

# responding to child sexual abuse

a practical guide for counsellors in  
unrwa educational settings in lebanon

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a practical guide for counsellors in UNRWA educational settings in Lebanon



united nations relief and works agency  
for palestine refugees in the near east

وكالة الأمم المتحدة لإغاثة وتشغيل  
اللاجئين الفلسطينيين في الشرق الأدنى

The contents of the present document draws on the field experience of ABAAD in the area of child protection and gender-based violence in Lebanon and the MENA region. This Manual has been developed to provide basic guidance for counsellors in the UNRWA education programme who may encounter children who have experienced sexual abuse or are at increased risk.

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## 1. About the Manual

This manual has been developed to provide basic guidance for counsellors in the UNRWA education programme in Lebanon who may encounter children who have experienced sexual abuse (CSA) or are at increased risk. The manual draws on the caring for child survivors' guidelines for health and psychosocial service providers in humanitarian settings developed by International Rescue Committee (IRC)<sup>1</sup> and accompany existing reference documents in the UNRWA education programme, specifically the **teacher's toolkit for identifying and responding to students' diverse needs**<sup>2</sup>. The manual is adapted to UNRWA non-specialised psychosocial support and counselling setting in education.

The main objectives of this guidance are to assist counsellors to:

- Understand the nature of child sexual abuse in the local context
- Support all children to strengthen their self-protection capacities
- Recognize children who are at increased risk of child sexual abuse
- Recognize signs and symptoms that may indicate a child is being or has been sexually abused
- Understand and follow core guiding principles when supporting children, including those who may have experienced sexual abuse
- Know how to provide basic primary support to a child who discloses abuse

Specifically, the manual guides counsellors in encouraging prevention and self-protection among all children including those who may be at increased risk as well as in how to provide primary support to children who disclose abuse or who are known to be survivors of abuse in the past. The manual does not give detailed guidance on case management of child sexual abuse nor of specialised child protection services, including therapy for abused children.



<sup>1</sup> IRC/UNICEF (2012), Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings

<sup>2</sup> UNRWA/NAD/Diakonia (2013), Teacher's guide for identifying and responding to students' diverse needs

## 2. Definition of Child Sexual Abuse

Sexual abuse is an abuse of power over a child and a violation of a child's right to life and normal development through healthy and trusting relationships. There is no standard definition<sup>3</sup>.

In this manual we consider child sexual abuse to be any form of sexual activity with a child by an adult or by another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This can include but is not limited to:

- The inducement or coercion of a child to engage in any sexual activity;
- The exploitative use of a child in prostitution or other sexual practices;
- The exploitative use of children in pornographic performances and materials

Child sexual abuse often involves body contact. This could include sexual kissing, touching, and oral, anal or vaginal sex, making a child touch someone else's genitals or putting objects into the genitals or private parts of the child for sexual purposes.

Sexual abuse does not require penetration, force, pain or even touching. Non-contact sexual abuse includes inappropriate use of sexual language, exposing the adult's genitals to the child, forcing the child to watch or hear sexual acts, showing pornographic pictures or movies to a child, photographing a child in sexual poses and watching a child undress or use the bathroom for sexual interest.

## 3. Background Information on Child Sexual Abuse

Everywhere boys and girls of all ages, rich and poor are at risk of child sexual abuse. Literature from around the world indicates that girls are more at risk and more likely to be abused than boys. However, some studies including in Lebanon indicate that boys are as much at risk of sexual abuse as girls<sup>4</sup>.

Most but not all perpetrators are men.

Most children who are victims/survivors of sexual abuse are abused by someone close to them resulting in a betrayal of trust.

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<sup>3</sup> The definitions are based on IRC/UNICEF (2012), *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, pp. 14-15 and WHO (1999), *World Health Organization, Social Change and Mental Health, Violence and Injury Prevention, Report of the Consultation on Child Abuse Prevention*, pp.13-17

<sup>4</sup> See for example: University of Barcelona (2011), *The Prevalence of child sexual abuse in community and student samples: a meta-analysis*, *Clinical Psychology Review*, Vol. 29, issue 4, pp. 328-338; University of Leiden, (2011), *A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence Around the World*, *Child Maltreatment* vol. 16 no. 2 pp. 79-101, IRC/UNICEF (2012), *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*.

The use of physical force is often unnecessary as children often trust and depend on their abuser.

Children are taught not to question authority and may believe that adult behaviours are always correct. The impact of abuse is generally more severe if the perpetrator is a parent or close relative rather than a stranger. This results in a loss of trust and creates feelings of insecurity within the family.

Other factors influencing the impact of sexual abuse include:

- The degree of violence used. Serious physical/sexual violence can result in severe consequences for both the child's emotional and physical health.
- The duration of the abuse. The longer the abuse continues the more serious the consequences are likely to be.
- Response that the child receives on disclosure of the abuse. Doubting, ignoring or blaming will cause additional harm to the child, while the outcome for a child whose disclosure is believed and supported is generally more positive.

It cannot be assumed that all survivors will disclose abuse. Not all children will want to talk about their abuse and others may take a long time before they trust an adult enough to tell them about past or current experiences. Children should not be "pushed" to disclose but a counsellor should be aware and keep in mind that abuse might be the underlying reason for a child's disturbed behaviour or distress.

Studies have shown that the prevalence of child sexual abuse among children in Lebanon is similar to findings of numerous studies conducted in other parts of the world, including the trends described above. A study on child sexual abuse in Lebanon found that 16.1% of children between 8 and 17 had experienced at least one form of sexual abuse<sup>5</sup>. The child's gender, religion and schooling had little impact on the likelihood of being a victim of sexual abuse. Instead other factors, such as children living in fragmented, disruptive or violent family situations, children working, children of parents with low education, and children of working mothers were found to be at increased risk. Another study on child sexual abuse among Palestinian university students in Lebanon also found that boys and girls are equally at risk of sexual abuse<sup>6</sup>. Most child sexual abuse in Lebanon, according to these surveys, occurs in the home of the victim by a male perpetrator and is mostly prevalent in homes where children witness violence, or are subject to other forms of violence, including physical and psychological abuse.

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<sup>5</sup> Save the Children, Kafa and the Lebanese Ministry of Social Affairs, (2008), Child Sexual Abuse: the Lebanese Situation

<sup>6</sup> Hajj Yahia, M. Tamish, (2000), The rates of child sexual abuse and its psychological consequences as revealed by a study among Palestinian university students



## 4. Prevention through Development of Self-Protection Capacities for all Children

It is important to remember that adults always hold the main responsibility to protect children from harm. Adult family members and caregivers in particular have a crucial role to play in preventing the occurrence and consequence of child sexual abuse. At the same time children can also be supported to develop their own self-protection capacities. In this manual we consider self-protection capacities to be associated with the strengthening of children's self-awareness, self-confidence and abilities to identify and communicate with trusted individuals about their feelings and emotions. Supporting the development of children's self-protection capacities can empower children in difficult situations to ask for help.

This form of prevention can be addressed throughout the educational and recreational activities planned within the UNRWA education setting. Counsellors can play a central role in developing the children's self-protection capacities through individual and group psychosocial support activities.

The objectives of such activities can include:

- To develop the child's emotional self-awareness: the child can build more awareness of him/herself when he/she is not comfortable;
- To develop the trust in the child's inner feelings and thoughts: the child can become more aware when he/she is in a harmful situation;
- To help the child identify people around them who can help: the child can better understand and identify whom to trust and where to seek help when needed.

The guidance note "Prevention exercises for use by counsellors in the UNRWA educational programme in Lebanon" (see Annex 2) can be implemented with all children in grades 5, 6, 7 and 8. These exercises are aimed to strengthen children's self-awareness and self-protection capacities by enabling children to reflect on and understand difficult situations in their lives and empower them to seek help in a safe setting.

In many situations, children know and/or feel that something is wrong. However, many personal, social, cultural and educational factors can prevent the child from any explicit communication and can hinder the child from asking for help and protection. Such activities are therefore intended to help an abused child to come forward and ask for help.

To promote prevention of further abuse in the future, child survivors can also benefit from the approach taken with all children to develop self-protection capacities.

## 5. Identification of Child Sexual Abuse

The UNRWA teacher’s toolkit for identifying and responding to students’ diverse needs is a resource that can help teachers and other UNRWA staff to recognise and respond to the diverse needs of students, including child protection concerns and child sexual abuse. Of specific relevance to identification of child sexual abuse are Tool No. (5): Psychosocial needs; Tool No. (6): Behaviour management; and Tool No. (7): Children affected by conflict and crisis/emergencies. School counsellors can use these tools to guide teachers to better identify and respond to the psychosocial needs of students and manage students’ behaviour positively. This manual accompanies the teacher’s toolkit in that it offers further guidance on identification, referral and response to child sexual abuse specifically.

**Common risk factors of child sexual abuse:** There will be children who, because of their circumstances, are at increased risk of abuse. These children will need more attention and will require, in addition to the development of their self-protection capacities an offer of support from the counsellor.

**There are likely to be context specific risk factors of child sexual abuse, but as a guide the following factors are known to be associated with increased risk:**

- Separated or unaccompanied children (especially in the current emergency context);
- Children engaged in child labour;
- Child marriage;
- Children who have no access to means of transportation and who walk long distances to reach the school or other child spaces in/outside the camp;
- Siblings and cousins of a child survivor, especially if the abuser is a family member;
- Children in families where caregivers suffer from alcohol or substance abuse;
- Children with fragmented family situations, such as families living apart or families that suffer different forms of domestic violence;
- Children presenting psychological disorders or mental or physical disabilities;
- Children living in overcrowded collective shelter conditions

**Signs and symptoms of child sexual abuse:** The way a child reacts to sexual abuse will vary according to their age, sex, developmental level and cultural background. The table below gives some guidance on the common signs and symptoms that can be associated with recent, or in some cases (especially with the older child), past sexual abuse. If a child exhibits one or more of these signs or symptoms we should be alert to the possibility of abuse. Even if the child has not been abused he/she is likely to be troubled or upset about something and should be referred to the counsellor. Teachers can use the checklists provided in tool 5, 6 and 7 of the teacher’s toolkit for guidance, but it is the counsellors responsibility



to introduce and discuss the common signs and symptoms of sexual abuse detailed in the table on the following page, with all teaching staff in their school. The table includes signs and symptoms found in very young children. These have been included because school principal, teachers or counsellors may also come in contact with children outside the school setting, either because a colleague, parent, sibling or other community member tells them, or from their own observations.

### Common Signs and Symptoms of Sexual Abuse According to Age <sup>7</sup>

<p><b>Infants &amp; Toddlers (0-5)</b></p>	<ul style="list-style-type: none"> <li>• Crying, whimpering, screaming more than usual.</li> <li>• Clinging or unusually attaching themselves to caregivers.</li> <li>• Refusing to leave “safe” places.</li> <li>• Difficulty sleeping or sleeping constantly.</li> <li>• Developmental regression (e.g. losing the ability to converse, losing bladder control).</li> <li>• Displaying knowledge or interest in sexual acts inappropriate to their age.</li> </ul>
<p><b>Younger children (6-9)</b></p>	<ul style="list-style-type: none"> <li>• Similar reactions to children ages 0-5. In addition:</li> <li>• Fear of particular people, places or activities, or of being attacked.</li> <li>• Infantile behaviour (e.g. wetting the bed or wanting parents to dress them).</li> <li>• Suddenly refusing to go to school.</li> <li>• Touching their private parts a lot.</li> <li>• Avoiding family and friends or generally keeping to themselves.</li> <li>• Refusing to eat or wanting to eat all the time.</li> </ul>
<p><b>Adolescents (10 – 17)</b></p>	<ul style="list-style-type: none"> <li>• Depression (chronic sadness), crying or emotional numbness.</li> <li>• Nightmares (bad dreams) or sleep disorders.</li> <li>• Problems in school or avoidance of school.</li> <li>• Displaying anger or expressing difficulties with peer relationships,</li> <li>• Fighting with people, disobeying or disrespecting authority.</li> <li>• Displaying avoidance behaviour, including withdrawal from family and friends.</li> <li>• Self-destructive behaviour (drugs, alcohol, self-inflicted injuries).</li> <li>• Changes in school performance.</li> <li>• Exhibiting eating problems, such as eating all the time or not wanting to eat.</li> <li>• Suicidal thoughts or tendencies.</li> <li>• Talking about abuse, experiencing flashbacks of abuse.</li> </ul>

<sup>7</sup> IRC/UNICEF (2012), Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, pp. 34/35.

There are in addition some physical reactions which should alert us to the possibility of sexual abuse.

Some of the most common physical signs and symptoms might include:

- Itchiness, pain or sores, cuts or bleeding in genital areas, anus or mouth;
- Persistent or recurrent pain during urination or bowel movement;
- Enuresis (repeated inability to control urination);
- Unexplained bruises, broken bones, burns or welts (often the child is unable to explain an injury, or explanations given are inconsistent).



**Identification of child sexual abuse in school settings:** Any class in any school, including UNRWA schools, are likely to include children who have experienced sexual abuse or for whom the abuse is ongoing. While all children must be considered to be at some risk of sexual abuse there will be some at increased risk because of specific circumstances (such as those outlined above). Because counsellors will be predominantly seeing children who are disturbed or distressed it is highly likely that for some children this is related to experiences of abuse.

According to counsellors in UNRWA schools<sup>8</sup>, it is commonly suspected that a child has been, or is being currently abused, when:

- They hear rumours about it in the school from the child's peers, from other teachers or from the school principal.
- The child discloses the abuse and asks for their help.
- They observe changes in the child's behaviour in the school setting.

**Identification and referral:** The counsellors will sometimes, but not always, rely on teachers and school principals to identify and refer children perceived to be at risk. It is important for principals, teachers and counsellors at each school to determine the indicators that define the criteria for "children at risk" and it is the responsibility of all staff in the school to work in close cooperation to identify children at risk. It is therefore important that counsellors discuss the common signs and symptoms of child sexual abuse with colleagues at the school as a means to strengthen the identification and referral of children at risk to the counsellor.

A counsellor should see a child immediately if it is known he/she has experienced sexual abuse or it is thought likely that sexual abuse has happened.

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<sup>8</sup> Information solicited during the caring for child survivors training for UNRWA's counselors in the education programme.



**In all instances where a child victim or survivor of sexual abuse is identified at the school by any staff, either the counsellor or school principal must immediately, by phone, notify the OSO/Protection Unit team in their area.** The OSO/Protection Unit and counsellor should discuss requirements and possibilities for referrals to specialised child protection services, including child protection case management services and specialised medical services for victims of sexual violence. Information sharing should only include relevant information and should not include personal - or irrelevant - details about the survivor or the incident. Both the counsellor and the OSO/Protection Unit team are responsible for ensuring that the dignity and confidentiality of survivors are maintained and that information discussed is only that which is needed to resolve problems and coordinate actions.

In some rare situations, you may identify a child at immediate and on-going risk, including in his/her home environment. In these situations, the counsellor or any other detector must immediately by phone contact the OSO/Protection Unit in their area who will, upon receiving such as referral, identify immediate safety options for the child, including referral to the national child protection services (UPEL).

## **6. Guiding Principles for all UNRWA Staff Interacting with Child Victims and Survivors of Sexual Abuse**

**When working with sexually abused children who have disclosed the abuse, all UNRWA staff members must adhere to the following guiding principles:**

### **1. Ensure the child's safety and comfort:**

- Children who disclose sexual abuse should be reassured and comforted by all service providers who come into contact with them. It should be made clear to the child that they are believed and not blamed for the abuse they have experienced. All actions taken on behalf of a child must prioritize safeguarding a child's physical and emotional safety. Respect every child's fundamental right to life, survival, and development to the maximum extent possible (Article 6 of the CRC);

### **2. Ensure child participation in decision-making:**

- Children have the right to say what they think should happen and have their opinions taken into account. Service providers are required to listen to the opinions of children, provide them with the necessary information and involve them in decision-making, as appropriate. Children should be assured the right to express their views freely and their views should be given "due weight" in accordance with the child's age and level of maturity (Article 12 of the CRC); Listening to children's thoughts and opinions should not interfere with the parents/caregiver's rights and responsibilities to express their views on issues affecting their children;

### 3. Promote the child's best interest at all times.

- The best interests of the child shall be a primary consideration in all actions affecting children. This means that when a course of action affecting a child is taken, that course of action should reflect what is best for that child (Article 3 of the CRC); All adults, including caregivers and parents, should do what is in line with the best interest of children to ensure their rights are respected and implemented;

### 4. Ensure non-discrimination in all interactions with child survivors:

- There shall be no discrimination against any child. This means that all children, at all times, in all circumstances are equal and all have the right to protection (Article 2 of the CRC).

## 7. Working with Child Victims and Survivors of Sexual Abuse in a Primary Psychosocial Support Setting

While interacting with a child who survived sexual abuse always ask yourself the following questions: What is my specific role of intervention with this child? (As an educator/teacher, parent, counsellor, etc.). If you are intervening as a counsellor, remember that your role is to provide primary psychosocial support and to refer to and coordinate with the OSO/Protection Unit for further specialized child protection services.

### 7.1 Key Considerations when Responding to Sexually Abused Children:

When counsellors interact with child survivors of sexual abuse, whether it is in the general school setting or within a primary support session, it is crucial to remember that:

1. The child must not be blamed
2. A child who has been abused needs to build and rebuild trusting relationships with others
3. The child's identity should not be reduced to the event he/she survived
4. The child should be made aware of the decisions and steps of support
5. The symptoms are a message that the child is sending to call for help
6. The disclosure of details of "what happened?" should only take place in a specialized setting. Counsellors should not push the child to tell the details of the abuse and should not ask intrusive questions.
7. Any intervention should be confidential and should respect the specific needs of the child

#### 1. The child must not be blamed:

In many instances the community, the caregivers and even the parents themselves might think that it is the child's fault – partially or completely – if he/she was sexually abused. It is important



to remember that the psychological and developmental capacities of the child means that the child cannot in any way be held responsible for the crime perpetrated against him/her.

In an example to illustrate this: parents and teachers might say: “if the parents told their child “do not go out on the street after 5:00 p.m.”, and the child did, and he/she was abused, then the child is to be held responsible because he or she disobeyed his/her parents, otherwise he/she would have not been abused. While we can argue that the child knew it was wrong to disobey the mother we cannot under any circumstances argue that the child holds any responsibility for the abuse that occurred.

Judging, blaming and pointing fingers are often what the survivor may be confronted with in many situations following an incident of abuse. Counsellors should always remember that in many instances, they might offer the only opportunity the child may have to experience genuine human understanding, support and interaction. Blaming the child is losing this only chance!

## **2. Child survivors need to build and rebuild trusting relationships with others:**

Child survivors find difficulties in trusting others especially when people they have trusted in the past have harmed them or when there was no one in their network with whom they could build a trusting relationship or to whom they could turn to for support. Trusting the counsellor may develop gradually and it is the counsellor’s role to ensure that this trust is respected and acknowledged. This will help the child to recommence healthy interactions with others.

## **3. The child’s identity should not be reduced to the event he/she survived:**

When a child has been sexually abused, caregivers and parents may focus on the event to the point where the identity of the child is reduced to the act of abuse. When they see the child, they often can’t help but remember that he/she has been abused. Service providers might also tend to call the child: “case of abuse, case of rape, case of sexual assault etc...” While providing support to child survivors, it is important to remember that the child is not simply “the event”. He/she:

- Has a name and you should remember and use his/her name while working with her/him;
- Has a past, is living a difficult present but will have a better future. Counsellors, teachers and other service providers can support the child by ensuring that they offer the child healthy and supportive relationships;
- Have resource, whether at the individual, family or community level, even though there is a likelihood of risk factors in the child’s environment. These are resources that the counsellors can help the child to identify and develop in order for the child to overcome the difficulties he/she is facing.

## **4. The child should be aware of the decisions and steps of support:**

Children experiencing abuse lose control of their own bodies, as well as their lives and wider

environment. This is exacerbated by uncertainty over when, how, for how long, etc. the abuse might take place. Ensuring primary support to child survivors starts by giving them predictable support, letting them know how and when to expect the support and at the same time giving the child choices and helping him/her to feel in control. Helping the child to feel in control means that the counsellor should:

- Honestly and explicitly inform the child about the role of a counsellor and about the objectives of the support session;
- Inform the child about the time of the session and give him/her the choice to leave at any time;
- Inform the child that he/she can have access to the support of the counsellor and come back and ask for support or information anytime she/he needs it.

#### **5. The symptoms are a message that the child is sending to call for help:**

Child survivors might have different behavioural, physical or emotional symptoms following the abuse (see chart above) or as a consequence of other difficulties in the family and environment. The symptoms are generally perceived as a problem and service providers will usually try unsuccessfully to make it disappear. It is important to remember that the symptom is not the problem, but the consequence of the problem. The child, who may not have the verbal capacities or the psychological and emotional maturity to identify and express his/her feelings or his/her needs, might call for help through a symptom or behaviour. When the child catches the attention of the counsellor or of any other service provider through for example an “inappropriate” sexual behaviour or verbal expression or indecent drawing, the child might:

- Have survived a sexual abuse and through the behaviour he/she is telling the adults that he/she is in need for protection and support;
- Have witnessed sexual acts or was exposed to sexual photos or videos or stories, at an inappropriate age and through the behaviour or symptom he/she is telling the adults that he/she is in need for information to understand what he/she saw or heard.

Trying to stop the behaviour as a first reaction by asking the child to stop or by educating the child without looking at the reasons behind the behaviour or symptom will make the counsellors’ and other caregivers’ role in supporting the child more difficult. By focusing on the symptom, the chance of discovering the underlying cause and understanding the child’s needs is likely to be lost.

In most of the cases, when a child receives the appropriate care, and protection from further abuse, psychosocial and mental health support, information or sexual education, the symptom will disappear.



**6. The detailed disclosure of “what happened?” should only take place in a specialized setting. Counsellors should not push the child to tell the details of the abuse:**

Remembering difficult situations can be very distressing for anyone and even more so for child survivors. When adults are asked to think about a very difficult or sad moment that they have gone through, the entire body remembers. Feelings of sorrow or fear, as well as tears, accelerated heartbeats, etc. might accompany the difficult memory, sometimes as if the difficult moment is taking place again in the present. The same happens when adults are asked to remember a happy memory. The body also reacts with the memory of positive emotions. A child survivor can experience fear, pain and harm on the body and emotionally. By asking him/her to remember what might have occurred in the near past or what might still be occurring we might be asking the child to relive difficult and painful events. Avoiding distressing questioning is an essential step in the process of providing primary psychosocial support. Whatever happened to the child, the reality is that now he/she needs to feel secure and understood. When these needs are met, children, if they can and when they are ready, usually will disclose.

**7. Any intervention should be confidential and should respect the specific needs of the child:**

Counsellors might hesitate in the process of planning a primary support intervention with a child survivor because of the challenge of making sure the intervention is respecting the child’s needs.

In addition, counsellors and other UNRWA staff generally report that the ensuring confidentiality is another challenge within the community/camp and school setting<sup>9</sup>. Furthermore, in complex and difficult situations such as child sexual abuse where counsellors need opportunities to ‘debrief’ and find peer support for themselves, the need to talk to others will increase.

The coordination with the OSO/Protection Unit can provide an opportunity to debrief and seek peer support. The information shared between counsellors and the OSO/Protection Unit is strictly confidential and will focus on discussing actions taken and actions needed to ensure the needs, best interest and protection of the child is addressed.

## **7.2 Key Steps when Responding to a Child’s Disclosure of Past or Current Sexual Abuse:**

Listen carefully to the child and do not interrupt him/her and show interest in what he/she is saying. Be mindful that you may be shocked or angry at what the child is telling you. Avoid showing these feelings directly for example in your facial expression. After listening to the child, thank him/her for the trust he/she is putting in you. This will give you time to breathe and ask yourself: what am I feeling right now? (Sad, angry, feeling the injustice, etc...). When you identify your feeling, share it in a gentle sentence to

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<sup>9</sup> Information solicited during the caring for child survivors training for UNRWA’s counselors in the education programme.

help the child feel that you are empathizing with him/her. For example if you feel very angry that this could happen to a child you might say: “thank you for trusting me and for sharing with me the difficult situation you are in. While listening to you I felt angry that all of this could happen to a boy/girl your age.

Always try to put yourself in the child’s shoes and think: if I were in this child’s place, what would I need at this particular moment? Always remember that child survivor’s main needs are: to be believed, to be reassured, to know what can be done or who can help and to know that what he/she shared will not be shared with others. The child needs to know that he/she talked to and asked for help from the right person. Therefore it is crucial that you share with him your understanding of his/her needs by saying something like: “from what I am hearing you didn’t do anything wrong and you took a courageous step by coming here to ask for support.” And/or “I will share with you what I think can help you but I will also ask you about what you think can help. What you are telling me will stay between us until we both decide together what can help you.

Give the child an active role in identifying his/her priority needs and possible allies. Remember that by giving the child the possibility to develop his/her capacities of self-protection can be a step towards healing. Therefore you can ask the child if he/she:

- Thinks that there is an immediate need that should be addressed
- Has an idea of who in his/her family can help or can protect him/her at home?

**For example:** “we need to identify together someone from your own family who can protect you when needed. Can you think of someone who usually listens to you or helps you when you are in trouble? Do you think this person can help us in this situation?”

**Inform the child of the possible steps to follow**, i.e. talking to a member of the protection team in order to identify the available specialised services in your area. When the counsellor and OSO/Protection Unit has identified a child protection case manager, you may say: “when children share with me their difficulty I usually introduce them to my colleague, Miss/Mr X who is a person with a lot of experience in this matter and who will, like me, respect your wishes and do his/her best to protect and help. I will ask you to think about it and to let me know when you feel ready if you would like to meet Miss/Mr X. If you prefer I can talk to them first and with your permission ask their advice”.

Give the child the possibility to contact you or another person who can help when needed by giving the phone number of the protection **hotline of ABAAD: +961-76-060602** or by sharing with the child your schedule, when and where he/she can find you.



### 7.3 Do's and Don'ts During a primary Support Session:

Counsellors are likely to provide primary psychosocial support to children who are considered to be at risk and to children disclosing abuse (past or present) until the referral for case management takes place. It is important to remember that the objective of this support is to provide basic psychosocial support and not therapy. The below do's and don'ts table can serve as a useful check-list for counsellors in their interaction with a child in a primary psychosocial support setting:

Do's	Don'ts
<ul style="list-style-type: none"> <li>• Explain your role to the child: even though you are at school and you have authority as a counsellor, you can explain that in this session you can provide information and support when needed.</li> <li>• Be sure you know the child's name.</li> <li>• Explain to the child that you will meet for about 20 minutes and he/she has the choice to leave any time if he/she is not comfortable.</li> <li>• Explain to the child that the objective of this session is to share with him/her the possible sources of support he/she can access, when and if needed.</li> <li>• Explain to the child that whatever happened, he/she is not to be blamed.</li> <li>• Explain to the child that you will be available whenever he/she needs information or support and that this is confidential unless you and the child decide to share any information with other caregivers who might help.</li> <li>• Ask the child if he/she has any question or concern and that you as a counsellor will do your best to answer.</li> <li>• Thank the child for his/her time and remind him/her that you will be available when and if needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Don't tell the child that you are his/her friend or like a big brother/sister, etc. Being truthful will help the child more than anything else. Remember that your relations to the child should be trustworthy in order for the child to learn how to trust others again.</li> <li>• Don't ask the child about any details regarding what happened. Remember that bringing back memories can be harmful if it is not done in a secure and specialised setting.</li> <li>• Don't let the child feel that he/she is being investigated. Remember that the child is not to be blamed for what happened.</li> <li>• Don't ask difficult questions in order to push the child to disclose who the abuser is or who is aware of the abuse. Remember that the child might be threatened and asking him/her such details without a possibility of immediate intervention can put the child at risk.</li> <li>• If the child is having "inappropriate behaviours", don't educate/punish/ask the child to stop at this level. Remember that the symptom can be a message that the child is sending to call for help and which may need referral.</li> <li>• Don't give the child false hopes or promises that you cannot keep. Remember, your relation with the child might be the only chance that the child will have at this stage to find help, and discover healthier human relations.</li> </ul>

# **responding to child sexual abuse**

a practical guide for counsellors in unrwa educational settings in lebanon

## **annex 1**

### **terms and definitions**

**Abuse** is a deliberate act (single or persistent) of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, sexual, psychological or emotional ill treatment.<sup>1</sup>

**Case management** can be described as the process of helping individual children and families through direct social-work type support and information management.<sup>2</sup>

**Child** according to the United Nations Convention on the Rights of the Child (1989) is anyone younger than 18 years.

**Child marriage** is defined as a formal marriage or informal union before 18 years of age.<sup>3</sup>

**Child protection** is defined as preventing and responding to abuse, violence, exploitation and neglect.<sup>4</sup>

**Child protection networks** are coordination bodies made up of international/ local organizations and relevant stakeholders working to raise awareness and promote child protection policies and programming within the framework of the Child Rights Convention (CRC) and/ or international child rights treaties.<sup>5</sup>

**Child protection systems** is used by UNICEF to refer to a system comprised of the interlinking child and family welfare and the child justice systems. Together these systems establish laws, policies, regulations and services with the aim of promoting the care, welfare and protection of children and their families and communities<sup>6</sup>. To achieve broader holistic well-being and guarantee the protection of children, other government sectors, civil society groups and communities are inherently called upon to play a contributing role.

**Child well-being** from a child rights perspective well-being can be defined as the realization of children's rights, and the fulfillment of the opportunity for every child to be all she or he can be. The degree to which this is achieved can be measured in terms of positive child outcomes, whereas negative outcomes and deprivation point to the denial of children's rights.<sup>7</sup>

<sup>1</sup> Save the Children: <http://resourcecentre.savethechildren.se/node/2144>. Accessed June, 2014.

<sup>2</sup> CPWG (2014) Inter-Agency Guidelines for Case Management & Child Protection: London

<sup>3</sup> UNICEF: [http://www.unicef.org/protection/57929\\_58008.html](http://www.unicef.org/protection/57929_58008.html). Accessed July 2014.

<sup>4</sup> UNICEF: [http://www.unicef.org/chinese/protection/files/What\\_is\\_Child\\_Protection.pdf](http://www.unicef.org/chinese/protection/files/What_is_Child_Protection.pdf). Accessed June 2014.

<sup>5</sup> The exact composition and function of a child protection network can vary between different locations and contexts.

<sup>6</sup> UNICEF East Asia and Pacific Regional Office, Child Protection Handbook, 2008.

<sup>7</sup> Bradshaw, J., Hoelscher, P. and Richardson, D. (2006) An index of child well-being in the European Union, Social Indicators Research.10.1007/s11205-006-9024-z.

**Children without parental care** are all children not living with at least one of their parents for whatever reason and for whatever circumstances. Children are considered to be “unaccompanied” if they are not cared for by another relative or adult who by law or custom is responsible for doing so. Children are considered “separated” if they are separated from a previous legal or customary primary caregiver, but who may nevertheless be accompanied by another relative.<sup>8</sup>

**Confidentiality** is the principle that requires service providers to protect information gathered about their clients and ensure it is accessible only with a client’s explicit permission, except in exceptional circumstances such as when serious safety concerns are identified or where service providers are required by law to report abuse.

**Corporal punishment** is described by the UN Convention of the Rights of the Child as: any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (‘smacking’, ‘slapping’, ‘spanking’) children, with the hand or with an implement – whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, burning, scalding or forced ingestion (for example, washing children’s mouths out with soap or forcing them to swallow hot spices). In the view of the Committee on the Rights of the Child, corporal punishment is invariably degrading. In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child”.<sup>9</sup>

**Exploitation** refers to the use of children for someone else’s advantage, gratification or profit, often resulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child’s physical or mental health, education, moral or social-emotional development. This covers manipulation, misuse, abuse, victimization, oppression and ill treatment.<sup>10</sup>

**Neglect** is the failure of parents, carers, community and society to meet a child’s physical and emotional needs when they have the means, knowledge and access to services to do so or failure to protect the child from exposure to danger.<sup>11</sup>

<sup>8</sup> UNICEF (2007) Guidelines for the appropriate use and conditions of alternative care for children: Brazil

<sup>9</sup> UNCRC, General Comment, No.8, 2006, paragraph 11

<sup>10</sup> Taken from Save the Children UK, Child Protection Training Manual Facilitator’s Guide for Teacher Training, Southern Sudan, 2008.

<sup>11</sup> United Nations (2006), World Report on Violence Against Children, p. 54: New York. Amended to include societal and community neglect.



**Prevention** services include services, programmes and accessible information designed to enhance the capacity of children, families and communities to keep children safe and cared for. It includes efforts aimed at promoting and supporting family welfare and reducing the probability of harm as well as early interventions to address existing family challenges and threats to children's well-being.<sup>12</sup>

**Psychosocial support and care** influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbors, teachers, health workers, and community members on a daily basis but also extends to care and support offered by specialized service providers.<sup>13</sup>

**Protection** includes all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law (human rights law, international humanitarian law, refugee law).<sup>14</sup>

**Referral** is described as the process of formally requesting services for a child or their family from another sector or organization (e.g. case management, cash assistance, health care, psychosocial etc.) through an established procedure and/or form.<sup>15</sup>

**Response services** refer to child protection interventions that respond to circumstances in which a child is at risk of harm or has been abused, exploited, neglected, abandoned or left without appropriate family care. These services seek to reduce the possibility of the recurrence of harm and to restore to the child a sense of well-being.<sup>16</sup>

**Social protection** refers to the set of public measures, including cash benefits, employment generation and social insurance, provided to certain citizens identified as needing protection from economic and social distress.<sup>17</sup>

**Violence** is defined as the intentional use of physical force or power, threatened or actual that results or is likely to result in injury, death, psychological harm, mal-development or deprivation.<sup>18</sup>

**Vulnerability** refers to the physical, social, economic and environmental factors that increase the susceptibility of a community or individuals to difficulties and hazards and that put them at risk as a result of loss, damage, insecurity, suffering and death.

<sup>12</sup> Child Frontiers (2013) Research Manual: Assessment of the Child and Family Welfare System in Lao PDR

<sup>13</sup> Action for the Rights of the Child. ARC Resource Pack. 2009

<sup>14</sup> United Nations (UN) Inter-Agency Standing Committee

<sup>15</sup> Child Protection Working Group, Interagency Guidelines on Case Management, 2014

<sup>16</sup> Child Frontiers (2013) Research Manual: Assessment of the Child and Family Welfare System in Lao PDR

<sup>17</sup> Sheila B. Kamerman and Shirley Gatenio Gabel, Social Protection for Children and their Families: A Global Overview, UNICEF, 2006.

<sup>18</sup> United Nations, World Report on Violence Against Children, 2006

# **responding to child sexual abuse**

a practical guide for counsellors in unrwa educational settings in lebanon

## **annex 2**

**prevention exercises for use  
by counsellors in the unrwa education  
programme in lebanon**

## Prevention Exercises for Use by Counsellors in UNRWA Education Programme in Lebanon

As a counsellor, you are trying to respond as much as possible to the psychosocial needs of the students in your school. Remember that basic group psychosocial support activities can have a positive impact on the psychosocial well-being and self-awareness of all children you are working with.

The following guidance note applies to the use of story-telling techniques to help children strengthen their self-awareness and self-protection capacities by enabling children to reflect on and understand difficult situations in their lives and empower them to seek help in a safe setting. These group psychosocial support activities are intended to have a positive impact on the psychosocial well-being and self-awareness of all the children you work with. The exercises are not intended to be used for disciplining children or introducing moral values or lessons.

These exercises have been adapted from inter-active theatre activities and group-based art therapy techniques. They have all been tested with children and adults in Palestine refugee camps in psychosocial support and informal education settings in Lebanon. The exercises were developed for children in Lebanon, including for children at risk of or subjected to sexual and other forms of child abuse to help them use story-telling, drawing and writing activities as a means to express feelings and to increase their self-awareness.

In this guidance note, we introduce four chronologically ordered psychosocial support sessions that can be implemented by counsellors with all children in UNRWA schools between grade 5, 6, 7 and 8. Children should not only be involved and targeted in these activities due to identified behavioural or psychosocial problems. The exercises are intended to support all children. It is suggested that the sessions are held on a weekly basis over the course of one month. Where possible the same room, ideally a child friendly environment, should be used.

### Objectives of the prevention activities:

- The overall goal of the four sessions are to develop the children's emotional self-awareness which can contribute to the development of some self-protection capacities by empowering children to understand difficult situations in their lives and to identify their support networks. Each session forms part of a continuous process towards this goal.



**Guidelines for the implementation of the prevention activities:**

When planning your implementation of these psychosocial activities, apply the following guidelines:

- Test each activity/session with your peers and colleagues prior to implementing the activity with children. This will allow you to ensure that you understand each step of the exercises and can allow you to seek feedback from peers on the exercises. Discuss with your peers if any of the steps and components of the exercises needs to be changed and adapted to your school setting and how long time you should spend on each section/component of the exercise.
- No more than 14 children can participate in each group.
- The activities should be implemented with the same group of children over a period of one month (i.e. one session per week).
- The activities can be conducted with children between the age of 10 and 14 (grade 5 to 8)
- Each group should engage children of the same age and can be implemented with children from the same class.
- The activities can be conducted with both boys and girls together pending on the school setting. Discuss with peers if this is appropriate for your school setting and what approach would best enable girls and boys to express themselves.
- Each of the four sessions should last for a minimum of 45 minutes and a maximum of 50 minutes depending on the group interaction.
- Ideally, the four sessions should take place in the same space. If the counsellor room is too small to accommodate the group, an available classroom must be identified.
- The space used to conduct the activities must ensure privacy and, as much as possible, be a quiet area within the school. Discuss this with the school principal before starting the sessions to see if this is feasible. Putting up a “please do not disturb” sign on the door when conducting the sessions can be useful.
- If a classroom is used to implement the activities, some adaptation will be required: You may need to move desks to the side to allow for children to move around in the room and the group to sit in a circle. This would require some planning and before starting any session, all activities must be coordinated with the school principals and relevant teaching staff.
- If the group exercises are implemented with children who may not already know each other, you can implement the ice-breaker exercise in Annex 3.

- Inform children that participation in any session is voluntary and anyone can opt out at any time, including during a session. Before starting your first session with a group, inform them that these sessions are a safe space for playing, reflection and self-expression. Even though we are at school, this space is not a normal class.
- If a child appears to be upset in the session, individually and confidentially inform the child that you are there to listen if the child wishes to talk about what may have upset him/her. Privately arrange for an individual session with the child so that you can together talk about what may have upset them.
- It is important to make sure no activities are understood to be undertaken for a specific child, but should be implemented as a recreational and psychosocial support process that is useful for ALL children to build their self-protection, self-awareness and self-expression capacities.
- After each group has concluded the four sessions, counsellors should conduct a self evaluation.

## Exercise

After each session ask yourself:

(1) What went well?

(2) What might you want to change next time?

Record these reflections and any changes you make together with the feedback from the participants in the wrap-up session (see session 4 “the story of my life” below).

Please note that it is very important to practice the exercises with your peers and colleagues before you implement any activities with children. This will help you formulate the purpose of the activities, share learning and different perspectives with peers and help you adapt the exercises for different scenarios that may occur during implementation of the activities.

### What you need before you start:

When implementing these activities, you will need the following tools/items:

- Blank papers
- Colouring pencils
- A physical space large enough for 14 students (where some furniture can be moved to allow for some movements and physical activities)

Setting the ground rules for the groups:

In the first session with the group you may wish to agree on the ground rules for the sessions. These can be reminded in each consecutive session if needed.

The creation of ground rules is one means of establishing safety and trust among group participants before they engage in interacting. Ideally the group participants are invited to generate these rules because it creates a greater sense of ownership. The facilitators will make the decision to dedicate the appropriate amount of time to this process based on their evaluation of each group dynamic and needs, and taking into account their limitation in time to conduct their activities.

Points to consider: A participatory approach of creating the rules always takes longer than an oral presentation by the facilitators. An oral presentation of the rules by the facilitators is always at risk to be associated, in the children's mind, to a teaching process. Appropriate wording and tone of voice can minimize this risk. Typical ground rules include:

- Listening and showing respect to one another
- Maintaining confidentiality amongst each other about what might be shared during the activities.
- Giving everyone a chance to express themselves
- Being nonjudgmental towards others

**Note for Counsellor:** Explaining privacy and confidentiality to children can sometimes be difficult. It is important to explain confidentiality in terms that children can understand. For example explain that there are times to respect the privacy of peers in this group by not discussing everything that happens with others. Children can learn a great deal by developing an understanding of confidentiality. You can use daily events to help define the rules. For example, "Yes, I know you think it is funny that your little brother peed his pants and made a puddle on the floor because he was so busy playing with his blocks. Is there anything about what happened that worries you? ... Good! Since this is not a problem for you, please don't gossip about it with your friends – and please don't tease your brother about what happened. No one's health or safety is at risk, and your brother has the right to his privacy."<sup>1</sup>

<sup>1</sup> Irene van der Zande, Kidpower Founder and Executive Director



## Session 1: Identifying your Feelings

In general children might have some difficulties in identifying and expressing verbally their feelings. Instead, children might express their discomfort through disruptive or withdrawal behaviours. Developing the child's capacity to recognise and express feelings by enabling the child to identify the different thoughts and physical reactions that usually accompany each feeling can begin to strengthen children's self-awareness capacities.

### What you need before you start:

When implementing these activities, you will need the following tools/items:

- A4 papers (cut in half)
- Colouring pencils
- A physical space large enough for 14 students. Furniture will need to be moved to the sides to allow for some movements and physical activities.

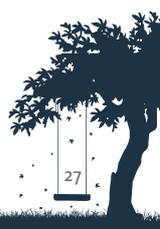
### Instructions:

- Start with a discussion around the groups' ground rules and agree on what the ground rules are with the participants;
- conduct an icebreaker exercise if not all children are already known to each other;
- Stand together with the children in a circle and invite children to start walking around in the space;
- Tell the children: "This is our safe space for playing and for expression. Even though we are at school, this space will be transformed by the group and counsellors into a safe space for expression and play. This is not a normal class. Try to fill each empty spot of the space with your steps and walk in all directions. Focus on your breath. Take a deep and gentle breath and slowly let it out. Repeat it again until you feel relaxed."
- Ask the children to walk in different paces/rhythms that you suggest gradually (slow, slower... fast, faster, even faster...). Make them alternate several times between slow, medium and fast. From time to time ask children to freeze in their positions when you say "stop" then ask them to walk again;
- Guide the group through the following activity: "Now we will suggest different feelings one after the other and you will try to express these feelings in the way you walk, look and talk, through your body posture, facial expressions, and voice while saying your name out loud:
  1. "You are walking and you are feeling happy!" (give it some time and ask participants to say their names in a happy tone)....
  2. "Go back to the normal walk..."
  3. "Now you are feeling angry....very angry..."
  4. "Go back to normal walk..."

5. "Now you are feeling nervous..."
6. "Go back to the normal walk..."
7. "Now I am feeling proud"
8. "Go back to the normal walk..."
9. "Now you are feeling relaxed.."
10. "Go back to the normal walk..."
11. "Now you are feeling frightened"
12. "Go back to the normal walk..."
13. "Now you are feeling witty/laughing"
14. Go back to the neutral walk..."



- Always use a positive feeling (e.g. happy, relaxed, witty etc.) as your last feeling in the exercise.
- Now ask children to go back to their seats or to sit in a circle on the floor and discuss for every feeling: "what were the body feelings and what were the thoughts that accompanied each feeling?" Let the children identify their body reaction and expression for each feeling and the thoughts that usually accompany the body reaction;
- You can initiate the discussion by giving some examples: "when I am feeling happy, my lips will smile and my eyes will winkle, at the same time I would be thinking something like: Oh!! I am so glad I am here...or I wish this party will never end...or I will ask my mom if I can be here again", "when I am feeling angry, my face might turn red, I might frown and I would be thinking something like: This is so unfair! I feel like screaming out loud: Enough!! I will show you who I am!"
- Allow the discussion sufficient time so that you can make sure that all children are aware of the feelings you worked on today and about the body reactions and thoughts of each feeling. Be understanding and respectful that some children may not want to express their feelings;
- Split the children into pairs;
- Distribute papers and colouring pencils and ask each pair to make different drawings of faces that express the different feelings on paper cards (one paper card per feeling). For example if you worked on 7 feelings during the "walk in space" exercise, give the pairs different feelings to draw, etc. depending on the number of feelings you worked on and on the number of participants;
- Now ask each pairs to present their feelings' cards;
- Make sure all the children understand the meaning of each card;
- Discuss with the children that in many situations naming feelings and expressing them is difficult. Explain that in these sessions all children can identify their feelings and express them by using the feelings cards they have made today until everyone feels able to discuss feelings in words, and that it is absolutely okay if someone does not feel like expressing their feelings.



- Wrap up the session by summarising the activities and their purpose. Ask the children if they enjoyed the activities and allow them to express how they felt about it, both negative and positive. Tell the children that we will meet again next week to discuss and explore our favourite stories.

**Note for Counsellor:** All feelings cards should be collected by the counsellor and kept for the next session as they will be used to facilitate expressions of feelings in other exercises. Take 14 photocopies of each card (or as many copy as the number of participants) and keep for use in session 3.



## Session 2: My Favourite Story

In this session the children identify their favourite stories and explain to their peers why they have made that choice. They will go on to illustrate the main events in their chosen story.

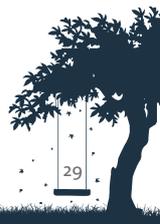
What you need before you start:

### When implementing these activities, you will need the following tools/items:

- Colouring pencils
- A4 papers
- A physical space large enough for 14 students. Furniture will need to be moved to the sides to allow for some movements and physical activities (preferably the same space as used in session1)

### Instructions:

- This is the 2nd session with your group. Start off the session by asking the children to recall the ground rules agreed in the first session. Do the children remember what we did in the last session? Sum up some of the feelings that were identified through the drawings made by the children in the previous session (the feelings cards)
- Tell the participants that in the session today we will discuss and explore your favourite stories;
- Give the opportunity to the children to think about different stories that they have heard of, read, seen on TV etc. Have a short discussion with the group about the stories to help participants start reflecting about their favourite stories;
- Ask the children to walk around in the space and to think about one of their favourite stories. This could be a story they have heard before, a story they have watched on TV, read, or one of the stories they have just discovered in the session;
- After 1 minute say "freeze". Ask each two children standing next to each other to form a pair;
- Ask each pair to choose one or two stories that they identified;
- Then ask the pairs to sit together and discuss the content of the stories and why they like this/these stories;
- Ask: "what is the story you like the most?";
- When the participants have identified their stories, distribute A4 papers and colouring pencils and explain to the children that they will illustrate their favourite story through drawings;



- Ask the children to illustrate parts of the story through 4 or 5 drawings reflecting the main events in the story;
- When the session is over, and especially if the children did not have enough time to draw 4 or 5 images, invite the children to take A4 papers with them home and to draw the rest of the drawings in their free time before the next session. Make sure that the children remember to bring the drawings to the next session;
- Collect the finalised drawings and keep them.

**Note for Counsellor:** All drawings should be collected by the counsellor and kept for the next session as they will be used to facilitate the exercises in session 3.



## Session 3: Identifying Feelings in my Favourite Story

In this session the children identify their favourite stories and explain to their peers why they have made that choice. They will go on to illustrate the main events in their chosen story.

What you need before you start:

### When implementing these activities, you will need the following tools/items:

- Colouring pencils
- A4 papers
- A physical space large enough for 14 students. Furniture will need to be moved to the sides to allow for some movements and physical activities (preferably the same space as used in session1)

### Instructions:

- This is the 2nd session with your group. Start off the session by asking the children to recall the ground rules agreed in the first session. Do the children remember what we did in the last session? Sum up some of the feelings that were identified through the drawings made by the children in the previous session (the feelings cards)
- Tell the participants that in the session today we will discuss and explore your favourite stories;
- Give the opportunity to the children to think about different stories that they have heard of, read, seen on TV etc. Have a short discussion with the group about the stories to help participants start reflecting about their favourite stories;
- Ask the children to walk around in the space and to think about one of their favourite stories. This could be a story they have heard before, a story they have watched on TV, read, or one of the stories they have just discovered in the session;
- After 1 minute say “freeze”. Ask each two children standing next to each other to form a pair;
- Ask each pair to choose one or two stories that they identified;
- Then ask the pairs to sit together and discuss the content of the stories and why they like this/these stories;
- Ask: “what is the story you like the most?”;
- When the participants have identified their stories, distribute A4 papers and colouring pencils and explain to the children that they will illustrate their favourite story through drawings;



- Ask the children to illustrate parts of the story through 4 or 5 drawings reflecting the main events in the story;
- When the session is over, and especially if the children did not have enough time to draw 4 or 5 images, invite the children to take A4 papers with them home and to draw the rest of the drawings in their free time before the next session. Make sure that the children remember to bring the drawings to the next session;
- Collect the finalised drawings and keep them.

**Note for Counsellor:** All drawings should be collected by the counsellor and kept for the next session as they will be used to facilitate the exercises in session 3.



## Session 4: the Story of my Life

Recall with the children that the four sessions' together aim to help children reflect on difficult situations in their lives, on ways of communicating their feelings and seeking support from people they trust. This last session aims to bring together the different learning and reflection started in the three former sessions.

### What you need before you start:

When implementing these activities, you will need the following tools/items:

- The “feelings cards” made by the participants in the first session, including the 14 copies of each feelings card
- Colouring pencils
- A4 papers
- A physical space large enough for 14 students. Furniture will need to be moved to the sides to allow for some movements and physical activities (preferably the same space as used in session 1, 2 and/or 3). Alternatively, this session could be implemented in a library if your school has one.

### Instructions:

- Divide the group into smaller subgroups of around 3 or 4 children each and provide each subgroup with 1 story (preferably a common/well known story like Snow White, Little Red Riding Hood, etc...). It would be preferable to use stories that have already been introduced in the previous sessions;
- Distribute the sets of feelings cards to each participant;
- Ask children to read or sample the book and answer 5 questions in their group:
  1. “Who is the main character of the story?”
  2. “What was the problem he/she faced?”
  3. “How did the main character feel?” Ask the children to use the feelings cards for these expressions.
  4. “Was anyone responsible for the problem faced by the main character?”
  5. “Was there anyone who helped the main character solve his/her problem?”
- Ask each subgroup to share with the whole group the story they read and their answers to the 5 questions;
- Tell the children the following: “In the last two sessions, we worked around a number of stories, your favourite stories as well as stories we were introduced to in these sessions. Our lives are like a library of story books, where you can find funny stories, scary stories, stories that can make us angry, sad,

laugh and smile. We all had stories in the past, we now have many stories in our present lives, and we anticipate that we all will have many stories yet to come". Highlight that in most stories, there was someone who was there for the main character to help him/her overcome the challenges he/she faced;

- If any of the participants have a story where there were no one who supported the main character, ask the group to reflect on ways in which someone could have been able to help the main character overcome his/her difficulties.
- Disseminate A4 papers and colouring pencils to each participants;
- Ask the children to identify in their life, one person who helped them during a difficult situation and draw that person on the A4 paper. At this point it may be helpful if you offer an example from your own life;
- Ask if the participants would be willing to share with the rest of the group what they appreciate the most about the person they drew. Ask if they trust this person and why. Discuss with the children if they can think of other people in their surroundings with whom they have built a trust relationship. What does it mean and how will that help them?;
- At the end of the session let the group identify "signs of trust":
  1. "When do we trust a person?"
  2. "Why is it useful to have someone to trust?"

**Note for the counsellor:** If a child is unable to identify a person to draw during this exercise, you can say that it is ok and that this exercise is a chance for each child to think of a person to talk to and to ask for help from if needed. Therefore, you can invite the child to take the paper home and reflect about any person in their lives that they trust and if they can identify someone then draw that person on their paper. Make sure you arrange for a date for an individual session with the child in the following two weeks. If when you see the child he/she is still has not identified someone to trust, discuss this with the child and if there still is nobody then discuss with the school principal what actions can be taken to help the child feel supported and cared for by the counsellor and teacher. This should be accompanied by a psychosocial assessment with the child in an individual session.

### **Wrap-up (10 -15 minutes): Reflection and thoughts**

You have told the children at the start of this session that it is the last session. Now invite them to share thoughts and "messages" that they are taking away from all the sessions. Encourage as many children as possible to comment. Tell them that there are no right or wrong "answers" If necessary prompt or guide the discussion. E.g. by asking some of the following:

- Did you find it easy to join in with the sessions? (if no ask why not?)
- What has been helpful about the sessions?
- What “messages “are you taking away?
- If you find yourself in a difficult situation do you think you will know what to do?
- Have the sessions helped with you knowing what to do?

Record the responses to reflect on later and to share with fellow counsellors

Thank the children for their participation and ask them to take a few minutes to fill in the evaluation drawing. Explain this will help you when you use the exercises with other children in the future.



# **responding to child sexual abuse**

a practical guide for counsellors in unrwa educational settings in lebanon

## **annex 3**

### **ice-breaker exercise to introduce the groups**

## Ice-Breaker Exercise to Introduce the Groups:

**Duration:** 15 minutes

### Instructions:

- Stand together with the children in circle;
- Explain that you will start and say your name while clapping your hands, designating a child as if you are sending him/her your name;
- The designated child should then say his/her name while clapping his/her hand toward another child in the circle, and so on until all children have said their names. If a child doesn't "catch" the clap or forgets to send it back to another child while saying his own name, the clap "will fall on the floor in the middle of the group" and the participant who "let it fall" will have to "pick it up from the floor" to be able to send it again;
- Explain that it's important to be attentive and to look in each other's eyes in order to be ready to receive the clap;
- You may add: " it is OK if a child receive the clap twice but we need to concentrate and send it once to each one in the group. So try not to send the clap to the ones who have already said their names!"

**Tips for counselors:** You can use this variation as an energizer even when children have memorized each other's names. It's good to go back (when needed) to such rituals that acknowledge the individuality within a collective rhythm.

