do not have sex.
FALSE. Street children and adolescents are sexually active individuals. Especially for street children, most often sex is bartered for protection, safety, money, comfort, love and support. Many times sex between children or adolescents is also because of force and under duress, but children don’t know how to talk about it and to whom, so sexual violence and abuse among children often gets neglected.

MYTH: Masturbation is harmful and causes weakness
FALSE. Masturbation is a natural and safe method of deriving sexual pleasure

MYTH: People indulge in sexual intercourse only for reproduction.
FALSE. This is one reason, more often people have sex for pleasure (refer to notions for pleasure dealt with in Activity on Sexuality)

MYTH: Young people who engage in sexual activities and relationships before marriage are ‘fast’ and should be discouraged to do so
Young people explore their sexuality as a natural process of achieving sexual maturity, however with correct and complete information, we can help them in making safe, responsible and
informed choices. Research indicates that the sexual curiosity and experimentation goes down in adolescents once they are provided correct and complete information from the right sources.

G. Communicating on Sexuality

Objectives
- To understand how sexuality affects different peoples’ lives differently and how our personal views/opinions/inhibitions and biases affects our communication
- To enable participants to communicate effectively on sexuality issues

Kind of Activity: Role plays, Discussion

Time: 1 Hour

Things Needed: Flip chart papers and markers, case scenarios (Handout 1)

Notes for the Facilitator
Focus on the content and the style of communication of the participants and the ease with which they do it when they have to talk about sexuality. Inform the participants that if there are inhibited talking about any issue related to body, sex and sexuality and/or if they do not have the accurate information, they should only attempt to answer the aspect they are comfortable with or are aware of. For other unanswered/unaddressed aspects, they could get back to the person later with an answer or guide them to someone else (another adult or professional) for correct answers. Tell them that this exercise is to help them become aware of their level of comfort or inhibition related to the issues. The more comfortable they are with the subject and themselves, the better they will be able to address the queries/concerns/traumas related to sexuality and sexual abuse of children in the shelter home.

How to do the Activity
- Divide participants into 5 - 4 small groups.
- Ask each group to build a situation based on the given case scenarios from Handout 1
- After they build the situation around the case, ask the participants to talk about the situation they have presented.
- Ask the other groups to respond and comment on each of the presentation as they do so.
- Conclude the session by reiterating that it is important to be aware of these issues and to shed one’s own discomfort, inhibitions, misconceptions and judgments, especially related to morality before handling these issues with children, especially with survivors of sexual abuse and/or trafficking.

Handout 1

- Your 14-year-old daughter has come to you asking what exactly happens on the first night of a marriage. You start explaining it to her.
- Needing some change, you look into your 17 year old son’s wallet a condom pack inside. What's your first thought? What are you going to do?
Bubli is going to get married to her boyfriend and both of them are very happy. Just a few days before the marriage she gets raped. How can Bubli handle the situation? What would you advise her?

Ramesh and Kamini fall in love with each other. Ramesh wants to be sexual but Kamini is uncomfortable. She withdraws whenever Ramesh tries to touch her and her responses are upsetting him. What will happen to their relationship? Kamini fears that he will leave her. What should she do?

H. Understanding biases in language

Objectives
- To become aware of biases and abuse in language; and
- To understand how language affects our notions of sexuality and sense of self.

Kind of Activity: Brainstorming, Discussion

Time: 45 Minutes

Things Needed: Flip Chart, Markers

Notes for the Facilitator
These can be considered as filthy or objectionable, but it is important to know them as sometimes people in communities only know these words to describe issues/concepts related to body, sex and sexuality. Make the participants aware of the values attached to these words and phrases, e.g., identify negative and derogatory nuances attached to the words. You might face some inhibition from the participants in speaking out these words. Encourage them to speak these words by explaining the objective and purpose of this exercise. You also can ask them to write the words on the flip chart directly if some participants do not want to speak at all. The participants may have some of the words spoken by the residents of the shelter as well.

How to do the Activity
- Ask the participants to write down the following in their notebooks:
  - Words that are used in your community related to sex, sexuality
  - Words that are commonly used as slang with specific reference to the body
  - They also have to note down how they feel after hearing these words
- After they have written down the words, share the words with the group.
- List the words on a flip chart as they speak.
- Discuss the words and explain how these are derogatory for females, as most of the words are used against them and indicate their inferior status in the society. Also discuss its impact and implications on sexuality.
- Discuss the Activity based on the following points:
  - Who uses these words: Most of the time, it is seen that men use these abusive words and women feel uncomfortable with them. These words are not always used to abuse another person. For so many people, these words with sexual connotations are used as a part of the colloquial languages.
  - Most of the words are derogatory and demeaning for a woman as most of them are based on women’s body parts and challenge the well-being and character of women. Even if a man is abusing another man, it implies that he can abuse or humiliate the receiver and his
family through humiliating/abusing the women of his family. These words are gender insensitive, biased and disrespectful towards women.

- Some other words are humiliating towards various body parts and reflect disrespect for the body. Instead of using the correct and appropriate names (which are present in very language/dialect) for these body parts, these slangs get used to describe genitals and breasts. These body parts are considered dirty and shameful and at the same time such humiliating words further demean these body parts leading to a discomforting relationship with these parts.

- The word such as ‘Randi’ is also used often to demean women, especially the girls who have been commercially sexually exploited. Explain that this word as per the dictionary means ‘a widow’. In colloquial language, this has been interpreted in this manner perhaps there is no/lack of respect for a single woman, especially a widow who is perceived as ‘available’ to others due to the absence of a man in her life.

- Inhibition of women to use these words was also discussed and how it promotes men to use these words to harass or abuse or humiliate women.

- Make the group/care givers sensitive to the language we use with children in the shelter home and the impact of this kind of abusive language on children/women/trafficked girls. It further demeans and humiliates them leading to a deeper degree of alienation and low self worth

### H. Exploring the Girl’s Feelings

**Objective**
- To bring out of the fact that all experience were not terrible for the girl and how she has perceived the sexual activities during this tenure.

**Kind of Activity:** Discussion

**Time:** 15 Minutes

**Things Needed:** Chart paper, white board, markers and case study (Handout 1)

**Note for the Facilitator**
In this session the discussion from the earlier sessions will only continue. Here the participants will analyse that whether all sexual activities were painful and traumatic for the girls who have been trafficked for commercial sexual exploitation.

**How to do the Activity**
- Read out the case study provided in Handout 1
- Ask the participant to brainstorm about the customers, the girl in the case study was dealing with and now when suddenly she is rescued and put in a shelter home what goes on in her mind. The facilitator will help the participants think by asking following questions:
  - Do you think she has liked the environment out here?
  - How does she adjust herself?
  - Does she exhibit any kind of sexualized behaviour?
  - Are we aware that it is very common for them to exhibit sexualised behaviour?
  - What can we do for the girls who exhibit sexualised behaviour?
  - Can we prohibit sexualised behaviour? If not, what are the means by which we can divert such behaviour?
Handout 1

Case Study
While Anjali was fully engaged in sex work, one day representatives from SANLAAP and police rescued the girls from that brothel. Anjali was also one of them. Presently, she is enclosed within the four walls of the shelter home and has been totally cut off from her earlier independent life.

She often states that she wants to go back and liked it better in the brothel. She has narrated some of the stories of her customers, some of the she has dealt with were really young and she enjoyed the attention she got from them. But now in the shelter home, she complains of not having anyone in her life and feels that her freedom is curtailed.

I. Responding to ‘Sexualised Behavior’

Objective
- To help participants deal with and address concerns of survivors who are survivors of sexual abuse and exploitation

Kind of Activity: Role play and Group Discussion

Time: 45 Minutes

Things Needed: chart paper, marker, and pen

Note for the Facilitator
The facilitator must be observe the role plays carefully and highlight the personal views /moral judgements made if any. Analyse their responses and sensitivity based on the learning from the previous activities in this Module.

How to do the Activity
- Divide participants into 3 groups.
- Provide one case scenario to each group from Handout 1 and ask them to perform a role play to show how they would deal with this situation based on what they have understood and learnt so far about sexuality and sexualized behaviour from previous activities in this Module.
- You can give 10 - 15 minutes for preparation and then ask them to perform their plays.
- Have a brief discussion on each play presented based on how sensitive they are in handling each case. Wind up by providing the following general guidelines to the care givers:
  - Be Calm
  - Be firm and talk about it
  - Acknowledge if she wants to speak about it
  - Believe her
  - Don’t be moral judgemental
  - Provide complete information
  - Refer for counselling to the in-house counsellor
  - Discuss with the counsellor if referral to a professional therapist/Mental health professional is required
Lastly, the participants can discuss the various ways they think is suitable for the girl to divert her thoughts and mind into constructive activities based on strategies discussed in Sessions on Counselling, Conflict Resolution and Anger Management and Life Skills Education.

**Handout 1**

- You come to your center one day and see two inmates in close intimacy on the sofa. What will you do?
- A 15 year old smart and lively adolescent girl in a shelter home who is seen flirting with a member of staff / acting in a sexualised manner
- A 10 year old girl who is seen masturbating/touching her genitals/sexual organs openly publicly while playing

**J. Concluding Session**

**Objective**
- To give a small overview of the topic done throughout
- To ask the participants what they have learnt at the end of this Module

**Kind of Activity** - Discussion

**Things Needed** - None

**Note for the Facilitator**
It will be a general feedback session

**How to do the Activity**
- The facilitator will ask the participants what message they could gather from the sessions.
- Conclude by answering queries if any raised
Module III.8 Health Care

Health care is extremely important - both preventive and curative. This Module gives an overview of the health issues which may affect survivors of trafficking and commercial sexual exploitation, and with which care givers need to be concerned. The first activity provides a general level of understanding followed by issues related to reproductive and sexual health, HIV/AIDS and substance misuse.

A. Promoting Healthy Lifestyles and Living

Objective
- To provide the care givers a general level of understanding on health care issues of residents in the Shelter Home

Kind of Activity: Brainstorming, discussion and presentation

Time: 60 Minutes

Things Needed: Flip chart, markers, Handout 1

Notes for the Facilitator
Help the participants brainstorm and come up with responses regarding health care needs of survivors of trafficking and sexual exploitation, based on the understanding that has developed on its impact on them.

How to do the Activity
- Ask the participants that what do they think are the health care needs of children in their shelter home
- Write their responses on a flip chart as they speak
- Wind up by providing missing/additional information from Handout 1 and inform them that we would be looking at these in the next set of Activities

Handout 1

Health needs of Children in the Shelter Home and Role of Care Givers

These include:
- **Personal hygiene**: Advice, assistance and facilities
- **Nutrition**: understanding of diet and access to suitable foods
- **Specific medical treatment**: for identified complaints such as TB etc.
- Reproductive health related issues including unwanted pregnancy
- **Support, care and treatment for HIV/AIDS and other STI’s**
- **Specialist services for substance misuse**: such as counselling, group work etc
- **Sex education**
- **Routine medical care**: for ‘typical’ childhood illnesses (dependent upon age of child/young person) and accidents
- **Preventative health care**: immunisation, health check, dental care, eye tests etc
B. Protecting the Reproductive System

Objectives

- Taking forward the previous Module on Body and Sexuality, this Activity aims to educate the participants about the essentials related to protecting the reproductive system as well as the reproductive rights of the girls.
- To create more awareness among the participants so that they can take care of the girls.

Kind of Activity: Brainstorming and Information Dissemination

Time: 30 Minutes

Things Needed: White board, markers, Handout 1

Note for the Facilitator
The facilitator will only provide information to the participants.

How to do the Activity

- Ask the participants to sit in a circle.
- Ask them that what does it mean ‘to protect the Reproductive System and what does it entail’?
- List their responses on the white board
- Then the facilitator will impart the information seeking additional assistance from the Handout 1 provided below. After that s/he can always ask the participants to share any additional information related to the topic.
- Now ask them that are the girls who get trafficked and sexually exploited have any ways and means to protect themselves from various consequences such as unwanted pregnancies, HIV or STIs?
- Wind up by emphasising the role of care givers to extend protection to girls who come with these problems to the shelter rather than being judgemental towards them. In the next set of activities we will look at these aspects and how we as care givers can do to protect and support the girls in these critical situations.

Handout 1

Protecting the Reproductive System and Reproductive Rights
The reproductive system is one of the most fragile systems of our body. It can easily get infected or injured. If it does, we might have long-term health problems. Protecting our reproductive system includes:

- Having control over when we become pregnant or not. It is important to refer to a doctor for more information on birth control.
- Ensuring safe motherhood: Safe motherhood begins before conception with proper nutrition and a healthy lifestyle and continues with appropriate prenatal care, the prevention of complications when possible, and the early and effective treatment of complications. The ideal result is a pregnancy at term without unnecessary interventions, the delivery of a healthy infant, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the woman, infant, and family.
- Having access to information to prevent unwanted pregnancies.
- Having access to safe ways of abortion in case of unwanted pregnancies.
- Taking simple steps to prevent getting or spreading HIV/AIDS and other sexually transmitted infections (STIs).

Reproductive rights rest on the recognition of the basic right of all individuals, in particular women (and couples) to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.

C. Teen Pregnancy

Objective
- To help the participants know about the problems and care necessary during teen pregnancy

Kind of Activity: Case study Review, Discussion and Information Dissemination

Time: 45 Minutes

Things Needed: White board, markers, Case studies (Handout 1) and Handout 2

Note for the Facilitator
In this session, make the participants reflect upon the major concerns that girls have when they are faced with teenage pregnancy and what is their role as care givers. Teen pregnancy is a common phenomenon observed among the girls rescued and brought to the shelter home and is one of the serious crises for both girls who are survivors of trafficking and sexual exploitation as well as for the care givers at the shelter. Thus it is important for them to share their experiences and vies before you disseminate the information.

How to do the Activity
- Divide the participants in two groups
- Give one case study to each group from Handout 2 and ask them to reflect upon the following questions:
  - Did the girl have any control over her situation?
  - What should she do in this situation?
  - What would be the physical, emotional, social and economic consequences?
  - What are the risks to her health and what are the possible illnesses related to teenage pregnancy?
- After the groups have discussed their case studies, ask them to present their responses in the plenary
- Discuss their responses and provide additional information from Handout 2

Handout 1
### Case Study 1

Ruby is 13 years old. She has been rescued from Pune and sent to Kolkata Liluah Home (Government shelter home) and thereafter to SANLAAP’s shelter home. After two weeks of her stay, during the medical checkup you are informed that she is pregnant. Ruby is shocked and does not know what she should do.

### Case Study 2

A Bangladeshi girl, 16 years old is rescued from a brothel and brought to your home. After a week She informs you that she is one month pregnant and wants to keep the child since she know who the father is whom she loves. The process of her repatriation is being discussed at the Shelter.

### Handout 2

**Teenage Pregnancy and Role of Care Giver**

Pregnancy for the girl, especially at a young age/teenage is a CRISIS situation for her as well, especially when the pregnancy has been a result of sexual exploitation and she had no control over this situation. The decision regarding whether to keep the child or not is often a difficult one to make, hence a counselor should help the girl review her decision and make an informed choice in the light of complete and correct information as well as social and emotional consequences for her and the child in future.

However, you as a care giver can play an important role:

- **Be supportive.** Whatever feelings you are experiencing, be supportive, most unwed teenagers do not intend to get pregnant, and when they do, it is a terrible shock for her. Hence your support would have a calming and soothing influence for her. **Think about how she is probably feeling right now, be empathetic.**

- **Help her know options.** Having an abortion, putting the child up for adoption or keeping it all have their pros and cons. Help the girl review her options so she can decide what is best for her, but she has to keep in mind that this is not to be taken lightly.

- **Prepare her for reality.** If the girl decides to keep her child, it means a lot of things are going to change for her. She must understand that having a child is a lifetime commitment, and raising it is a big responsibility and one needs to be fully prepared emotionally as well as economically.

- **Ensure she is keeping healthy.** It is important to take care of her medical and nutrition needs in this situation, irrespective of the decision to keep or not to keep the child. Make sure she gets proper nutrition and health care.

- **Help her deal with her emotions:** She may be feeling angry, disappointed or depressed
There is a loss of childhood of the teen mother, however she still is a child. Therefore there is a need to look at her as a child and guide and support her through this situation.

Pregnancy related illness:
Good medical care and services need to be provided to the girls as the health complications can be fatal

- Maternal morbidity is defined as any physical or psychological condition resulting from pregnancy that has an adverse affect on the woman’s health. Maternal morbidities may result in hospitalisation or in outpatient treatment and management, or they may never come to the attention of the health care system. Some of the diseases are discussed below:

  Peripartum Cardiomyopathy: Cardiomyopathy (CM) is a disease of heart muscle (myocardium), which can cause heart failure. A special type of CM, is unique to pregnant or recently pregnant women factors. Diagnostic criteria for PPCM are: 1) the development of cardiac failure in the last month of pregnancy or 5 months post-partum; 2) no recognizable heart disease prior to then; 3) no identifiable cause of heart failure; and 4) left ventricular dysfunction.

  Pregnancy-Related Depression: It is estimated that 13% of postpartum women experience depression. Depression has significant effects on women’s relationships, their ability to nurture their newborn, and their overall quality of life. Effective treatments exist for depression, but because many women are unaware of their depression or because of the social stigma of depression, many women do not disclose their symptoms to their medical provider.

When teens give birth, there are high risk to their health, their children and their future. Especially pregnant teens between the age group 15–19 years are less likely to receive prenatal care and gain appropriate weight because this is their growing age towards adulthood.

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D. HIV and Human Trafficking: Linkages

**Objectives**
- To help participants understand the linkages between causes of human trafficking and HIV and learn they both have much in common in terms of the causes
- To understand vulnerability of women to HIV

**Kind of Activity:** Analysis through the Problem Tree (provided below)

**Time:** 2 hours

**Things Needed:** Chart papers, markers, handout 1 and 2

**Notes for the Facilitator**
Familiarise yourself in facilitating the Problem Tree Analysis so that you can guide the group. It is recommended that the facilitator prepares a chart of the Problem Tree (below) using HIV and human trafficking as the issues exist in your community

**How to do the Activity**
- Divide the participants into two groups
- Explain how the Problem Tree works (from Handout 1) and tell them it will be used to help understand the causes and consequences of HIV and trafficking
Now ask the groups to work on HIV and human trafficking respectively

Distribute chart paper and encourage the participants to write down the causes and consequences of the issues. Give them 15 minutes for this

Once they have finalised this, ask a representative from each group to make a presentation at the plenary. The other participants and the facilitator can add points that have been missed out

To consolidate the session put up the Chart of Underlying Causes with the help of Handout 2

Conclude by presenting the heightened vulnerability of girls to trafficking and HIV with the help of Handout 3

**Handout 1**

**Problem Tree Analysis**

This tool assists in analysing an existing situation by identifying the major problems and their main causal relationships. The output is a graphic arrangement of problems differentiated according to ‘causes’ and ‘effects,’ arising by a core or focal problem – represented by the trunk. This technique helps understand the context and interrelationship of problems, and the potential impacts when targeting projects and programmes toward specific issues.

**Process and key steps**

- A problem tree analysis is carried out in a small focus group (about 6-8).
- The first step is to discuss and agree on the problem/issue to be analysed. This can be quite broad - the problem tree will help break it down; or it can be more focused in which case the output will also be more detailed. *For this exercise, the problem or focal issues have already been established: HIV/AIDS and Human Trafficking.*
- The problem/issue, which is written in the center of the flip chart becomes the trunk of the tree. The wording doesn’t need to be exact as the roots and branches will further define it.
- First the causes of the focal problem have to be identified and then the consequences. This should be done on post-its/cards so that after gathering all the contributions, they can be arranged in a cause-and-effect logic on the flip chart in a way that the roots represent the root causes of the problem and the branches represent the consequences of the problem. Like real roots and branches they divide and divide again.
- Discussion questions for arriving at causes and consequences may include:
  - Does this represent the reality?
  - Which causes are easiest/most difficult to address?
  - What are the most serious consequences?
  - Are the economic, political and socio-cultural dimensions to the problem being considered?
  - Considering the dynamics of the problem, which of the causes and consequences are getting better; which are getting worse; and which are staying the same?
  - What possible solutions might there be?
  - What are the care and support issues for women and children affected by it?

**Summary**

1. List all the problems that come to mind. Problems need to be carefully identified and should be existing problems, not possible, imagined or future ones. The problem is an existing negative situation; it is not the absence of a solution
2. Identify a core problem (this may involve considerable trial and error before settling on one)
3. Determine which problems are causes and which are effects.
4. Arrange both causes and effects in hierarchical order, i.e. how do the causes relate to each other - which leads to the other, etc.
Example: How to develop a Problem Tree:

**EFFECTS**
(branches)

- HIV and AIDS & STIs
- Exploitation of labor
- Physical & mental trauma
- Sexual exploitation

**CORE PROBLEM**
(Trunk)

- HUMAN TRAFFICKING
  - Gender discrimination & violence
  - Lack of livelihood options
  - Lack of awareness & information
  - Debt bondage & marginalisation
  - Lack of effective laws & their implementation

**CAUSES**
(Roots)
Handout 2

Underlying Causes of Human Trafficking and HIV

Trafficking is a result of multiple and complex phenomenon as we have seen in Part II of the Manual. HIV infection is mediated by almost the same set of factors that cause vulnerability to trafficking; poverty and inequality, poor and unequal access to services, population mobility, gender and patriarchal norms, sexuality and power, and gender-based violence. This chart highlights the common factors and linkages between them. The facilitator can transfer this to a flip chart and make a PPT to sum up the discussion.

<table>
<thead>
<tr>
<th>Causes – HIV</th>
<th>Common Underlying Causes for HIV and human trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>Poverty</td>
</tr>
<tr>
<td>Gender inequality</td>
<td>Social inequalities</td>
</tr>
<tr>
<td>Social inequalities</td>
<td>Economic inequalities</td>
</tr>
<tr>
<td>Cultural norms</td>
<td>Gender discrimination leading to violence</td>
</tr>
<tr>
<td>Child Marriage</td>
<td>Lack of information</td>
</tr>
<tr>
<td>Lack of information</td>
<td>Illiteracy</td>
</tr>
<tr>
<td>Use of Intravenous Drugs where common needles are shared</td>
<td>Child marriage</td>
</tr>
<tr>
<td>Multiple sex partners</td>
<td>Cultural norms</td>
</tr>
<tr>
<td>Homosexuality</td>
<td></td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Causes – Trafficking</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td></td>
</tr>
<tr>
<td>Social inequalities</td>
<td></td>
</tr>
<tr>
<td>Gender inequities</td>
<td></td>
</tr>
<tr>
<td>Unsafe Migration</td>
<td></td>
</tr>
<tr>
<td>Lack of information</td>
<td></td>
</tr>
<tr>
<td>Illiteracy</td>
<td></td>
</tr>
<tr>
<td>Commercial Sex Work</td>
<td></td>
</tr>
<tr>
<td>Organ Trade</td>
<td></td>
</tr>
<tr>
<td>Child marriage</td>
<td></td>
</tr>
<tr>
<td>Cultural norms</td>
<td></td>
</tr>
</tbody>
</table>
Handout 3

Gender and Implications for HIV/AIDS
Females are particularly affected by the HIV epidemic, not only because of increased biological vulnerability, but also because of structural inequities, especially those pertaining to social and economic oppression. Various factors responsible for increasing female vulnerability and susceptibility to HIV/AIDS are given below:

Social and Cultural Vulnerability
Females are not expected to discuss or make decisions about sex or sexuality. Women are not expected to request, let alone insist, on using a condom or any form of contraceptive protection. If women refuse sex or request condom use, they often risk abuse, as there is a suspicion of infidelity.

The many forms of violence against women mean that sex often is coerced, which itself is a risk factor for HIV infection.

Men are seeking younger and younger partners in order to avoid infection and in the belief (misconception) that sex with virgins cures AIDS and other diseases (Source: World Health Organization).

Women seldom seek or have access to medical help. Their problems are further compounded by their low social status, poor health, and lack of access to critical resources such as information, skills, technologies, services, social support, income and limited power over their lives.

Biological Vulnerability
Larger mucosal surface; micro-lesions which can occur during intercourse may be entry points for the virus; more viruses in sperm than in vaginal secretions.
As with STIs, women are at least four times more vulnerable to infection; the presence of untreated STIs is a risk factor for HIV. Coerced sex increases risk of micro-lesions.

Economic Vulnerability
Financial or material dependence on men leads to loss or lack of control of women over their lives including sexuality.

Many women have to exchange sex for material favours, for daily survival. There is formal prostitution but there is also this exchange, which in many poor settings, for many is the only way of providing for themselves and their children.

Thus a number of gender-related risk factors increase women’s exposure to HIV and sexually transmitted infections, and impair their ability to protect themselves from infection

HIV and AIDS: An Introduction

Objectives
- Understand HIV and AIDS and how HIV is transmitted
- Define the working of the immune system and how HIV affects it
Kind of Activity: Game, presentation

Time: 1 Hour

Things Materials: Handout 1 (or a film on HIV and AIDS)

Notes for the Facilitator
Ensure that the participants get the complete information about HIV and AIDS, however do not give too many technical/medical details. Alternatively a film on HIV and AIDS (if you have any) information can be screened followed by presentation and discussion. Go through the instructions for the game and handout well before conducting the activity.

How to do the Activity

Step 1:
- Tell participants that the phenomena of HIV will be discussed in this session
- Ask them to think about all the questions they have about HIV, silently in their minds for 2 minutes, and then write them all on an index card
- Collect the cards and put them up in order according to either of these categories: virus/infection/transmission/symptoms or myth related

Step 2:
- Now, tell participants that they will start by understanding how the HIV virus affects basic functions of the body through a game: Lion and Elephant’
- Play the ‘Lion and Elephant’ game below: *(should be played in a large room or outdoors)*
- Ask for one volunteer who will stand in front of the participants. This person is the baby elephant.
- Ask for six more volunteers. They are the adult elephants whose job it is to protect the baby elephant. They should form a circle around the baby elephant, join hands and stand very close to it. To action them to the importance of their job, the facilitator should try to hit the baby elephant. Almost instantly the adult elephants get the point and close ranks to protect the baby from the attack.
- Now, ask for four or five more volunteers. These are the lions whose job it is to attack the baby elephant. They should try to jab, hit, kick, and punch (touch only) whatever they can do to hurt the baby elephant.
- When the facilitator says, “Go”, the lions should attempt to attack (touch only) the baby elephant. This should continue for a few seconds until the baby elephant has at least one contact from the lions though the baby should not be hurt.
- Now ask the following questions - while the volunteers stay where they are:
  - What is the baby elephant? What does the baby elephant represent? (The baby elephant is the human body)
  - What are the adult elephants? (The adult elephants are the immune system. Their job is to protect the body from invading diseases).
  - So what are the lions? (Some people may say the lions are HIV, but that is not correct. Ask another person to tell you what the lions represent. The lions stand for the diseases, illnesses and infections that attack a person’s body).
- Now the facilitator goes dramatically to each lion volunteer, touches them one by one and identifies the disease each one represents: tuberculosis (touch the first volunteer), malaria (touch the next person), diarrhea and cholera (touch another person).
- The facilitator continues the questioning:
  - These may attack the human body but are they able to kill the human body? (*‘No. Diseases or germs attack the human body every day, but the immune system - pointing to the adult*
elephants - manages to fight them off and protect the body. The human body might get sick - such as the hits or kicks that the baby elephant suffered - but it does not die because the immune system is strong”).

The facilitator continues:

- “But suppose I am HIV. I come to this body (the baby elephant), and I attack and kill the immune system”. At this point the facilitator should touch all except two of the adult elephant volunteers, touch each one as if HIV is killing the immune system, and ask them to sit down.

The facilitator then asks: “Now, will the baby elephant still be protected? Will the human body be safe when the immune system is damaged?”

Next, the facilitator should tell the lions to attack the baby again (touch only) on the word “Go”! This time they are able to get to the baby elephant very easily.

Briefly explain that HIV has killed the immune system. This lack of an immune system makes it possible for diseases like tuberculosis, diarrhea etc, to actually make the person ill more often and eventually even lead to death.

To make sure that people have understood, ask: Does HIV kill the person? The answer should be, “No, the diseases killed the person”.

Step 3:

After the activity is over thank the volunteers and request them to sit down. Now with the help of Handout 1, make a presentation on HIV and its transmission giving all the details that are required. Make the presentation interactive as participants by now would have some basic information on HIV and its spread.

During the presentation address the questions raised by participants in the index cards provided to them in Step 1.

Explain what happens when the HIV virus infects the body. Explain how the infection progresses to AIDS and how an infected individual will ultimately die because of the related infections.

Ask the participants if they have any more queries and answer them.

Handout 1

Concept of HIV/AIDS

- HIV stands for Human Immunodeficiency Virus
- HIV positive means the person has been infected with the virus
- The HIV virus cause AIDS
- AIDS stands for Acquired Immunodeficiency Syndrome
- Over the time HIV virus gradually takes over our body, defeating body’s immune system
- HIV spreads through exchange of body fluids (through sexual body contact or others like sharing of syringe)

Body fluids that transmit HIV/AIDS

- Semen
- Blood
- Vaginal Infection
- Breast Milk

Bodily fluids that do not transmit HIV

- Saliva
Port of Entry

‘A Port of entry’ is the way that the virus enters the body to cause infection. The most common ‘Ports of Entry’ are

- A cut sore or other openings in the skin
- Soft mucus membranes or other openings in the skin
- Intravenously via a contaminated blood transfusion or contaminated syringe

Some Activities through which a person will not contract HIV/AIDS

- Sharing a cup or glass
- Using the same bottle
- Hugging
- Kissing
- Touching
- Sitting near a person with HIV/AIDS

Window Period:

Once HIV enters the body, it starts to reproduce itself and the body’s defense mechanism starts producing antibodies to fight off the infection. It takes the body 3 to 12 weeks to produce the antibodies to HIV infection and is called the “Window Period.” At this time, the person already is infected as well as infectious, but the blood test may not indicate the presence of antibodies. This is because in India, as elsewhere, most HIV testing equipment tests for antibodies against the virus and not the virus itself. In some infected people, antibodies cannot be detected for six months or longer, yet they are infected and infectious.

Age Factor

- About one-third of the people living with HIV/AIDS are between ages 15 and 24.
- People in the age group between 15 and 49 suffer the most, which coincides with the most productive age group in the labor market.

Medical Concerns

- There is no cure for HIV/AIDS.
- It is a silent disease. It takes a long time for an HIV-positive person to show any signs and symptoms. One cannot detect the disease until the manifestations of the symptoms. Most of the people do not know they carry the virus.
- In many parts of developing countries, the majority of new infections occur in young adults (young women being more vulnerable).

Attitude and Reactions to HIV/AIDS

The most important factor responsible for the spread of the disease is the attitude, mindset and behavior patterns of people. It is important to understand these factors well, as the training on HIV/AIDS and related issues needs to focus on sensitizing people toward behavioral and attitude change.

Government of India guidelines on testing for HIV

1. It is essential to obtain the consent of all patients prior to being tested for HIV antibodies.
2. The results of their test (and the fact that they were tested) must be kept absolutely confidential.
3. The patient must have both pre- and post-test counseling.
4. A person is advised to test the blood sample with different company kits (Johnson & Johnson, Ranbaxy, etc.).

**Treatment**

Antiretroviral drug treatment is the main type of treatment for HIV or AIDS. It is not a cure, but it can stop people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of a person’s life. The aim of antiretroviral treatment is to keep the amount of HIV in the body at a low level. This stops any weakening of the immune system and allows it to recover from any damage that HIV might have caused already. The drugs are often referred to as:

- Anti-retroviral
- anti-HIV or anti-AIDS drugs
- HIV antiviral drugs
- ARVs

**When to start the treatment?**

Choosing when to start antiretroviral treatment is a very important decision. Once treatment has begun it must be adhered to, in spite of side effects and other challenges. Many factors must be weighed up when deciding whether to begin treatment, including the results of various clinical tests. Medical opinion should be sought for this, however Where available, the CD4 test is used to determine when a person should start treatment.

**The CD4 test**

HIV attacks a type of immune system cell called the T-helper cell. This cell carries on its surface a protein called CD4, which HIV uses to attach itself to the cell before gaining entry. The T-helper cell plays an important part in the immune system by helping to co-ordinate all the other cells to fight illnesses. A major reduction in the number of T-helper cells can have a serious effect on the immune system. HIV causes many T-helper cells to be damaged or destroyed; as a result, there are fewer cells available to help the immune system.

A CD4 test measures the number of T-helper cells (in a cubic millimetre of blood). Someone uninfected with HIV normally has between 500 and 1200 cells/mm$^3$. In a person infected with HIV the CD4 count declines over a number of years. Treatment is generally recommended when the CD4 test shows fewer than 350 cells/ mm$^3$. However, guidelines vary slightly between countries and these are constantly debated.

When the CD4 count reaches the recommended level to start treatment, other factors may also be taken into account, such as viral load and opportunistic infections. More information about viral load monitoring is available in continuing antiretroviral treatment. As per the World Health Organization’s guidelines, consider treating if CD4 count is below 350 and start treating before CD4 count falls below 200.

A person infected by HIV person can eat well, sleep well and live well. If the person keeps her or his body clean and prevents from common diseases an HIV positive person may be able to increase her or his span of life.

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**F. HIV: Care Giving**
Objectives
- To enhance the care givers/participants understanding on how HIV affects individuals and those who are close to them and help them in working with young people and children infected and/or affected by it

Kind of Activity: Group work, discussion

Time: 60 – 90 minutes

Things Needed: Pens, big sheets of paper, Handouts

Notes for the Facilitator
Help the participants think and respond to the possible effects of HIV on children and what should be the role of the care giver.

How to do the Activity
- 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
  - 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
- After each group has discussed, ask for feedback to large group
- In large group, discuss the following:
  - Consider the implications for disclosing HIV status to a child?
  - Who needs to know about a child being HIV positive?
  - Who should do it - Doctor? Staff? When? How?
  - What might be the effect - Suicide? Rejection?
  - What skills and knowledge they as care givers need to build upon to improve their care of children and young people who may be HIV positive
- Wind up by providing the following tips to the participants:
  - Like anyone else, children with HIV and AIDS have a right to their privacy and confidentiality
  - Pre and post test counselling is important to prepare the child about the test results and outcome
  - 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?’
  - Any further stigma, harm or trauma to the child should be minimized as much as possible.
  - Care should be taken to not reveal the HIV status to other inmates as it may cause stigma and alienation of the child as well as fear among the residents
  - Further education on positive living and safe sexual practices needs to be undertaken with infected and affected children
  - Regular health care including nutritious food and medical check up needs to be ensured

G. Understanding HIV and STI

Objectives
- To understand the connection between HIV and Sexually Transmitted Infections (STIs)
To understand various aspects of STIs — transmission, treatment, prevention, myths.

Kind of Activity: Group work, presentation and discussion

Time: 1 Hour

Things Needed: Flip chart/ board, markers, Handout 1

Notes for the Facilitator
This exercise helps in understanding the links between HIV and sexually transmitted infections (STIs) since STIs are far more common and increase the risk of HIV transmission. It is important for the caregivers to know and understand STIs and recognize their symptoms so early steps can be taken for STI treatment and cure since they are in a position to perhaps know if a child/girl in the shelter home is suffering from an STI or just may be able to guide women and young girls who do not access treatment.

How to do the Activity
- Ask the participants whether they have heard about the word STI. If yes s/he will ask the participants to explain it to the rest of the group. After this the facilitator will explain the term to the participants (from Handout 1)
- Now, divide participants into five small groups and ask the following questions to initiate group discussion. Give each group about 20 minutes for discussion:
  - Group I: How are STIs transmitted?
  - Group II: How can they be prevented?
  - Group III: What is the treatment for STIs?
  - Group IV: What is the connection between HIV and STIs?
  - Group V: What are the myths around STIs?
- Ask them to present their responses and discuss each question
- Provide correct and complete information with the help of Handout 1

Handout 1

What is STI?
The term STI (Sexually Transmitted Infection) is now commonly used instead of STD (Sexually Transmitted Disease). STI is more encompassing, including infections that may be asymptomatic.

Sexually transmitted infections (STIs), or sexually transmitted diseases (STDs), can affect the general health, well-being and reproductive capacity of those infected. Participation in sexual risk behaviours can increase your chances of acquiring an STI.

HIV and STI

Relationship between HIV and STI
- STIs are a marker of high-risk behavior. The same high-risk behavior predisposes a person to HIV infection, namely unprotected sexual intercourse with multiple partners.
- STI serves as an important risk factor in facilitating the transmission of HIV infection.
The risk of HIV transmission increases significantly with the presence of STIs (almost 8–10 times higher if an STI is present).
Control of STIs contributes significantly to a reduction in HIV transmission and is an important component of AIDS prevention and control programs.
STIs are curable but HIV is NOT.

Common STIs
- Gonorrhea
- Syphilis
- Chancroid
- Herpes
- Scabies
- Hepatitis B
- AIDS
- Chlamydia

Mode of transmission
Unprotected sexual intercourse with an infected partner. The sexual act can be vaginal, anal, and oral. It affects both sexes – males and females.

STIs do not spread by:
- Using a public toilet
- Insect bites
- Sins of past life
- Masturbation
- Urinating under a tree
- Evil spirits
- Eating “hot’ food
- Curse of the gods

Common symptoms

The following symptoms are commonly seen in both men and women:
- Burning /pain during urination or defecation, increased frequency of urination.
- Single or multiple blisters and open sores on the genitals – painful or non painful.
- Swollen and/or painful glands in the groin.
- Itching or tingling sensation in the genital areas.
- Non-itchy rashes on the body.
- Warts/ lump in the genital area.
- Sores in the mouth.
- Nodules under the skin.
- Flu likes symptoms.

Symptoms mostly found in females:
- Unusual vaginal discharge (Yellow, foul smelling, pus like and blood tinged)
- Lower abdominal/ pelvic pain
- Irregular bleeding from the genital tract different from the regular menstrual blood
- Burning/ itching in and around vagina
- Painful sexual intercourse

Symptoms mostly found in males:
- A drip or discharge from the penis.
- Burning when urinating
- Sores and bumps or redness on or around the penis

It is important to note that some STIs may not produce any signs/symptoms particularly in females for example, gonorrhea, chancroid, herpes etc. therefore they act as carriers. You cannot recognize a person with STI just by looking at him/ her. A person can have more than one STI at the same time. In some STIs e.g. syphilis, the signs and symptoms may disappear even without any treatment and the person may think that he/ she has been cured but actually the infection may keep multiplying and spreading to other organs causing long term harm and damage. If a pregnant mother has syphilis, the infection can pass on to the growing fetus leading to abortions, still births, early childhood deaths or disabilities.

**Common complications of STIs:**
- Pelvic inflammatory diseases: inflammation of uterus, tubes, ovaries causing abdominal pain, vaginal discharge, fever etc
- Abortions, still births, early childhood deaths
- Infection of eyes of a newborn that can lead to blindness
- Birth defects
- Cancer of cervix
- Pneumonia in the newborn

**Cure for STIs:**
STIs can be cured by proper diagnosis and timely treatment – both for the infected person and his/ her partner, by a medical practitioner. The tests for diagnosing and treating STIs are:
- Blood test
- Microscopic examination of stained smear of genital discharge, pus, and smear from ulcer
- Urine examination

**STDs cannot be cured by:**
- Eating certain types of food
- Application of certain oils on genitals
- Washing with alcohol or Kerosene oil
- Going to an unqualified practitioner
- Having sex with a virgin

**Myths and misconceptions on STIs**
Due to taboos around issues of sex and sexuality and in the absence of correct information, there are as many misconceptions surrounding STIs, as there are around HIV and AIDS. Prevention can only be successful if these myths are erased and understood:

**Myths related to STI transmission:**
- Lack of genital hygiene such as visiting a dirty urinal, using a dirty sanitary pad, dirty undergarments cause STIs: *FALSE*
- Excessive heat caused through spicy food and alcohol or through constitutional or occupational reasons leads to STIs: *FALSE*
- Non-sexual contact with an infected person such as touch, sharing objects, urinating at the same place as an infected person causes STIs: *FALSE*

STIs are sexually transmitted diseases passed on by an infected man or woman to his/ her partner during sexual intercourse. They are relatively easy to contract and are serious and painful.
Myths - STI treatment:
- Home remedies are believed to be adequate for STI treatment: FALSE. These remedies only deal with symptoms. More often than not these remedies can be harmful as well. Proper allopathic treatment is a must for treating STIs.
- Sex with a donkey, a child or with a virgin of the opposite sex is said to cure STIs: FALSE. These notions are only excuses to justify these acts and are completely baseless.

Myths - STI infection:
During the infectious stage, it is believed that the urge to have sex and pleasure is high in both sexes: FALSE. There is no evidence to prove it.

Suggestions may help you to protect yourself from contracting an STI:
- Learn about safer sex methods;
- Make informed decisions and talk to your partner(s) about their STI status and the use of protection;
- Use condoms consistently and correctly;
- Get tested for STIs if you are sexually active; and
- And if you are diagnosed and treated for an STI, be sure to follow your health care provider's treatment and follow-up recommendations. You can easily be re-infected if your partner is not treated well.

H. HIV/AIDS: Clarifying Myths and Misconceptions

Objectives
- To clarify facts related to various myths on HIV and AIDS
- To reinforce the participants learning about myths and norms that perpetuate gender inequities enhancing women and children’s vulnerability to HIV and human trafficking.
- To reinforce and assess the participants attitudes, stereotypes and misconceptions about these issues, sinned of the training is approaching

Kind of Activity: Individual Activity

Time: 30 Minutes

Things Needed: questionnaire, sheets of paper, marker pens and chart paper

Note for the Facilitator
A small piece of token may be given to the highest scoring participants to boost up the motivation level. Each answer may contain 5 marks each.

How to do the Activity
- The participants are given a questionnaire prepared earlier by the facilitator based on the information provided below in handouts 1.
- The participants are given about 10 minutes to complete the questionnaire.
After the given time is over and the participants have had completed their respective questionnaires, ask the participants to interchange the questionnaire with the participant on their left.

Now read out each of the questions from questionnaire aloud.

The correct answer to each of the questionnaire may come out from the participants themselves or sometimes the facilitator may help them to bring out the right answer.

After that the marks may be calculated. The highest scoring participant will be given a small prize.

At the end, the facilitator notes down the facts in two columns namely ‘myths’ and ‘reality’ and initiates a discussion by ask some key questions:

**Handout 1**

**Some myths/ facts on gender, sexuality, HIV and AIDS, and trafficking for the individual questionnaire**

Facilitator may use as many myth statements as are considered relevant and add new values/attitudes according to specific group needs. The facts underneath are provided for facilitator’s reference.

<table>
<thead>
<tr>
<th>MYTHS</th>
<th>FACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of genital hygiene such as visiting a dirty urinal, using a dirty sanitary pad or dirty underwear can lead to HIV and STIs.</td>
<td>These two notions are false because STIs are sexually transmitted diseases, which can only be passed on by an infected man/woman to his/her partner during sexual intercourse. They are relatively easy to contract and are serious and painful. Similarly HIV can be transmitted through the four modes of transmission (refer to the support material on HIV available on the CD).</td>
</tr>
<tr>
<td>• Non-sexual contact with an infected person such as touch, sharing objects, urinating at the same place can lead to HIV and STIs</td>
<td></td>
</tr>
<tr>
<td>Sex with a child or virgin can cure STIs or HIV</td>
<td>These notions are excuses to justify these acts and are completely baseless.</td>
</tr>
<tr>
<td>Condom use reduces pleasure</td>
<td>It is all in the mind. Sexual pleasure is a psychological experience of a physical sensation. Sexual pleasure is also associated with our thoughts, expectations and other emotions attached to sex and sexuality. Pleasure during a sexual activity depends on a number of factors, like relationships and expectations of partners, novelty of the experience, degree and length of foreplay, level of fatigue/freshness. There are many condoms in the market especially designed to increase pleasure for both partners, like ribbed, dotted, flavored and extra thin to enhance sexual pleasure.</td>
</tr>
<tr>
<td>Condoms break and are not reliable</td>
<td>Water-based, good-quality condoms are commonly available. Ensuring proper storage, usage and careful handling greatly reduces the risk of breakage.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HIV and AIDS is mainly a problem of immoral people. Women in prostitution, truckers, drug addicts and homosexual men are high-risk groups.</td>
<td>It is not individuals but high-risk behaviors and practices that are responsible for the spread of HIV and AIDS.</td>
</tr>
<tr>
<td>People with AIDS should not be allowed to continue work</td>
<td>Nobody can be asked to stop working unless they are not fit for the job and/ or are of sufficient risk to others. Since HIV and AIDS do not spread through casual contact, PLWHA do not cause any risk to co-workers and should not be stopped from working.</td>
</tr>
<tr>
<td>A married and monogamous woman will never get HIV and AIDS.</td>
<td>Recent trends show that more housewives are infected with HIV. The only risk behavior for a majority of women is having unprotected sex with their husbands. While men have more opportunities for sex outside marriage, and many do indulge in it outside marriage, women are less likely to do so due to social conditioning and lack of opportunities.</td>
</tr>
<tr>
<td>Most women with HIV and AIDS are commercial sex workers</td>
<td>It might have been true in the initial stages of the HIV epidemic (since there more tests were carried out on sex workers), however recent trends show that more housewives are infected with HIV. Worldwide, the proportion of women with HIV is increasing and women from all walks of life are equally at risk.</td>
</tr>
<tr>
<td>• A woman is responsible for the assault if she dresses in provocative clothes/ acts provocatively.</td>
<td>Rape or sexual abuse have nothing to do with provocation, it is about power. There is data to show that women, children and elderly women are getting raped. These notions are only excuses to justify these acts and are completely baseless.</td>
</tr>
<tr>
<td>• Some women enjoy being sexually assaulted.</td>
<td></td>
</tr>
<tr>
<td>Men have greater sexual needs/ desire than women.</td>
<td>Men and women are socialized to believe that women have lesser / no sexual needs/ desires, whereas men are free to express and explore their sexual urges/ desires. Both men and women have similar sexual needs, however the difference lies in its expression and gratification, both governed by gender/ social norms and stereotypes.</td>
</tr>
<tr>
<td>Women should stay indoors, especially after dark to be protected from sexual abuse</td>
<td>There is data and evidence to prove that a large proportion of sexual abuse takes place in the home and from persons who are often known to the family / victim of sexual abuse.</td>
</tr>
<tr>
<td>Women who are 'fast' and dream of 'elite city life' get trafficked</td>
<td>Women who get trafficked are not to be blamed as trafficking always involves the use of threat, force, coercion, abduction, fraud,</td>
</tr>
</tbody>
</table>
deception, abuse of power or of a position of vulnerability and/or giving or receiving payments/ benefits to achieve the consent of the person (generally women and children) and having control over another person.

| Women who get trafficked into commercial sexual exploitation get used to sex, therefore do not want to be reintegrated/ rescued. | This completely baseless notion is a direct result of labeling and stigmatizing women in sex work. Women in sex work and/or survivors of trafficking lack livelihood options and opportunities. In addition, due to lack of adequate standards of care and support, the process of recovery, reintegration and rehabilitation itself becomes coercive, with little or no dignity and respect for survivors. Thus, some sex workers and/or survivors of trafficking may resist the rescue/recovery, reintegration and rehabilitation process, which is perceived negatively (viz. stubborn behavior, habituated to sex etc.) by service providers/ communities and other social institutions. |

I. Issues of Prevention

Objectives
- To help participants know about the ways of preventing HIV, STI and unwanted pregnancies
- To identify the most vulnerable situation in a shelter home with victims/survivors as its residents
- To act promptly in case of emergencies

Kind of Activity: Role Play

Time: 45Minutes

Things Needed: A piece of cloth, a chart paper and marker pen

Note for the Facilitator
The facilitator may explain the additional points in a chart paper hung on a wall. There can be several myths about the concept among the participants. The facilitator needs to deal the situation with sensitivity and patience.

How to do the Activity
- Provide the participants with a situation based on handout 1 given below.
- Some participants may be asked to volunteer for the role play based on the situation. After the role play is over the facilitator initiates a discussion.
- Explain that this is one situation but there are also other ways to prevent HIV/AIDS.
The staff of shelter home needs to follow certain precautions when dealing with emergencies of this nature (as in the case study). It is also important for them to know about the ways of preventing HIV/AIDS. The facilitator may put up a chart paper highlighting on the preventive measures. The facilitator may also seek additional assistance from handout 2.

To conclude other ways of preventing HIV, STIs and unwanted pregnancy with the help of Handout 3

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**Handout 1**

**Situation**

Pampa has been staying in the shelter home for the last one year. She is HIV positive. One day, while cutting vegetables, she cuts her hand with a knife and immediately starts bleeding. The house mother ties a bandage on to Pampa’s wound but does not wash her hands properly. Thus, we find that the house mothers are the most vulnerable to such infections in the shelter home.

**Handout 2**

**Hygiene Practice for all Staff in the Shelter Home**

- If someone is bleeding, the best way to help is by using either latex gloves or any kind of plastic on her/his hand to prevent direct contact
- We could use a piece of cloth on the injured area and continue to press the cloth on the area until the bleeding stops
- If you are exposed to blood consult a doctor
- HIV mostly spreads through having sex
- It is effective to use condom

**Handout 3**

**Effectiveness of male latex condoms in protecting against pregnancy and sexually transmitted infections**

Condoms are the only contraceptive method proven to reduce the risk of all sexually transmitted infections (STIs), including HIV. They can be used as a dual-purpose method, both for prevention of pregnancy and protection against STIs.

**PREVENTION OF PREGNANCY**

Estimated pregnancy rates during perfect use of condoms, that is for those who report using the method exactly as it should be used (correctly) and at every act of intercourse (consistently), is 3 percent at 12 months.

**DISEASE PREVENTION**

Laboratory studies have found that viruses (including HIV) do not pass through intact latex condoms even when devices are stretched or stressed.
Emergency contraception

Emergency contraception refers to back-up methods for contraceptive emergencies which women can use within the first few days after unprotected intercourse to prevent an unwanted pregnancy. Emergency contraceptives are not suitable for regular use.

WHO NEEDS EMERGENCY CONTRACEPTION?

Any woman of reproductive age may need emergency contraception at some point to avoid an unwanted pregnancy. It is meant to be used in situations such as:

- when no contraceptive has been used;
- when there is a contraceptive failure or incorrect use, including:
  - condom breakage, slippage, or incorrect use
  - three or more consecutive missed combined oral contraceptive pills
  - progestogen-only pill (mini-pill) taken more than three hours late
  - in cases of sexual assault when the woman was not protected by an effective contraceptive method.

MEDICAL ELIGIBILITY CRITERIA

Emergency contraceptive pills prevent pregnancy. They should not be given to a woman who already has a confirmed pregnancy. However, if a woman inadvertently takes the pills after she became pregnant, the limited available evidence suggests that the pills will not harm either the mother or her foetus.

J. Health: Substance Misuse

Objectives

- To build knowledge on issues of substance misuse among survivors of trafficking and sexual exploitation

Kind of Activity: Role Play Exercise

Time: 45 Minutes

Things Needed: None

How to do the Activity

- In pairs, one person to play worker/care giver, the other to play young person who uses drugs
  - Give the following instructions for the play:
    - Worker/Care giver: 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.
    - Young Person:
      You are 15 years old. You have been working as a sex worker 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 for yourself’. You feel worthless, unhappy, unloved and sometimes suicidal. A friend introduced you to heroin six months ago. Since then you have been using it regularly. After taking some, you feel content, relaxed and detached. Now you feel frustrated, irritable and other withdrawal symptoms since you are not getting your drug at the shelter.

- After each role play, debrief talk about how each partner felt playing their respective roles
- Wind up by providing following tips:

- Often it is seen that girls who have been trafficked for sex work take to drugs or alcohol as a coping mechanism to all the physical and emotional pain they have to endure.
- By the time, they get rescued and brought to the shelter home, drugs/alcohol misuse becomes a habit that they find difficult to give up
- Some girls may be able to give up the habit through counselling and involvement in other creative activities in the Home
- Whereas, some of them may require professional help – admitting them in rehabilitation and de-addiction centers for sometime may be useful
- Whatever be the case, they need support, care, help and sensitive handling by the care-givers. Any kind of judgment or negativity would harm the child further and may take away chances of recovery and healing.
- As a care giver, help the child realize that the need for drugs/alcohol as a coping mechanism is over as they are in a safe and loving environment and identify whether she needs professional help. If so, facilitate referral as discussed in Module on Counseling.

### K. Conclusion - Récapitulation Session

**Objective**
- To sum up what they have learnt in Module on Health Promotion

**Kind of Activity:** Discussion

**Time:** 10 Minutes

**Things Needed:** Chart paper and marker pen

**Note for Facilitator**
The feedback given by the participants will be noted by the facilitator.

**How to do the Activity**
- Take the feedback from the participants about the Module and their specific learning
- Ask them how they are feeling and if they have any queries related to the topics covered so far
- Wind up by providing clarifications as required and if the information is not available with the facilitator, s/he may get back to the participants, with the relevant information, later.
Module III.9 Life Skills Education

Developing life skills helps adolescents translate knowledge, attitudes and values into healthy behaviour, such as acquiring the ability to reduce health risks and adopt the kind of behaviour that improves their lives by helping them plan their careers, their future, improve decision-making, and form positive relationships. This Module would provide an introduction to the Life Skills Education and its significance for the children and adolescents. Based on this understanding, the care givers can start life skill education programme with children in the shelter home and there are many Manuals that exist on Life Skills comprising of participatory activities to help children learn and internalize each skill. Hence, the organisations must help care givers in conducting life skills sessions with children on a regular basis, which can be integrated within the ongoing activities/tasks for the children at the Shelter Home.

A. Life Skills – Information to Behaviour Change

Objectives
- To synthesise the process and outcome of life skill development through the Bridge Model of behaviour change.
- To encourage participants to design and conduct programmes on ‘Life Skills’ education with children in shelter homes – as a preventive and empowering strategy.

Kind of Activity: Brainstorming, Case Discussion and Presentation

Time: 2 Hours

Things Needed: Handout 1 (presentation on life skills), case scenarios (Handout 2) and Handout 3 explaining the ‘Bridge Model’

Note for the Facilitator
The Handouts explaining the Life Skills and the ‘Bridge Model’ can be transferred on a flip chart or a power point for presentation before the session. While explaining the bridge model, make references to the case scenarios provided as well as the skills needed for girls in the shelter home where relevant. Emphasizing the significance of life skills programme, urge the care givers to initiate life skills programmes in their respective shelter homes/institutions. And a number of Manual exist that would help them in starting programmes on life skills with the inmates of the shelter.

How to do the Activity

Step 1
- Ask the participants following questions to initiate a discussion on life skills:
  - Do they know about life skills education?
  - What are life skills and how are these helpful?
  - Who do we generally conduct life skills programmes with children and adolescents?
- Write their responses on a flip chart.
- Consolidate their responses and make a brief presentation on life skills (with the help of the Handout 1. Emphasise that the main aim of the life skills education programme is to bring about a change in knowledge, attitude and behaviour of adolescents and youth to minimise harmful behaviours and maximise wellbeing and a positive life style.
Step 2:

- Divide the participants into five small groups and give one case scenario from **Handout 2** to each group to discuss and perform a role play.
- Tell them to perform Role Plays on the given situations demonstrating clearly which life skills would help the girls in the given situations and how can they impart these skills to them – communication, decision making, assertiveness, responsibility, building self esteem, opportunities for future/goal setting, negotiation skills etc.
- After the presentation, using the Bridge Model (**Handout 3**), summarise the process of behaviour **change through life skills development**, as below:
  
  - Tell the participants that the Bridge Model is a visual way of presenting the concept of behaviour change that is used in the Life Skills programme. A thorough understanding of this model is essential in structuring a Life Skills programme in any setting.
  - Showing the handout 3, discuss the model with the participants, pointing out that individuals/adolescent have a fair amount of knowledge generally regarding the risks of sexual activity or drugs, especially the children at the shelter homes as they would have knowledge as well as experiences related to these however distorted and incomplete it might be. It can be said that they are standing on top of all of the knowledge they need to keep themselves safe from the risky behaviour of life.
  - Brainstorm some of the current knowledge and information that most individuals would have about: facts about HIV/AIDS, information on drugs or alcohol, sex etc. However, young people at times posses this knowledge, but they do not have correct and complete information, which has been seen to be more harmful than no information at all. Hence there is a need to provide complete and proper information as discussed in earlier Modules.
  - At the same time, though complete and correct information is of utmost significance, does that always translate into behaviour change? Many young people learn all about HIV/AIDS prevention in school or through various community programmes or media campaigns. Does that mean that persons who have information on HIV or those who are educated do not get infected? Emphasize that a number of interventions on HIV/AIDS have indicated that even though people have information and knowledge, it does not always get translated in behaviour change as the information may not be used in the right manner. People have the knowledge that does not mean that they do have the skills not engage in risky behaviours or protect themselves from risky situations.
  - Now draw attention to the other side of the bridge. Point out that, as care givers, we want to help our children move to the – **Positive, Healthy Life** side of the bridge. We want to help them use the knowledge that they have to live a stronger, healthier life. (Use gestures to show this movement on the Bridge Model Handout).
  - While gesturing towards the sea, ask participants to suggest what would be the consequences if the bridge to the other side i.e. to the ‘Positive Healthy Life’ is not crossed successfully. Equipped with nothing but knowledge or with incomplete information, people face the risk of falling into the sea of problems and harmful/risky behaviours or situations such as HIV infection, alcohol and drug addiction, unwanted pregnancy, even trafficking and so forth.
  - So, what then is missing? What does it take to help people to use their knowledge to lead a better life? Lead a group brainstorming session about what it takes to get across the bridge successfully without falling into the sea of harmful behaviours or situations.
  - After a few responses, tell the participants that we need planks called ‘Life Skills’ to cross the bridge successfully - the tools a person needs to help translate the knowledge that they have into healthier behaviour and life style. It is our job as care givers/interveners to help the children and adolescents acquire the life skills and tools necessary to help them lead healthier, happier lives (show the second sheet of the Handout where life skills – as planks-are demonstrated).
Point out that even if a few skills are missing (cover some of the planks with your hands), what happens? The person may still fall into a sea of problems. It is therefore necessary to launch a comprehensive program that targets all of these issues to better equip the children to make healthy decisions for their future.

**Handout 1**

**Life Skills**

**What are Life Skills?**
The World Health Organization has defined life skills as, “the abilities for adaptive and positive behaviors that enables individuals to deal effectively with the demands and challenges of everyday life.” UNICEF defines life skills as “a behavior development approach designed to address a balance of three areas: knowledge, attitude and skills”.

Life skills are essentially those abilities that help promote mental well being and competence in people as they face the realities of life. What are the core Life Skills strategies and techniques?

UNICEF, UNESCO and WHO list the ten core life skill strategies and techniques as: Problem solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self-awareness building skills, empathy, and coping with stress and emotions

**Components of Life-Skills**
The World Health Organisation (WHO) categorizes life skills into the following three components:
- Critical thinking skills/Decision-making skills
- Interpersonal Communication skills
- Coping and Self-management skills

**Critical thinking skills/ decision-making skills include**
- Decision-making/problem solving skills
- Information gathering skills.
- evaluating the future consequences of their present actions and the actions of others.
- Able to determine alternative solutions
- Analyse the influence of their own values and the values of those around them

**Interpersonal/ communication skills include**
- Verbal and non-verbal communication, active listening, and the ability to express feelings and give feedback
- Negotiation/refusal skills and assertiveness skills that directly affect ones’ ability to manage conflict
- Empathy, which is the ability to listen and understand others’ needs, is also a key interpersonal skill
- Teamwork and the ability to cooperate include expressing respect for those around us
Coping and self-management skills
Refers to skills to increase the internal locus of control, so that the individual believes that they can make a difference in the world and affect change. These are:
- Self esteem, self-awareness, self-evaluation skills and the ability to set goal
- Anger, grief and anxiety must all be dealt with, and the individual learns to cope with loss or trauma
- Stress and time management are key, as are positive thinking and relaxation techniques

Criteria for using Life Skills

- It should not only address knowledge and attitude change, but, more importantly, behavior change.
- Traditional "information-based" approaches are generally not sufficient to yield changes in attitudes and behaviors. For example, a lecture on “safe behavior” will not necessarily lead to the practice of safe behavior.
- It will work best when augmented or reinforced. If a message is given once, the brain remembers only 10 percent of it one day later, and when the same message is given six times a day, the brain remembers 90 percent of it. Hence there is a need to repeat, recap, reinforce and review

Handout 2

Case Scenarios

- Rani, a young inmate, of your shelter home travels for work every day by bus. One day she tells you that she was approached by a man who engaged her in a conversation. She liked it for some time, till the conversation started personal. He was showing a lot of interest in her personal life. By then she did not know how to stop him but it made her uncomfortable. What skills can you teach her to deal with such situations?
- Soma, 14 years old has been living in your shelter home for three months now. But she does not open up and is quite withdrawn. Even if she tries to participate, she gets taken over and dominated by other girls who are more confident and vocal, which make her clam up even more. How can you help her become confident? Which skills can help her in overcoming her inhibitions?
- Koel has been rescued and brought You are a college student who has to appear for several competitive exams. You need to prepare for these. How will you go about doing this?
- Ramesh and Kamini fall in love with each other. Ramesh wants to be sexual but Kamini is uncomfortable. She withdraws whenever Ramesh tries to touch her and her responses are upsetting him. What will happen to their relationship? Kamini fears that he will leave her. What should she do? What skills will help her in dealing with such a situation?
- Meena, an inmate in the shelter home, shares with you in a counselling session that another girl in the shelter was making sexual advances towards her. She seemed scared and did not know how to convey her discomfort and annoyance with this situation to the other girl. How can you help her? What skills can you teach her that will help her take her decision and convey the same to the other girl?
Handout 3: The Bridge Model (Sheet 1)

The Bridge Model:
How Do We Build a Bridge from Information to Behavior Change?
The Bridge Model:
How Do We Build a Bridge from Information to Behavior Change?

- Communication Skills
- Understanding Consequences
- Good Role Models
- Resilience in Past Problems
- Good Life for My Future
- Decision-Making Skills
- Negotiation Skills
- Strength

CULTURAL BELIEFS

FEAR OF PREGNANCY

STD FACTS

FACTS ABOUT ALCOHOL/DRUGS

FAMILY EXPECTATIONS

RELIGIOUS BELIEFS

POSITIVE, HEALTHY LIFESTYLE

DEATH FROM AIDS

ALCOHOL/DRUG ADDICTION

UNWANTED PREGNANCY

EXPELLED FROM SCHOOL

VIOLENT DEATH

STD INFECTION

ARRESTED FOR STEALING

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B. Building Self Esteem

Objectives
- To help participants understand feelings of worthlessness amongst children
- To teach a specific skill to the participants for building the self esteem of child survivors of trafficking.

Kind of Activity: Brainstorming and Discussion

Time: 45 Minutes

Things Needed: Flip chart, markers, Handout 1

Notes for the Facilitator
The participants may have already mentioned some of the points covered in the Handout, so you may not repeat those points. Reinforce healthy skills and encourage ways that build self esteem in the child with examples

How to do the Activity
- Ask participants to list three things about themselves that they really feel proud of
- Then, ask them to imagine those three things disappearing from them
- Ask them to reflect on their feelings of this loss and how it affects them
- Ask the participants to share their experiences of this activity with the group
- After this brainstorming and brief discussion, divide the participants into small groups
- Ask each group to list 10 ways of increasing the self esteem and confidence of child survivors
- Ask a member from each group to share their list with the whole group
- Wind up with the help of the Handout 1 on “Building Self Esteem”
- Wind up by answering questions, if any.

Handout 1

Building Self Esteem

Child survivors of exploitation and abuse have negative perceptions of themselves. They lack a sense of identity and value themselves very low and unworthy. They may constantly hear an inner voice telling them:
I’m useless.
I’m a bad person
I’m dirty/ugly/damaged
I deserve what I’m getting
I’m inadequate.
I can never get out of this.

Such negative self concepts develops over time as these have been repeatedly reinforced by the traffickers or others, that the child develops a very low self-esteem leading to further feelings of inadequacy, unworthiness, helplessness and hopelessness. This prevents them getting motivated to overcome their problems and seek out opportunities for normalizing their
life and achieve their goals. They eventually end up isolating themselves as they lack confidence in relating to others, especially peers.

**Steps for Self-Esteem in Child Survivors**

- Praise child’s efforts at every opportunity deserving praise irrespective of the outcome.
- Focus on giving positive messages.
- Encourage taking responsibility, to carry out small tasks.
- Induce a sense of achievement by giving task assignments.
- Promote identity formation.
- Give a sense of security and ‘belonging’.
- Encourage action, even if it means committing mistakes.
- Find activities they can do well to allow for experiences of success.
- Give her a special sense of importance.
- Help in grooming, sense of pride in appearance.
- Encourage child to adopt ‘role models’.
- Reduce and remove feelings of guilt, self blame.
- Provide opportunities for positive peer interaction.
- Guide the child in practicing appropriate responses to anticipated problem situations.

<table>
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<tr>
<th>C. Creating Boundaries</th>
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**Objective**
- To get to know your personal physical boundaries, and to feel the difference between situations where we can and cannot keep up these boundaries.

**Kind of Activity:** Physical Exercise.

**Time:** 40 Minutes

**Things Needed:** Handout 1

**Note for the Facilitator**
Take care that the participants have enough space to move about without disturbing each other and that there is no talking during the Activity. The aim of the exercise is to feel the physical changes in the body when somebody crosses your invisible boundaries and comes too close. For some of the participants it can be difficult just to experience that they do have boundaries. It is possible that their boundaries were violated at a very young age, they may have been crossed and disrespected so often that they gave up on ‘defending’ them. For them it is important to become aware of privacy, limits, crossing of boundaries in their lives. It is important to point out that boundaries are also symbolic, not just in space, but also in respecting privacy, not intruding the feelings and mind of another person. Hence, respecting and defending ones boundaries as much as boundaries of others around us is an important skill to learn both for care givers (so that they do not intrude upon boundaries of others/children) and children so that they can be aware of and learn to protect their boundaries.

**How to do the Activity**
The participants split up into two groups, A and B. They work in pairs, one A, and the other B. They stand facing each other with a few meters between them.

A is told to concentrate on her body, on how she feels, while imagining that B is a person she likes. B slowly moves closer. A uses her hands (no talking) to give signals: come closer, stop. All the while she listens to the signals in her body.

B moves back again. This time, A imagines that B is an unknown person that she may or may not like. Again B moves closer, but now A is not allowed to stop her. She will only listen to the signals of her body.

B moves back again. This time the stranger comes closer, and A is allowed, through movements of her hand, to stop her, let her come closer or go back. Again she listens to the signals in her body.

A and B change roles and repeat these three steps.

After the exercise the participants share their experiences:
- How did they feel when the person was liked?
- And with the stranger?
- How did it feel different when they could stop the stranger and when they couldn’t?

Summarize the key points related to “the concept and significance of boundaries” for both children and care givers from Handout 1.

**Handout 1**

**Boundaries**

All of us have something we experience as ‘personal space’. We can draw an imaginary line around ourselves, a line that symbolizes what is ‘private’, indicating our ‘boundaries’. Depending on who crosses this line and why, we can experience this crossing as intrusive, as an ‘invasion’. In a physical sense our boundaries symbolize the distance between ourselves and others which we find comfortable and acceptable. This distance depends on the relationship we have with the other person(s) (for instance, our children are usually allowed much closer to our bodies than strangers) and also on our frame of mind and mood (when we are tired even our children can get too close). Our sense of acceptable boundaries depends also on former experiences with certain persons, or people who remind us of certain experiences. In a psychological sense boundaries symbolize our readiness and willingness to show our feelings, to let somebody ‘in’.

Boundaries can be:
- Rigid, impenetrable
- Damaged, not functioning
- Flexible

The issue of boundaries is important in a therapeutic relationship, especially when we work with victims/survivors of violence. For our clients the experience of violence was an extreme violation of their personal boundaries, both in a physical and a psychological sense. When they were violated the needs and feelings of the victims were not respected. If a victim has experienced violence over a prolonged period, or has survived a repetition of violent acts, it may have damaged her natural sense of personal boundaries. This can take on several forms. A victim may lose touch with her feelings and needs, consequently she will lose trust in her capacity to express and defend her needs, because they are so often violated.
Sometimes victims are unable to respect other people’s boundaries as well. The client who has been traumatized in this way can either be very vulnerable to intrusion and anyone crossing her boundaries, or so defensive that she trusts nobody enough to let ‘in’.

Care workers should realize that both signs of not respecting your own boundaries and those of others, as well as being extremely defensive (as a result of damaged trust) can be symptoms of trauma.

This issue also arises in the form of ‘secondary or vicarious traumatization’: the effect of working with victims of trauma on the care worker. The care worker herself can also feel as if she is losing her capacity to demand respect for her personal boundaries. She may, for instance, feel guilty for not always being available when a client demands her time and attention. If a care worker is not able to respect her personal boundaries she runs the danger of not recognizing the boundaries of her clients. We can see this as a form of interaction that we refer to as transference and counter transference (feelings and reactions of the client influencing the care worker and vice versa).

**Being aware of boundaries is part of a care worker’s professionalism, in more than one way:**
- A care worker who is aware of her personal boundaries will not unwittingly cross a client’s boundaries.
- A care worker who is aware of her personal boundaries can act as a role model for clients.
- She will be able to reduce the risk of burn out or vicarious traumatisation
- She will be more aware of the extent of the injuries of survivors of violence and therefore be able to offer better support and information, and be more effective in supporting a client’s recovery.

### D. Life Skills Education: Understanding the Decision Making Process

**Objective**
- Enable participants to describe some important factors critical for decision-making and list out the steps needed to make a decision.

**Kind of Activity:** Group work and Discussion

**Time:** 1 ½ Hours

**Things Needed:** Flip chart/ whiteboard, marker, decision-making situation cards (Handout 1)

**Notes for the Facilitator**
Prepare the situation cards before the session.

**How to do the Activity**
- Divide participants into six small groups.
- Give each group one card with one decision-making situation on it from **Handout 1**
- Ask the group to discuss the situation and make a decision about it on the card. On the flip chart, state what alternatives were considered before reaching the final decision and the reason for the decision. Ask them to list the steps involved in making and reaching a decision on a flip chart
- Ask a representative from each group to present the group’s work to the larger group
- After the participants’ responses, discuss each situation.
Help them analyze the life skills they are applying to these situations from among the various life skills: communication, decision-making, assertiveness, responsibility, self-respect, opportunities for future/goal setting, negotiation skills, strength.

Summarise the decision-making process and help consolidate all group ideas into one list of steps required to make a decision. Explain that the tools of making good decisions are:

- **Self-awareness:** Having a high self-esteem
- **Clear values:** Understanding and being sure of personal and family values
- **Information:** Adequate and vital information and facts about all aspects of the issue gives the opportunity to weigh the options and make an informed decision
- **Clear values:** Clear values are important for determining how to use the opinions and values of others most effectively

Wind up by summarising the decision-making process by emphasising:

- Decision-making is a day-to-day activity
- There are many alternative solutions for every problem or situation
- Every decision, including not making a decision, has a consequence
- The best decision is usually one that is consistent with one's own values
- Better decisions result from the use of a conscious decision-making process that examines alternatives.

**Handout1**

<table>
<thead>
<tr>
<th>Decision-Making Situation Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You are a 22-year-old man and you have been recently married. Your wife is still completing her studies and you have just started a job. You want to start a family, but you also want your wife to finish her degree and get settled in your job. Your wife has suggested using the rhythm method of contraception.</td>
</tr>
<tr>
<td>2. You are a 20-year-old boy in University. Your college ‘Anti-AIDS Club’ has been very active lately and you have been thinking a lot about AIDS. You feel your past experiences may have put you at risk of contracting HIV, but you are afraid to find out. A close friend has suggested that you get an HIV test.</td>
</tr>
<tr>
<td>3. You are a 29-year-old woman and your husband has deserted you since the past five years. You have returned home, but your family considers you are a burden. The lady next door has been offering to find you a job in the city.</td>
</tr>
<tr>
<td>4. Your husband travels frequently for work. You have been attending the women’s group meetings where the health worker talks about HIV and AIDS. You are not sure that your husband is faithful to you. You want to ask him to use a condom.</td>
</tr>
<tr>
<td>5. You have been married for the last five years. Your husband travels often and is mostly out on work. You have taken up work in the local packaging plant. The supervisor has been making outright suggestions of sleeping with him to keep your job. You do not know how to react or whom to approach. You need to keep the job, as there are ten family members to feed.</td>
</tr>
</tbody>
</table>
6. You are an 18-year-old girl in love with a 20-year-old boy in your locality. For sometime he has been insisting that you get sexually close to him. You are not sure if you want to have sex at this stage in your relationship but fear that if you do not he may leave you.

E. Conclusion – Summing up

Objective
- To sum up what they have learnt in this Module

Kind of Activity: Discussion and a brief presentation

Time: 10 Minutes

Things Needed: chart paper and marker pen, Handout 1

Note for Facilitator
The feedback given by the participants will be noted by the facilitator.

How to do the Activity
- Take the feedback from the participants about the Module and their specific learning
- Ask them how they are feeling and if they have any queries related to the topics covered so far
- Ask them what other social skills children need in addition to life skills and how can these be developed
- Wind up by summing up the responses and this Module by emphasizing key points from Handout 1

Handout 1

Building Life and Social Skills

Interactive and participatory exercises such as games - ball games, cards, board games and other Activities – including day to day activities such as cooking and light chores such as cleaning (if seen as helping out and not a duty). These can help develop:
- Ability to share
- Communication skills
- Experience of success/failure and winning/losing
- Encourage participation
- Impulsiveness
- Patience (taking turns)
- Self esteem

Group Work Can be used to explore specific issues and helps develop particular skills, for example, Keeping safe and Assertiveness

One-to-One Support including explanations and mentoring from staff can help in Modelling by staff: ‘Shows’ children ways of being / doing / saying that they can imitate
Outside Activities & Groups provide different forums for children to explore, acquire social skills and have different experiences.

Hence mix of activities need to be conducted with children to help them acquire life and social skills.
Module III.10 The Essential Rs: Rescue; Rehabilitation; Repatriation; and Reintegration

As evident by the name, this Module is designed to help the participants understand the important procedures as well as sensitivity and collaboration with the police and government functionaries required in the important processes related to the Rescue; Rehabilitation; Repatriation; and Reintegration. Each care giver would come in interface with one or all of these procedures while working with children who are survivors of trafficking and commercial sexual exploitation, hence a thorough understanding of these procedures is required.

A. The Four Rs: Understanding Concepts

Objective

- To explain the concepts of Rescue, Rehabilitation, Repatriation and Reintegration to the participants

Kind of Activity: Brainstorming, Presentation and Discussion

Time: 40 Minutes

Things Needed: White board/flip chart, markers, handout 1

Notes for the Facilitator

This is an introductory activity to explain the concepts to the participants. You can prepare a power point presentation or out the concepts on a chart paper before conducting the Activity. Also make references to the children in the shelter home with respect to these processes where applicable to ensure that they understand the concepts well.

How to do the Activity

- Remind the participants of the activity on Stages of Trafficking that was done in Module II.1, where concepts of Rescue, Rehabilitation and Reintegration were discussed.
- Ask them what do they remember by these terms and jot down their responses on the flip chart/while board.
- Tell the participants that these are ‘three Rs’ in the process of ensuring safety and protection of trafficked persons. Ask them if they are aware of the ‘fourth R’ in the process and what is its significance?
- Again list down the responses on the flip chart/while board.
- Now explain the ‘four Rs’ from the Handout 1 and tell the participants that through the next set of Activities, we would explore these concepts further.

Handout 1

The Four Rs

Rescue
In this stage, rescue and recovery operations are conducted through police raids with the help of individual or voluntary organizations which may planned or unplanned. Many agencies network in carrying out such raids on brothels, factories, homes to rescue children who have been forced into exploitative situations. After rescue they are usually taken to police station for initiating legal procedures and kept till they can be admitted officially to a Shelter Home, till they are sent back to the family.

It involves all activities associated with organizing inspections and raids, for identification, establishment, and withdrawal of child, with the aim of securing the rehabilitation and social reintegration of the rescued child.

**Restoration/Repatriation**

It would involve all actions taken after the rescue of the children to send the girl back to their families or legal guardians or others. Restoration shall include when the child is sent back to her place of origin anywhere in India while Repatriation include the process when a child is sent back to her country of origin in the context of cross-border trafficking.

*Interim protection:* All processes to be adopted pursuant to the rescue operation and until the repatriation of the child has been secured shall be termed as interim protection. In case repatriation is not possible, then it would also include measures to secure the rehabilitation and social reintegration of child within the State they are rescued from with a view towards ensuring the safety and well being of the child.

**Rehabilitation**

Rehabilitation is a long-term multi pronged process that the child survivor of trafficking and commercial sexual exploitation, experiences in a systematic approach during her stay in the shelter home. The rehabilitative services may be also termed as psychosocial care and protection services; and constitutes of education, counselling, vocational trainings, life skill etc. Rehabilitation of the rescued child involves the is creating of a safe, secure environment which fosters health, self respect, dignity and emotional healing in the child by providing a variety of services and activities aimed at promoting physical, psychological and social integration of the child. The term ‘rehabilitation’ includes the economic and educational rehabilitation of the child.

Rehabilitation can be explained as psychosocial care and protection services inclusive of education/ learning mechanism to ensure the victims’ healing process from the traumatic experiences (physical/emotional scars) that are caused due to violence they have experienced in trafficking and commercial sexual exploitation.

**Reintegration**

Reintegration refers to the process that takes place after the return of the child to his/her home, city or country (place of origin). Integration refers to the process that takes place in the new destination. Depending on the determination of the best interest of the child, the process will be either integration or reintegration. *(Adopted from the Reintegration Policy of Terre des homes Foundation, Lausanne)*

The success of reintegration does not depend only on the services provided in the shelter home, but also on other external forces/ agencies. However the rehabilitation process in the shelter home initiates the path of Reintegration of the girl into the society by an organized planning of certain set of actions that the girl goes through in the shelter home and learns. These learning
there by link her to the activities (employment/education/vocational skills) which she can pursue after leaving the Shelter Home.

Restoration/repatriation may take place without rehabilitation but effective reintegration back into the families cannot happen without successful rehabilitation of the child.

The processes for effective and successful repatriation, rehabilitation and social reintegration’ have been specified in the Juvenile Justice (Care and Protection of Children), 2000 Act.

B. Application and Procedures

Objective
- To explain the concepts of Rescue, Rehabilitation, Repatriation and Reintegration to the participants

Kind of Activity: Group work, case study review, discussion

Time: 2 Hours

Things Needed: Case Study (Handout 1), and Handout 2

Notes for the Facilitator
This activity will help the participants understand the concerns and specific procedures related to each step: Rescue, Repatriation, Rehabilitation and Reintegration. Let the groups discuss the case stuffy and come up with their responses and try to relate/refer to the situation/stories/concerns/examples of girls from your shelter home with respect to each while adding points to their presentation from Handout 2 - 6. Read and understand the information provided in these handouts well and if possible prepare presentations based on these for easy reference while explaining these concepts to the participants.

How to do the Activity

- Divide the participants in four small groups and give them the case study from Handout 1. Each group is given the same case but the questions for each group are different as given below:
- Questions for Group 1:
  - What does the process of Rescue involves?
  - What do you think happened during Rescue that scare the girl so much – to the extent that she did not want to meet the same police officers and even come to the shelter?
  - What does a safe rescue operation involve?
  - What is the role of accompanying NGO in the rescues operation?
- Questions for Group 2:
  - What is the responsibility of the shelter/organization and care givers after the girl is brought to the shelter?
  - What does a successful rehabilitation program involves?
  - Do you think that any effort was given to the girl, which would help her in mainstreaming?
- How do you think counselling and life skills training may help the girl in mainstreaming?

Questions for Group 3:
- Why does the girl need to be repatriated?
- How can we ensure safe and successful repatriation?

Questions for Group 4:
- What does it mean to reintegrate the girl into the family and community?
- Do you think that she is ready enough to face the outside world?
- What activities with the girl at the shelter will help in successful and effective reintegration?
- Once the girl is restored back into the family, do we as care givers/care giving institutions have a role to play?
- How would we know and ensure that the girl is successfully rehabilitated and reintegrated back in the family and community?
- How do you think she can sustain herself once she is restored back to her family?

Give about 20 minutes to the group for discussion and provide them with a flip chart and a marker to write their responses

After all groups have finished, ask them to get back into the larger group

Call the first group on Rescue to make their presentation. After the presentation, ask other groups if they want to add anything to the points presented by the first group on Rescue. Then add to the responses in order to provide clarifications and fill in the gaps on Rescue from Handout 2.

Repeat the process with other three groups and provide clarification and additional information on each concept with the help of Handout 3, 4 and 5 respectively.

Wind up by addressing queries if any and providing a synopsis of indicators of successful rehabilitation and reintegration from Handout 6.

Handout 1

Case Study

Ameera a, 14 years old Bangladesh Girl, was rescued from a red light area and brought to your shelter home two years ago (when she was 12 years ago). When she came to the shelter she was scared and withdrawn. She did not talk much and was scared of everyone at the shelter home. She used to clam up at the sight of the Police officers who were also par of the team who rescued her. After residing in the shelter home for few days, she goes through the process of counselling where she could share about her difficulties and problems. She also shared that the rescue operation itself was so threatening and traumatizing that she was scared to leave the brothel and come to the shelter. However, she started opening up in the process of counselling and gradually started attending life skill education sessions and block printing class at the Shelter. Within her 2 years of stay in the shelter home, she matured and learned various skills about the outside life, beyond the shelter home. Arati also got involved in the income generation programs and started earning from various options available to her. In the meantime, her legal proceedings were going on and she has now got her orders for repatriation – to be sent back to her family in Bangladesh. The organization ensures that she is successfully repatriated and reintegrated back into her family and community.
Handout 2

Rescue operations

Trafficking completely violates and exploits a person, and an unplanned, insensitive rescue operation adds to the layers of exploitation experienced by the child. The rescue process itself greatly impacts/ affects the mental state of the survivor. The impact on the survivors mind is often irreversible.

The dignity of the survivor needs to be maintained during the process and at every stage thereafter. Law enforcers/ police personnel/ NGO’s must ensure that intervention measures consider the survivor’s rights and needs at all times. Therefore it is essential to plan the preventive rescue operation carefully before the incident. Ensure that survivor’s rights are not violated unintentionally.

For the purposes of conducting a rescue operation in an effective child friendly manner and towards making the procedures less traumatic for the child, the following procedures can be applied:

- The search/ rescue party should have two women police officers (WPO) as required. Maintain a list of WPOs residing in the jurisdiction of the Police stations (PS) and other nearby locations.
- Rescue Party should have adequate number of vehicles so that the rescued persons could be transported without publicity and glare.
- Interview of rescued person to be conducted only by WPO/ woman from an NGO u/s 15 (6A) ITPA. Maintain list of NGO’s in the P.S.
- Two respectable persons are required as witnesses (PW) during search and one of them should be a women u/s 15 (2) ITPA. Utilize the services of local NGO’s. Network/ be in touch with NGO’s in the area.
- Search/ seizure of all material evidence, including documents in the brothel, is critical. Should be done immediately so evidence is not destroyed/ made to disappear by anybody/ especially exploiters.
- Information source for rescue could be anybody, although NGOs play a significant role.
- Rescue should not be delayed at any cost. Delay denies justice delivery and exacerbates exploitation. Gather intelligence and act in time.
- Keep the victims segregated from the accused and suspects, so that they do not intimidate or violate the rights of the victims.
- Ensure rights of rescued persons are respected during rescue and post rescue:
  - Interview victims briefly at the place of rescue to identify their age, assets and possessions.
  - Proper use of language/ gestures/ demeanor, it should not be abusive or intimidating and should no way violate her rights.
  - If the rescued person has children, they should be allowed to accompany her. Extra care should be taken to see that the children are not left behind in the brothel.
  - Facilitate that rescued person carries/ is handed over all her possessions like clothes, money, jewellery, etc.
  - Avoid publicity so anonymity of victims is maintained.
  - Provide trauma counseling, legal counseling and immediate medical relief, which should cover physical, emotional and mental health assistance.
  - As per s. 15 (5A) ITPA, the Magistrate has to order medical examination for:
    - Age determination
Injuries
Sexual assault
Presence of STD

- Children are to be dealt with under JJ Act. During rescue segregate children from adult victims and provide them special care and attention.
- Rescued children should be produced before the Child Welfare Committee (CWC) constituted under the JJ Act, 2000.
- Home verification to be done by a probationary officer with the help of an NGO.
- Magistrate may utilize the services of five NGOs (including 3 female NGO workers) for home verification and also consult with them in the process of decision making u/s 17(5) ITPA.
- During the pendency of verification the person can be kept in a recognized rehabilitation institution after obtaining orders from the concerned Magistrate.
- Suitability of the rehabilitation home should be verified before the person is lodged.
- S.17 ITPA applies to children and adults so an adult can also be sent to protective custody. If the inquiry reveals that the person is in need of care and attention, irrespective of age, the Magistrate should direct protective custody in a protective home as provided u/s 17(4) ITPA.

Handout 3

The Repatriation Procedure to Bangladesh

- Firstly the concerned organization gives the detail to any Bangladeshi NGO for family identification.
- An appeal is made to the Home Ministry of that country.
- Home ministry decides to take the girl back and passes an order for the same
- After the order is passed the Indian NGO sends it to the Indian Home Ministry
- BSF (Border Security Police in India) and BDR (Bangladesh Rifles in Bangladesh) are asked to fix a date and take the girls to the Bangladesh border with the NGO as an escort
- BSF (head) will communicate the entire procedure
- Representative from the Immigration, Customs, BSF and NGO of both the countries (in this case – Bangladesh and India) during hand over must be present.
- The statement of hand over is prepared in the presence of all the parties (as mentioned in the above point) and the girl is received by the Bangladesh Government.

Issues around Repatriation of Children
The process of repatriation is a joint effort between two countries. Good cooperation and coordination will contribute to the successful and safe return of child victims of trafficking. The priority considerations should be

1 Ensuring safety
2 Carrying out a proper investigation in the country of origin
3 Elaborating a plan for social and psychological reintegration
4 Making suitable preparations for departure from country of destination through Counselling as well as providing the opportunity for the child to express his/her hopes, dreams and fears
5 Arranging suitable reception in country of origin
6 Ensuring a suitable reintegration process
Investigation in country of origin should include a social enquiry into the domestic situation, and an assessment of the parents’/families’ capacity to care for the child. It is important to consider the possibility that the parent(s)/family themselves were involved in the trafficking process. It should include risk assessment, assessing community support as well as child’s views and preparation about disclosure of the trafficking into consideration. The child may need psychological support in disclosing his/her abuse, and the family itself may need such support to be able to understand what the child has endured, and help him/her through the reintegration process.

Challenges:

Long drawn repatriation process – There are number of time consuming procedures involved in the repatriation of the rescued children to their native place and at times, it takes many days/weeks of waiting in the Shelter Homes. This involves delay in production of rescued children before Child Welfare Committees, delay in police investigation, filing of a charge sheet, filing of complaint in the court, and judicial proceedings etc. These children are in the meanwhile kept in the Shelter Homes where the arrangement in many cases is inadequate. Locating their home addresses and establishing contact with the local administrations for their rehabilitation also takes time. This adds up to the miseries of these children and at times, they also run away from these Shelter Homes.

Issues related to repatriation and rehabilitation of children who are victims of cross border trafficking becomes even more complex and difficult as it involves coordination with other countries from where these children are coming. There has to be a mechanism for smooth repatriation of such children so that these children do not suffer in the process and they are safety sent back home.

Handout 4

Rehabilitation Plan:
All the activities undertaken in the shelter (discussed under the Part C of the Manual (Interventions) go a long way in helping the child in successful rehabilitation). Specific points to be considered are:

- The rehabilitation plan shall include:
  - The educational rehabilitation for the child
  - The economic rehabilitation for the family.
  - Plan for imparting social and life skills to prepare the child for challenges of life and better reintegration and mainstreaming

- The rehabilitation plan must include measures that are sustainable and match both the short term rehabilitation needs as well as long term integration needs of the child and his/her family.

- For children reintegrated in the families/communities, ensure information about various government schemes available to them and help them access the same. Counselling of children and parents should be ensured as well

Handout 5

Reintegration
Reintegration work involves identification process (who is she, where does she belong, family tracing – if it exists and where) family assessment (what kind of needs they have and if they
can provide after care), family reunification, travel and follow up of reintegration through visits.

Problems in Reintegration
Quite a few trafficked women and children actually want to return home if they have the chance, which is referred to as voluntary return. It also is seen many times that rescued children do not want to go back home, but they are sent back against their wishes by the concerned authorities due to the constraints in the legal systems in the country of destination.

Whether they go back voluntarily or not, trafficked women and children usually need support when they return to their family, community or country. Return and reintegration form a difficult process, in which the returnees may face psychological, family related health, legal and financial problems. Some may have illness, injuries, HIV infection, and malnutrition. They may be afraid of police or other officials. Fear of some kind of retaliation or persecution is not uncommon. If these problems are not solved, and the returnees are not supported, it is likely that they will be abused and exploited again, sometimes even trafficked again.

The reintegration process is a long-term one. The pre-existing problems of the child are even more acute than before the trafficking events, and the psychological effects of the trafficking period are very difficult to remove. The implementation of the plan for reintegration must take account of the trafficking history, the child’s level of development, medical problems, the family situation, and the child’s educational and vocational needs.

Elaborating a plan for social and psychological reintegration should include:
- Proposals for safety measures (placement in a shelter for survivors of trafficking/placement in a foster home/family reintegration)
- Proposals for education (school reintegration)
- Professional courses (obtaining a qualification for employment)
- Proposals for psychological counselling (both family and child)
- Measures for offering legal support (in proceedings against the traffickers, in getting legal documentation)

The plan should be realistic and offer concrete information about the situation in the country of origin in case of cross border trafficking. The responsibility for informing the child about the home situation lies with the social workers/care workers from the country of destination. The information should be realistic and contain no false promises.

Handout 6

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

CHANCES OF SUCCESS
- Development of child’s self protection skills
- Improvement in child’s view of themselves (i.e. esteem and value)
- Opportunity for child to explore what happened to him/her its meaning in their life
C. Summing up

Objective

• To sum up what they have learnt in this Module

Kind of Activity: Discussion, question-answer to take feedback / quiz (optional)

Time: 20 – 30 Minutes

Things Needed: None

Note for Facilitator

Either ask questions to assess what they have understood or prepare a quiz based on the aspects covered in the previous two Activities to evaluate their learning of the procedures involved.

How to do the Activity

➢ Take the feedback from the participants about the Module and their specific learning
➢ Ask them how they are feeling and if they have any queries related to the topics covered so far
➢ Wind up by summing up the responses and addressing any queries. And inform the participants that the Ministry of Labour and Employment, Government of India has developed Protocol on Prevention, Rescue, Repatriation and Rehabilitation of Trafficked & Migrant Child Labour, which provide practical guidelines to key stakeholders on crucial issues relating to prevention, rescue, repatriation rehabilitation of trafficked and migrant child labour. These can be assessed on the Ministry’s website.

Alternatively, play a quiz by diving them into two teams, as instructed in the notes to the facilitator above.
Module III.11 Rights, Policies and Legal Framework

By now the participants have understood the background of the girls in the shelter and various forms of violation they experience in the entire process of trafficking and its impact on them. This Module would provide an overview of the rights of children that are violated and the legal framework on trafficking of women and children including both national as well as the international instruments.

A. Protecting the Rights of Children

Objectives

- To discuss the human rights violations and abuse and its manifestations
- To help the participants understand the Convention on the Rights of the Child

Kind of Activity: Brainstorming, Discussion and Presentation

Time: 40 Minutes

Things Needed: White board and markers

Note for the Facilitator

Since participants have got an in-depth understanding of what a child goes through in the trafficking process, this activity would help them sum up the rights violations of children. Try and brainstorm with the participants as this would also help you assess their level of understanding gained from previous modules.

How to do the Activity

Put up this chart. Ask the larger group to brainstorm and fill in the answers by assessing which human rights of children are violated when they are trafficked and abused and its manifestation in their lives. Examples are given below:

<table>
<thead>
<tr>
<th>Human Rights</th>
<th>Manifestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

Example

<table>
<thead>
<tr>
<th>Human Rights</th>
<th>Manifestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Right to information</td>
<td>No information provided on:</td>
</tr>
<tr>
<td></td>
<td>Abortion</td>
</tr>
<tr>
<td></td>
<td>Mother to Child Transmission</td>
</tr>
<tr>
<td></td>
<td>Safe Migration</td>
</tr>
<tr>
<td>2. Right to dignity</td>
<td>Abusive language</td>
</tr>
<tr>
<td>3. Right to equality</td>
<td>Not allowed in social functions</td>
</tr>
<tr>
<td>4. Right to employment</td>
<td>Loss of paid work on disclosure of disease/ no work if trafficked status is known</td>
</tr>
</tbody>
</table>
5. Right to property  
6. Right to health care  
   No access to housing especially in case of women  
   Treatment denied by health care provider/health center  
7. Right to marriage and family life  
   Isolated by the family  
8. Right against Exploitation (Art 23 of Indian Constitution)  
   Exploited in a number of ways  
9. Rights to Protection (Art 14)  
   Taken away from protective environment to an abusive one  
10. Right to Education  
   Denied education as cannot attend school

- After this brainstorming, inform the participants about the Convention of the Rights of the Child (CRC) and its emphasis and significance for protecting the rights of the children with the help of Handout 1

**Handout 1**

**The United Nations Convention of the Rights of the Child**

The Convention on the Rights of the Child (CRC) outlines the human rights of children, and upholds their rights with a set of universal, non-negotiable standards and obligations. These standards are valid for all children, boys and girls alike, everywhere, at all times and in all circumstances. Under this treaty, every country in the world (except for the United States of America and Somalia) has agreed to protect children against all forms of sexual exploitation and sexual abuse, and to prevent children from being abducted, sold or trafficked for any purpose. An additional Protocol to the CRC sets out the minimum requirements for a national law that will protect children from sale, prostitution and pornography. Countries that have already ratified the CRC are now trying to ensure that their national laws are in line with the requirements of the Protocol so that the children within their jurisdictions can be properly protected against trafficking and exploitation.

The CRC defines a child as ‘every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.’

In Article 35 of the CRC, States Parties agree to ‘take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

**History**

The CRC was adopted in 1989 and gathers a set of standards and obligations. These human rights are adapted to the needs of children. The signatories to the Convention promise to uphold the rights of children as outlined in the Convention. This promise is monitored by the Committee on the Rights of the Child. Country adherence to the Convention is reviewed regularly by the Committee, a group of twenty independent experts. India has ratified the CRC in the year December 1992.

**Core Principles**

The Convention outlines four core principles: non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child.
The articles of the Convention reflect these principles, and protect some very important rights of children, including:
Adequate Health and Care
Education
Full Participation in Decisions which affect them
Freedom of Expression
Protection from Discrimination of any kind
Protection from all kinds of Exploitation and Abuse, including Sexual Exploitation

**The ‘best interests’ of children**
Where children are victims, the international legal standards recognise that, because children are still developing both physically and emotionally, special protection measures are needed. But children are not only the ‘objects’ of protection. Under international human rights law, especially recognised by and outlined in the Convention on the Rights of the Child, children are recognised as persons having certain inalienable rights of their own.

The possibility of contradiction between what safeguards are required to protect children from harm, and what choices the individual child is entitled to make in his/her own right, is resolved in modern jurisprudence by having regard to ‘the best interests’ of the child. This means that in any decision regarding a child, the ‘best interests’ should be the primary consideration. Thus, any situation should be looked at from the child’s own perspective, seeking to take the child’s views into consideration, and with the objective of ensuring that his/her rights are respected.

Any decision concerning a child should therefore be guided by what is **objectively best** for that child, given his/her age and maturity.

**What makes the CRC unique?**
- The age of the child up to 18 years has been universally accepted in this convention.
- It is comprehensive, the only convention to ensure in a single document the whole spectrum of children’s human rights—their civil, political, economic, social and cultural rights.
- It is universal, applying to all children in all situations in virtually the entire community of nations.
- It is unconditional, calling on all governments to take action to protect the rights of all children.
- It is holistic, asserting that all rights are essential, indivisible, interdependent and equal.

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**B. Legal Framework on Trafficking**

**Objective**
- To help participants identify the laws on Trafficking

**Kind of Activity:** Group work, Presentation and discussion

**Time:** 40 Minutes

**Things Needed:** Handout 1 and 2
Notes for the Facilitator
Prepare a presentation based on the Handout 1. Alternatively you may want to call a resource person/expert on Human Rights and legal issues to make a brief presentation.

How to do the Activity
- Divide participants into four small groups
- Within these groups, ask them to discuss:
  - The existing legal provisions to address human trafficking in India and what these legislations provide for?
  - How these provisions address the violations of trafficked survivors listed by participants in previous activity?
- Give 10 - 15 minutes for group work and then ask each group to make their presentations
- Make a presentation on the legal framework from Handout 1
- In the end, you can give additional information from the Handout 2 (legal Fact Sheet)

Handout 1
Constitutional and Legal framework to address trafficking in India

Article 23(1)
Prohibits trafficking in human beings and other similar forms of forced labour. Any contravention of this provision shall be an offence punishable in accordance with law.

Article 24 of the Constitution
Prohibits employment of children below 14 years of age in factories, mines or other hazardous employment.

Article 39(e)
To protect health and strength of workers and tender age of children and to ensure that they are not forced by economic necessity to enter avocations unsuited to their age or strength.

Article 39(f)
That children are given opportunities and facilities to develop in a health manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Indian Penal Code, 1860
There are 25 sections relevant to trafficking; significant among them are –
- Section 366A – procuration of a minor girl
- Section 366B – importation of a girl below 21 years of age from a foreign country
- Section 372 – selling of a minor for purposes of prostitution
- Section 373 – Buying of a minor for purposes of prostitution
- Section 374 – provides punishment for compelling any person to labor against his will.

Immoral Traffic (Prevention) Act, 1956
Deals exclusively with trafficking; objective is to inhibit/abolish traffic in women and girls for the purpose of prostitution as an
organized means of living; offences specified are:

- Procuring, inducing or taking persons for prostitution;
- Detaining a person in premises where prostitution is carried on;
- Prostitution in or visibility of public places;
- Seducing or soliciting for prostitution;
- Living on the earnings of prostitution;
- Seduction of a person in custody; and
- Keeping a brothel or allowing premises to be used as a brothel.

**Child Labor (Prohibition and Regulation) Act, 1986**

Prohibits employment of children in certain specified occupations and also lays down conditions of work of children.

**Information Technology Act, 2000**

Penalises publication or transmission in electronic form of any material which is lascivious or appeals to prurient interest or if its effect is such as to tend to deprive and corrupt persons to read, see or hear the matter contained or embodied therein. The law has relevance to addressing the problem of pornography.

**Juvenile Justice (Care and Protection) Act, 2000**

- Enacted in consonance with the Convention on the Rights of the Child (CRC); and
- Consolidates and amends the law relating to juveniles in conflict with law and to children in need of care and protection.
- The law is especially relevant to children who are vulnerable and are therefore likely to be inducted into trafficking.

The structure of the JJ Act 2000 is illustrated in Handout 3 provided below.

**Karnataka Devadasi (Prohibition of Dedication) Act, 1982**

Act of dedication of girls for the ultimate purpose of engaging them in prostitution is declared unlawful – whether the dedication is done with or without consent of the dedicated persons.

**Andhra Pradesh Devadasi (Prohibiting Dedication) Act, 1989**

Penalty of imprisonment for three years and fine are stipulated in respect of anyone, who performs, promotes, abets or takes part in Devadasi dedication Ceremony.

**Goa Children’s Act, 2003**

- Trafficking is specifically defined;
- Every type of sexual exploitation is included in the definition of sexual assault;
- Responsibility of ensuring safety of children in hotel premises is assigned to the owner and manager of the establishment;
- Photo studios are required to periodically report to the police that they have not sought obscene photographs of children.
- Stringent control measures established to regulate access of children to pornographic materials.

**Note:** There are also certain other collateral laws having relevance to trafficking. These are the Probation of Offenders Act, 1958, Indecent Representation of Women (Prohibition) Act, 1986,

The offences under the ITPA are specific to the context of CSE. They are briefly listed out below:

- Keeping or managing (or assisting in keeping or managing) a brothel or allowing premises to be used as a brothel (including vehicle) – S.3 ITPA
- Living on earning of prostitution (even partly) – S. 4 ITPA
- Procuring, including trafficking or taking persons for the sake of prostitution (S.5 ITPA). Even attempt to procure or take would constitute the offence.
- Detaining a person in any premises (Brothel or any other) where prostitution is carried out-S.6 ITPA
- Anybody who carries on prostitution, or anybody with whom such prostitution is carried on, in the vicinity of public places (which includes hotel, vehicles, etc.) S. 7 ITPA
- Seducing or soliciting for the purpose of prostitution in any public places or within sight of a public place-S.8 ITPA.
- Seducing a person in the custody (which includes causing or assisting seduction for prostitution of a person in custody)-S.9 ITPA.

The Juvenile Justice (Care and Protection) Act, 2000 (JJ Act 2000) also has penal provisions. Anybody in control of a child who assaults, abandons, exposes or willfully neglects the child or procures him to be assaulted, abandoned or exposed the child causing the child unnecessary mental or physical suffering, is liable under S. 23 JJ act.

Various Forms of Violations in Trafficking and relevant Legal Provisions:
Considering that human trafficking is a “basket of crime”, it would be appropriate here to list out the wrongs violation, harms, crime that are committed by various persons on a trafficked victims. These violations can be realizes only during a careful interviews of a trafficked person. Once the victims is allowed, facilitated and promoted to speak, the unheard story will reveal a long list of violating acts perpetrated on her. As a typical example, under the Indian penal code a trafficked girl has been subjected to a multitude of violations. She has been:

- Displace from her community, which tantamount to kidnapping/abduction (section 361,362, 365,366 IPC may apply)
- Procured illegally (S.366 A IPC)
- Imported from foreign country (if she hail from a foreign country or even from J&K state, and is under 21 years of age-S.366 B IPV)
- Wrongly restrained (s.339 IPC)
- Physically tortured/injured (S.327,329 IPC)
- Subjected to criminal force (S.350 IPC)
- Mentally tortured/ Harass/assaulted (S.351IPC)
- Criminally intimidated (S.506 IPC)
- Outraged of her modesty (S345 IPC)
- Raped/gang raped/repeatedly raped (S 375 IPC)
- Subjected to perverse sexual exploitation (unnatural offences) ( S.377 IPC)
- Defamed (S499 IPC)
- Subjected to unlawful compulsory labor (S.374 IPC)
Victim of criminal conspiracy (S120B IPC)

This is only illustrative and not exhaustive. Un-doubted, in every case the trafficked person is a victim of at least one or more of the violations listed above. Often time’s victims become pregnant as they are subjected to non-protective sex. If the victim has been subjected to miscarriage, then the liability of the offenders fall under the Sections 312 to 318 IPC. In some cases, the process of exploitation has proven fatal wherein the victims succumbs to the direct effects of the harm or to the consequential problems arising thereof. This means that the offence of homicides murder is also attracted.

Various issues and problems in the implementation of laws:

- Publicity of rescued girls and women, which is a violation of Section 228a of IPC as well as Section 21 of JJ Act: To enable effective rehabilitation and reintegration of the victim into the community, confidentiality of the name and other details of the victim is required. The electronic media in India has been showing the faces of the rescued victims, despite legal provisions on confidentiality. Although some action has been initiated against this, there is a great need to carry out adequate orientation of media persons and journalists.
- Adequate training and sensitisation of Law Enforcement Agencies including the police at the local level and emigration officials is required
- Punishment of traffickers: There is need for prompt action against traffickers, including confiscation of their assets. Certainty of punishment is crucial.
- Victim care:
  a. The trial system needs to be modified to enable the victim to go back home during the period of trial. Funds are needed for the travel and stay of the victim, for the NGO representative and police personnel accompanying the victim for the trial, as well as for the family of the victim who is called for identification during the trial period. Policy makers and law makers should take special note of the cases where the victim has been reintegrated into the community and has been married.
  b. There is a serious need for a bi-lateral agreement on repatriation/restoration between India and Bangladesh.
  c. Arrangement for basics such as food for the victim who is away from home (often a long distance) all day long in order to testify in the court.
  d. Regular monitoring of institutions (homes) where the victims are placed. A mechanism should be devised for identifying gaps in the functioning of homes. Funds currently available for homes are insufficient.
  e. Counselling for victims is a must. Although trained counsellors are available, there is a need for more such professionals.
  f. A victim care and witness protection policy needs to be in place

Handout 2

Legal Fact Sheet

Types of Cases:

There are fundamentally two different types of court cases:

a. CIVIL – a civil case usually has to do with a dispute over the rights and duties those individuals and organisations legally owe to each other.

b. CRIMINAL – A criminal case arises when the State seeks to punish an individual for an act that has been classified as a crime by the State.
A Trafficking Case is Filed

The Minor brought under CWC

The **charge Sheet** to be prepared by the Investigation Officer (IO) to be ideally completed within 60 days to avoid the release of accused on bail.

The Accused produced before the Magisterial Court

Based on the charge sheet, **charge is framed** against the accused (which could be more than one based on the charges given by the IO)

**Trial** begins in the Fast Track Court based on the charges framed against the accused. A **public prosecutor** is appointed by the State for the victim

**Argument** on the case between the PP and the defense lawyer

**Judgment** is made and the accused is either punished or acquitted

In case of acquittal, the State appeals for conviction to a higher court

In case of conviction, accused appeals for acquittal
Handout 3

Structure of Provisions of the Juvenile Justice (Care and Protection) Act, 2000

Child/Juvenile

In need of care & protection

- CWC
  1. Children's homes
  2. Shelter homes

In conflict with law

- JJB
  1. Observation homes
  2. Special homes.
C. Child Protection Policy

Objectives
- To develop a basic understanding of what is a policy
- To make the participants understand the process of development to evaluation of policy.

Kind of Activity: Brainstorming and presentation

Time: 30 Minutes

Things Needed: White board and marker, Handout 1 and 2 (Sample of Child Protection Policy)

Note for the Facilitator
Try and help participants relate this policy need to the Module on Child Protection (III.1) covered in this part. If need be, repeat the first 2-3 Activities from that Module as a recap to ensure they understand the concept and meaning of Child Protection. It would also help in assessing the learning and retention (memory) of the Module conducted earlier.

How to do the Activity
- Ask the participants what they think is a Policy Document is and why do we need the Child Protection Policy?
- After some brainstorming, tell the group what is a Child Protection Policy and Why is it needed from Handout 1
- Share the Child Protection Policy of SANLAAP (or the organization’s conducting the training if they have one) from Handout 2
- Also share other existing documents on the issue developed by SANLAAP that the participants can refer to after the training including:
  - Quality care standards for services provided to child victims of commercial sexual exploitation
  - The Bare Minimum: Standards of Care and Protection for the Victims/Survivors of Trafficking and Commercial Sexual Exploitation
- Some other Sample Policy Documents can also be shared for further reference including:
  - A Policy Framework: Mental Health for Alberta’s Children and Youth
  - AusAID Child Protection Policy March 2008
  - Child Protection Policy – Staffordshire University
  - World Vision’s Child Protection Policy
  - CINI ASHA- Child Protection Policy
- In the end, emphasize that a policy on Child Protection is an indicator of the Organizations’ commitment towards protection and well being of children and
Every institution/NGO working with children should have a Child Protection Policy

Handout 1

Child Protection Policy is document prepared with an aim to protect and ensure the Rights of the Child within the organisation or Shelter home where they are residing

Why do we need a Child Protection Policy?

- Many organisations are committed to improving the lives of children by promoting children’s rights.
- Most organisations have some informal and unwritten procedures for how concerns about child abuse are managed.
- However, if you don’t have clear written policies and procedures on child protection it is hard to respond appropriately and consistently when concerns are raised.
- All staff need clear guidance on what to do and who to tell when they have a concern about a child.
- Managers in all organisations need to recognise their responsibility to support the development of written policies and procedures to keep children safe.

Handout 2

Please refer to SANLAAP’s Child Protection Policy (or the child protection policy of the organisation using this Manual).
Part IV. Care for the Care Givers

Working with survivors of trauma is a big challenge for care workers, both medical and psychosocial. Having to face situations and hear stories of extreme suffering, experiences that we were not prepared for in normal life, challenges our basic philosophy, our concept of life, it affects our idea of secure boundaries, our source of energy. These experiences can be felt to damage our basic trust in other people and ourselves, as well as activate hidden and ‘forgotten’ injuries of the care worker. If we are not in touch with our own pain, our injuries, if we cannot deal with this part of ourselves we will not be able to offer basic support, empathy, the capacity to listen- to survivors of trauma.

We need to be aware of and do something about our own injuries, to protect our boundaries, and take enough time and space to heal and recover ourselves. To some care givers taking care of our own needs seems selfish, especially when we are faced with people who have endured extreme suffering, but in fact it is not selfish, it is highly ethical. Only if we take care of ourselves well enough we are able to put our person at the service of a good cause and to continue doing so as long as it is needed. It is clear that in order to be effective and competent as care workers/givers we have to take care of ourselves, and be aware of our own needs. Since we ourselves (as care givers/managers) are the instruments we have to work with, this instrument needs to be in order and finely tuned. But there are circumstances that make it hard for care workers, especially in the field of trauma work, to stay reliable and alert. This work can cause too much stress and burn out.

This part of the Module is specifically designed to help care givers deal with their stress and burnout and provide them the capacity to find inner peace.

A. Guided Fantasy “Visualization of Stress”

Objective
To feel the manifestations of stress as expressed in the body

Kind of Activity: Guided Fantasy

Time: 45 Minutes

Things Needed: Relaxing Music

Note for the Facilitator
Ensure that you read the instructions on how to do the activity carefully and mock session with colleagues are highly suggested before conducting it in the training. Alternatively, a professional/care worker who is well versed with this technique could be called to facilitate this activity.
Since much sharing on the incident that they see through the imagery would not be done in the group, make provision for individual one-on-one session with any participant who may break down or would want to share the specific experience or incident.

**How to do the Activity**

- Ask everybody to sit down comfortably and close eyes; pay attention to your body and relax; pay attention to your breathing (give same instructions as give earlier in Activity D on Guided Imagery in Module III.1)
- After the initial instructions to relax the participants, in a clear and gentle voice, give the following instructions: Imagine, like a movie that you see in front of you, a scene of your life, or an event in your work, when you felt that you had to do more than you could. A scene you wished you could get away from. Now stop thinking about it and just look at the scene. Are you alone or are there any people with you? What sounds do you hear? What smells do you notice? Do you have the scene before you in detail? Now pay attention to what is happening inside your body. Is there any feeling inside? Pay attention to where in the body you feel what you feel. Is it hot or cold? Does it have a colour? Is it heavy or not? Is it moving? Now imagine you can take hold of the feeling. Take it out of your body and put it on the table in front of you. You want to look at it, learn what it is. Have a good look at it; it is now outside of you, no longer part of you. Remember it well. Now pay attention again to your body, and to your breathing; breathe in new energy, breathe out tension. Listen to the music and relax.
- Now slowly ask them to come back into this room, and tell them to open your eyes look around.
- Do not speak until you see everybody is back.
- Then, in the group the participants are invited to talk about what they felt during this exercise, and what changes they experienced in their bodies while they were imagining a stressful event. Please note: do not discuss the event itself, only the physical reactions. Ask the participants whether they succeeded in ‘taking the feeling out of their body’, and if they felt good after doing so.

**B. Understanding Stress and Burnout**

**Objectives**

- To understand what is meant by stress and its symptoms
- To discuss with the participants the various sources of stress and how it leads to burnout

**Kind of Activity**: Interactive Session

**Time**: 1 Hour

**Things Needed**: White board, markers, Handout 1, 2, 3 and 4
Note for the Facilitator
After the participants submit the questionnaire to the facilitator, s/he will explain the basic terminology and symptoms of stress in detail. S/he can seek assistance from the Handout 1, 2 and 3.

How to do the Activity
- Referring to some of the responses to the previous Activity, ask the participants the following questions and relate it with symptoms stated in Handout below given below and the feelings and responses given by the participants’ to the previous Activity. Responses may be listed down on the white board.
  - What do you think is stress?
  - What are the symptoms of stress?
  - What are the possible causes of stress?
- Discuss some of the responses and wind up by providing additional information from Handout 1 and 2
- Inform the participants that Stress, if not looked after and dealt with well, can lead to Burn out and takes away our ability to respond to the needs of others. Explain what Burn out is with the help of Handout 3.
- Wind up by explaining to the participants/care givers the need to take care of themselves from some of the points provided in the introduction to this Module above.
- Finally discuss what could be the ways to prevent stress. List their responses on a flip chart and provide additional points from Handout 4
- Wind up by informing them that the Activity like the first one in this Module and relaxation techniques (which they did earlier in the training) help in reducing stress.
- Hence, we will wind up this session by doing a Relation Activity and move to the next activity in this Module.

Handout 1

Symptoms of Stress

<table>
<thead>
<tr>
<th>Physical Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fatigued and physical depletion</td>
</tr>
<tr>
<td>• Insomnia</td>
</tr>
<tr>
<td>• Specific problems - Headaches, Gastrointestinal Problem, Cold and Flue</td>
</tr>
<tr>
<td>• Emotional Symptoms - Irritability, Anxiety, Guilt and Sense of Helplessness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioural Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aggression</td>
</tr>
<tr>
<td>• Callousness</td>
</tr>
<tr>
<td>• Pessimism</td>
</tr>
<tr>
<td>• Defensiveness</td>
</tr>
<tr>
<td>• Cynicism</td>
</tr>
<tr>
<td>• Substance Abuse</td>
</tr>
</tbody>
</table>
**Work related symptoms**

- Tendency to Quit Jobs
- Absenteeism
- Poor Work Performance
- Misuse of Work-Breaks

**Handout 2**

**Sources of Stress**

- Doing the same type of work with little variation
- Doing work you consider meaningless
- Giving a great deal personally to a work but not receiving appreciation
- Being under strong pressure to perform, produce and meet deadlines many of which can be meaningless
- Facing unrealistic demand on time and energy

**Handout 3**

**Stress and Burnout**

Stress is the ‘wear and tear’, our bodies experience as we adjust to our continually changing environment; it has physical and emotional effects on us and can create positive or negative feelings. As positive feelings, stress can compel us to action; it can result in a new awareness and an exciting new experience. As negative feelings, it can result in distrust, rejection, anger etc.

Burnout occurs when stress has built up an intolerable level and emotional exhaustion is the key factor. Burnout is a state of long-term emotional involvement in a particular situation.

**Handout 4**

**Preventive Ways of Stress in Care Providers**

- Evaluate your goals, priorities, expectations to see if they are realistic
- Recognize that you can take active control in your life
- Think of ways you bring variety in your life
- Find out ways that interest you apart from your work
- Monitor stress from your job and home
• Accept your imperfections
• Develop a few friendship that are mutual in giving and receiving

Some techniques that help:
• Undertake counselling from senior colleague/in-house counsellor/Programme Manager to discuss and share the above. Such counselling and supervision of care givers should be a regular, ongoing activity in the organization
• Try alternate healing and calming techniques such as Meditation, Relaxation techniques, yoga etc.
• Take breaks/holiday when stress start building up (annual leave should be used to de-stress and calm yourself)
• Engage yourself in creative and fun tasks within or outside the organization such as dance, art, music etc. Doing it together with children adds fun and creates friendly atmosphere as well.

C. Relaxation Techniques – Deep Breathing

Objectives
• To learn to relax

Kind of Activity: Individual

Time: 5 Minutes

Things Needed: None

Note for the Facilitator
The facilitator herself or himself should be relaxed and not be tensed during this session. S/he must remain calm and inviting. The relaxation activity must be practiced by the facilitator before beginning the session.

How to do the Activity
Have the participants come close together, without touching. If they sit, they should be able to sit very comfortably. Alternatively, it is good if they can lie on their backs on the floor – although make sure that the floor is not cold and that they are comfortable and relaxed. Ask the participants to close their eyes and follow the following instructions from the facilitator:
1. **Inhale.** Take a deep breath for about 5 seconds, counting 1, 2, 3, 4, 5. Follow the air going in, and you should hear yourself inhale.
2. **Hold.** Now hold your breath for about 5 seconds, counting 1, 2, 3, 4, 5.
3. **Exhale.** Now exhale hard for about 5 seconds, counting 1, 2, 3, 4, 5. (You should be able to hear your breath strongly going out.)
4. Repeat 5-second ‘Inhale’.. ‘Hold your breath’… ‘Exhale’ 10 times.
Wind up by informing the participants they can practice this technique as many times as they wish in a day – inside and outside the home.

D. Guided Fantasy - A Safe Place

Objectives
- To experience the possibility of finding a safe place within yourself
- Exploring an activity that can help the care givers as well as children in the shelter homes

Kind of Activity: Guided Fantasy

Time: 1 Hour

Things Needed: Relaxing music

Note for the Facilitator
Guided imagery, as mentioned before aids the process of reflection and internalization through helping participants go within. Conducting a guided imagery is a skill that needs to be developed gradually. Ensure that you read the instructions on how to do the activity carefully and mock session with colleagues are highly suggested before conducting it in the training. A professional/care worker who is well versed with this technique could be called to facilitate this activity. Though this Activity is being given here in this Module, it can also be conducted earlier in the training as well, when the facilitator feels fit.

It can be very comforting to find out that it is possible to invent a safe place within yourself. After some practice with this exercise, the same result can be reached without anyone guiding from the outside. Please note, however, that for some people relaxing like this is a frightening experience, and the images that appear may be negative, reminding them of traumatic events. If so, help the participants or clients to find another place within themselves. Please note as well that it is important that the participants decide for themselves what their safe place is. Some trainers introduce a guided fantasy, and fill in the space by saying it is your heart or a sea. Let them choose for themselves.

How to do the Activity
- Explain the participants that in the following exercise she will use words to lead the participants to their own images. The participants are instructed to relax, to let go, and to let their imagination go wherever it wants.
- To begin with the participants are asked to sit as comfortable as possible, knowing that they can change position during the exercise. Ask them to close their eyes. Make sure to tell the group that any time they feel unsafe or troubled they are allowed to step out of the guided imagery. It is all right if they do not wish to continue, some people may not be in the right mood; however, they should try not to disturb the others. If no images come to them this is okay, some people need more time or practice to get in touch with their imagination.
Put on relaxing music, and talk in a clear and gentle voice. Do not hurry.

Begin the instructions for imagery: Sit comfortably and close your eyes. Feel your body, how does it feel in the chair (or replace by mattress/floor where they are sitting). Focus on what is happening inside your body. Can you feel your heart beat? Do you feel any tension? Try to relax these areas as well. Focus on all parts of your body until you are completely relaxed (here you can name some parts of the body i.e. Focus on your shoulders, arms, hands, chest, stomach....slowly and gradually as it will help them focus on each part systematically and will help them in getting relaxed). Pause for a few seconds. Now pay attention to your breathing. Feel how your breathing continues by itself. Feel the air going into your lungs and out again. Feel the rhythm of your breathing. Imagine that with every breath going in you are filled with fresh energy flowing through your whole body. Imagine that with the air you are breathing out you are letting go of tension and pressures.

Continue: breathe in energy and light, breathe out tension and pain. Pause for a few seconds. Now imagine you are going for a walk alone. There is no one with you. Take your time, there is no hurry. The day is beautiful and sunny; everything around you is breathing with the light. You see nature, colours; you smell nice smells and hear good sounds. Your steps are leading you to a place you know well; it is your special place where you feel safe and protected. Maybe it is out in the open, maybe it is a house or a room, maybe it is with another person, and maybe it is part of you. Nobody knows about this special place but you. When you have arrived take your time, look around, feel what it feels like to be safe and protected. You feel peaceful. Only you can understand how much this place means to you. Look around and let every detail sink in so you will remember it and take it back with you. Stay in that place as long as you want (Pause for a few seconds again). When you feel ready you can say goodbye to it: if it is a room you can close the door. You can walk back the same way, remembering that the place will still be there for you every time you wish that it will wait for you, and be there anytime you need a safe space. It is a space that nobody can harm, and where nobody can find you.

When it is time, come back slowly. Take your time. Maybe you are walking back the same way and looking to your space from a distance. Slowly, you start to be aware of the room you are in now. Before you open your eyes remember the images. Then slowly open your eyes and come back into the room.

The trainer stops the music.

She/he asks the participants to share how it felt to do this activity. Some will not have managed; they should not feel ashamed or think they failed. Some participants may feel insecure when they try to relax in the presence of others. While some others would be feeling peaceful and content with this experience.
PART V: Closure and Evaluation

This Module is designed to help the facilitators recapitulate the learning and evaluate the training done. A recap can be done either at the end of each day or beginning of the second day of each training workshop. Similarly evaluation of the training can be done when each Module is completed or at of each part of the training as well as at the completion of the entire training as per this Manual. The participants must be helped in articulating and integrating what they have learnt each day or from each Module.

A verbal evaluation can be done through a set of direct questions (see annex 1), or using evaluation exercises suggested in this section. Besides these activities, take a written feedback on an evaluation form (see Annex 3). Participants do not need to write their names on the evaluation form. The idea is to get their honest and detailed feedback.

Some Activities have been included in this Module to help remind the participants about their role by emphasizing their strengths and difficulties as well as reminding them of the qualities of a ‘Good Care Giver’, however these Activities can also be done earlier in the training – in the beginning during facilitating Part A of the training or in the middle of the training sometime - as the facilitator feels fit.

Since the training with the staff may be spread over a few weeks/months, ensure a Staff Training Record is maintained (see annex 2 for the form).

A. Role of Care Giver: Strengths and Difficulties

Objectives
- To identify and appreciate participant’s strengths and explore opportunities for improvement
- To identify difficulties in fulfilling the role as a caregiver, both personally and professionally.

Kind of Activity: Group Activity, Brainstorming session

Time: 20 Minutes

Things Needed: None. But the facilitator can distribute Handouts mentioning “Support for Care Givers”.

Note for the Facilitator
The facilitator must appreciate the strengths of the care givers and allow the participants to speak about the difficulties they face while working in the shelter home. These are sometimes personal issues, such as demands from the family, or dealing with the emotional stress at work. These issues could also be professional, such as feeling pressure from the organisation or problems with the children’s behaviour. Alternatively we may be troubled by internal resources, such as determination, patience and commitment.
How to do the Activity
- Ask the participants to make small groups. The participants are given set of questions and are asked to think individually. After some time each participants are asked to note down the answers in the chart paper provided to them. The set of questions are as follows:
  - What strengths do I have as a caregiver?
  - What makes it difficult for me as a caregiver?
- Lastly, a feedback is taken from the participants in the large group.
- Help them do a synopsis of skills they possess, which could be part of their strengths and motivate them to see how they can turn their difficulties into positive situations and strengths as well. In case there are any practical difficulties that they are facing, for example related to infrastructure, resources, documentation etc, help them in finding solutions and resolving the same.

B. Knowledge and Skills Caregivers Need: A Self Assessment Form

Objectives
- To help care givers recognize, at the end of the training, what skills they have learnt and possess and which skills still are lacking in them

Kind of Activity: Self assessment form – individual exercise and presentation Brainstorming session

Time: 40 Minutes

Things Needed: Self assessment form (Handout 1) – one copy for each participant, and Handout 2

Note for the Facilitator
This Activity will also help evaluate the skills the participants/care givers have learnt after receiving the training. The self assessment form provided can be used as pre and post training assessment of the skills development by getting the participants to fill the form at the beginning of the training and again at the end of the training. This will help the facilitator as well as the participants evaluate what skills they began with (or had before the training) and how far have they come as an outcome of this training,

How to do the Activity
- Distribute the Self Assessment form to each participant
- Inform them that this is an individual activity, so everyone should fill up their form in silence
- After each person has completed their forms, do a brief discussion on what skills should a care giver have
- Wind up by summarizing and reinforcing the ‘Qualities and Role of a Good Care Giver’ from Handout 2
Handout 1

Self Assessment Form

I. Look at the following list of natural attributes:
In column 1, List the order of importance of these attributes when working with child survivors of trafficking and sexual exploitation (most important = 1, least important = 8). In column 2, list your own strength in that attribute (1=strongest, 8=weakest)

<table>
<thead>
<tr>
<th>ATTRIBUTE</th>
<th>Importance</th>
<th>Own strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to listen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Patience/perseverance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Non judgmental attitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Problem solving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Love of children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Friendliness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Reliability/consistency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Acceptance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add other attributes to this list as you think of them</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Apart from personal attributes, the caregiver needs certain skills and knowledge to be able to work with child survivors of trafficking and sexual exploitation. Here is a checklist of some of the skills you will need.

Put a tick (✓) beside skills you already possess, a dash (-) beside those you need to acquire, and a question mark (?) beside terms you do not understand:

- Communication skills
- Listening skills
- Assertiveness training
- Self-awareness skills
- Awareness of how working with abused children affects workers emotionally
- Self-care skills to prevent burnout
- Awareness of children’s rights
- Understanding of abuse
- Positive attitude towards young people
- Assessment skills
- Having the knowledge to know when to refer to someone with more specialist skills
- Suicide assessment
- Teamwork skills
- Knowledge about sexual abuse - the dynamics and the impact of abuse
- Awareness of issues around drugs and alcohol and other misused substances
- Conflict resolution skills
- Empathy - the ability to put yourself into the situation of the other person
- Dealing with behavioural problems
- Setting boundaries
Giving constructive feedback about a person’s behaviour

Setting limits on behaviour

Ways of promoting positive behaviour

Dealing with sexualised behaviour

Problem solving skills

Generating options

Exploring the positives and negatives of each option

Recognizing the signs that a child has been sexually abused and know how to react appropriately

Handout 2

**QUALITIES OF A GOOD CARE GIVER**

- Have good interpersonal skills – ability to work harmoniously with people.
- Active listening
- Warm, empathetic attitude.
- Acceptance of others, Non judgmental
- Wide range of interests and knowledge.
- Positive outlook, ability to inspire confidence.
- Sense of humour.
- Be creative in approach.
- Interested in constant self growth.
- Good communication skills – ability to impart ideas.
- Ability to manage own stresses.
- Adequate knowledge about trafficking issues.
- Ability to network with other similar organizations.
- Flexibility, open to change.
- Professional attitude.
- Genuinity – Honesty and sincerity to help.
- Encourage autonomy and independence.
- Respect for the child, and her/his problems.
- Be aware of one’s limitations in training and skills.
- Feel comfortable talking about sexuality and trauma experience.

**ROLE OF A CARE GIVER**

- Is an Active, Collaborative participant in the process.
- Provides opportunity for communications of problems and concerns
- Facilitates emotional expressions of distress, catharsis ventilation
C. Evaluating Our Learning

Objective
- To help participants become aware of and reflect their learning process at the end of each day

Kind of Activity: Self reflection, writing and discussion

Time: 15–30 Minutes

Things Needed: Paper and pen

Notes for the Facilitator
This will help you in tracking down what the participants have learnt and whether the participant’s expectations are being met. A detailed evaluation of this sort can be done on the last day of the training workshop.

How to Do the Activity
- From the second day on, ask each participant to write down what they learnt in the previous day’s/training session and any questions or confusion they might have.
- Participants share their responses when every new training session begins
- Some broad feedback can be taken from the participants
- The responses of the participants can be stuck on a board/pasted on wall for reference.

D. Creative Evaluation

Objective
- To evaluate the workshop in a creative and fun way

Kind of Activity: Fun, game activity
Time: 1 hour

Things Needed: Papers and pens

Notes for the Facilitator
Draw together the main threads of what the participants have highlighted. If you feel that there are some other issues that have been missed, you can raise these for the group.

How to do the Activity
- Ask the participants to think about preparing a short sketch, drawing a picture or writing a song or a role-play about the workshop. Group the participants according to the activity that they have chosen.
- Give them time to prepare their contribution. Ask them to think about what they have learnt, how they have changed, what worked, what could have been done differently.
- Their responses can be displayed in the organization which would be a good reminder of the outcome of the training workshops being conducted with the staff.
Annex 1: ORAL EVALUATION SHEET

Part 1: Evaluation of Trainee Motivation, Application and Learning Awareness

- Did the trainee attend all the trainings held till now? If no why?
- How did the trainee feel about the trainings?
- What do you think was a waste of time, if any?
- Does the trainee feel that s/he has gathered some knowledge which will help her /him to work in the present environment?
- What are a few specific things you learned that you are now using in your work?
- What were the most important things to you personally, that you have learned so far?
- How would you like to grow?

Part 2: Questions to Assess Learning in the Training

- What are the objectives of the organization with reference to running a shelter home?
- How your work connects with the goal of the organization?
- As a staff what kind of support do you think is most effective in handling the shelter home girls? Why?
- What is the difference in applying confidentiality in your work now, than as before?
- Can you identify situations where you felt confidentiality needs to be broken? Give an example.
- What is the importance of knowing the transmission of HIV/AIDS?
- What do you think could be the desired roles of other girls towards those who are positive?
- In what way are you applying modes of communication at your workplace? Give example.
- What has been the best way of communicating at the shelter home?
- Mention any specific ways by which you are being able to provide support to the girls?
Annex 2: Staff Training Record Sheet

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Kind of Training</th>
<th>No of classes attended</th>
<th>Grade</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grade A</td>
<td>Excellent Concept/Skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grade B</td>
<td>Good Concept/Skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grade C</td>
<td>Average Concept/Skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grade D</td>
<td>Below average Concept/Skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grade E</td>
<td>Poor, should re-take class</td>
</tr>
</tbody>
</table>
### Annex 3: Standard Scale for Assessing the Participants

#### Index

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade - A</td>
<td>Excellent Concept</td>
</tr>
<tr>
<td>Grade - B</td>
<td>Very good concept</td>
</tr>
<tr>
<td>Grade - C</td>
<td>Good Conception</td>
</tr>
<tr>
<td>Grade - D</td>
<td>Fair Concept</td>
</tr>
<tr>
<td>Grade - E</td>
<td>Weak concept</td>
</tr>
</tbody>
</table>

#### NAME OF THE PARTICIPANT-

#### TITLE OF THE TRAINING RECEIVED-

#### ORIENTATION/SKILLS RECEIVED-

#### NUMBER OF CLASSES HELD-

#### GRADES RECEIVED BY THE PARTICIPANTS

<table>
<thead>
<tr>
<th>TITLE OF THE TRAINING</th>
<th>CLASS-1</th>
<th>CLASS-2</th>
<th>CLASS-3</th>
<th>CLASS-4</th>
<th>AVERAGE GRADES RECEIVED</th>
<th>COMMENTS OF THE TEACHER</th>
</tr>
</thead>
</table>