



Caring for child survivors of sexual abuse

Training Users Guide

UNICEF and the International Rescue Committee (IRC) produced this training manual to accompany the Caring for Child Survivors of Sexual Abuse Guidelines

Contents

1. Summary guidance.....	3
2. Introduction.....	5
- Background to training modules	
- Acknowledgements	
3. Aims of the training modules.....	7
- Goal	
- Purpose	
- Objectives	
- Sample indicators	
- Outputs	
4. Who the training modules are for.....	10
- Facilitators	
- Participants	
5. How to use these training modules.....	14
- Format of the training modules	
- Adapting the training modules	
- Workshop training methods, techniques and approaches	
- Referral	
6. Scheduling.....	22
7. Resources & equipment needed – facilitators’ checklist.....	26
8. Training evaluation methods.....	28
Glossary	
Acronyms and abbreviations	
References and further reading	

1. Summary guidance

This document contains full guidance on how to use, adapt and deliver the Caring for Child Survivors (CCS) of Sexual Abuse Training Modules. In this section we give the key, most important points to note. This does not substitute for reading the full guidance below, but is designed to highlight the most important points contained in this document.

Training content & scheduling

- Whenever and wherever possible an assessment of participants' capacity should take place before you finalize and run the training so that the sessions may be tailored according to learners' needs.
- The training material should also be adapted to context.
 - A suggested list of changes to make is given on page 16, under the heading Adapting the Modules.
- Modules may be delivered independently or as a five-day training.
- Ideally the training would be broken down into shorter sessions and delivered a couple of modules at a time. This would enable participants to implement the theory they have learnt, and subsequently come back together, discuss the challenges and successes of implementation of the Guidelines and take part in further training. The additional modules, "Module 20 Additional activity. Putting theory into practice" is designed to enable this form of broken down training delivery.
- The training modules, if all run consecutively, take a full five day period to complete, thus an assessment of the participants capacity would enable you to prioritize modules, content and activities and fit within the timeframe available to you, giving more time to sessions where participants need greatest capacity strengthening.
 - A suggested 5 day schedule is available on page 24.
- If facilities are available to connect to the internet and watch video during the training, A selection of short videos on sexual violence during and post conflict is available at:
 - https://www.youtube.com/watch?v=Fk_-WkTwOIU&list=PLXhuzKSXJ9OSF36VeFxBo_q3jKVjPjCRD&t=30s&index=3

Selecting facilitators

- It is recommended that at least two facilitators deliver the training.
- Due to the sensitive nature of the subject of CCS, not only do the trainers need special knowledge and experience, it is very important they have an appropriate attitude.

Participants

- The training is intended to be delivered to a group of 25 participants at the most, to allow full interaction and participation of all those attending.
- The modules are variously targeted at health, psychosocial support (PSS) or caseworkers. Participants may wish to attend only the sessions relevant to their area of work.

- See page 12 for a list of the modules and their target audience.
- Should you wish to run complementary training for staff who are managing case management programs or supervising case management workers, the Child Protection Working Group has produced comprehensive training that targets individuals with these responsibilities.
 - Child Protection Case Management Training Manual for Caseworkers, Supervisors and Managers, (2014) Camilla Jones for the Child Protection Working Group
 - Available at:
https://docs.google.com/uc?export=download&id=0B7TAOt1vVIR_RFJYUXpYY21uckU

Referral

- A system for child case referral must be in place for each site where the training will be delivered. Facilitators should be prepared to respond to any case of child abuse, exploitation, violence or neglect that may come to light. This includes two main components: someone trained to receive and case manage any reported incident and an up-to-date referral pathway identifying service providers able to respond to any child protection cases.

Presentations

- The PowerPoint presentations should be used in Notes view by the facilitator, as there are detailed notes under many slide images.
- PowerPoint presentations contain the full description of all the content and material that should be covered for each training topic. You may wish to cut short the number of slides and reduce the amount of text on each slide, but then you should ensure the points/text removed from the presentation are reflected in discussions and group work.

2. Introduction

Background to the training modules

The humanitarian community developed global guidance for responding to and preventing Gender Based Violence (GBV) in 2005. Psychosocial and health interventions are typically designed for adult survivors of sexual violence, meaning child survivors do not receive the specialized life-saving support they need. Child survivors have a profound need for care and treatment that is appropriate to their age, cultural context, psychological symptoms, and type of abuse. Child survivors require a response that promotes and protects their physical and emotional safety in both the short and long terms. As a result, The International Rescue Committee (IRC), in partnership with UNICEF, the U.S. State Department's Bureau for Population, Refugees, and Migration (BPRM), and the Bill and Melinda Gates Foundation, developed the Caring for Child Survivors (CCS) Initiative, which dedicates resources to developing new knowledge, tools and resources to support field staff working with child survivors in conflict and post-conflict settings. The goal of this initiative is to enable and empower staff in humanitarian aid contexts to provide high quality care to children & families affected by sexual abuse.

The CCS initiative developed and piloted a CCS Resource Package with content covering: the core knowledge and attitude competencies all staff working with children should possess; outline how to communicate, engage and interview children who have experienced sexual abuse; provide step-by-step case management for cases of child sexual abuse; involve non perpetrator family members in the child's healing and recovery; meet the specific health needs of child survivors; implement targeted psychosocial care interventions for child survivors of sexual abuse; provide evidence-based, effective mental health treatment for children and monitor the quality of service provision.

Subsequently, in 2012 IRC, in partnership with UNICEF, published these resources as the Caring for Child Survivors Guidelines for humanitarian practitioners who provide health and psychosocial care to child survivor of sexual abuse (available at <http://www.gbvresponders.org/node/1542>). The CCS Guidelines are the first of their kind, serving as a "how to" guide for field staff working with children and families affected by sexual abuse.

In 2013 UNICEF hired a consultant to develop a standardized set of training modules to accompany the CCS Guidelines as part of the CCS Initiative. The training modules developed were pilot tested in Lebanon in November 2013. In 2014 the modules were revised in accordance with feedback from the Lebanon training. The modules contained here are the final outcome of the process of development and revision.

Acknowledgements

These training modules were written and developed by Hannah Thompson for the International Rescue Committee and UNICEF. Mendy Marsh - UNICEF, Abigail Erikson - IRC and Sophie Read-Hamilton – Independent GBV Consultant, oversaw and gave feedback on the first draft training modules. Sinead Murray and Jennifer Melton gave field level priorities that guided style and content of the modules. The first set of draft modules were adapted into a Training of Trainers and pilot tested in Lebanon by Meghan O'Connor – IRC. Based on feedback from the pilot training the modules were revised and finalized. Stephanie Delaney and Mark Canavera gave inputs on specific topics within the training.

3. Aims of the training modules

Goal (Impact): *To build the capacity of field level service providers on the foundational technical knowledge and skills for caring for child survivors of sexual abuse.*

Purpose (Outcome): The training introduces participants to child case management and psychosocial response approaches and best practices for survivors of sexual abuse. A key focus of the training is to build comprehensive knowledge about child sexual abuse, by training on child centered interviewing and engagement skills, and introducing participants to case management and psychosocial response best practice for child survivors. This entails increasing understanding on the specifics of working with children who have survived sexual abuse and how this is different from either working with adults or addressing other forms of child protection concern.

Objectives:

The specific objectives of the training are that participants...

1. Have accurate and demonstrable technical knowledge of child sexual abuse, and a suitable approach and appropriate attitudes towards child survivors of sexual abuse
2. Have improved skills in engaging and communicating with child survivors of sexual abuse
3. Have knowledge of principles and improved skills in delivering case management for child survivors of sexual abuse
4. Are familiar with nine key CCS tools to support their work
5. Learn key psychosocial care interventions for child survivors

Sample indicators

Listed below are some example measurable indicators for each of the objectives you seek to attain. You may amend these in line with the training you are delivering

1. Participants have accurate and demonstrable technical knowledge of child sexual abuse, and a suitable approach and appropriate attitudes towards child survivors.
 - Participants can name the ten knowledge competency areas.
 - Participants are able to explain how attitudes and beliefs influence behavior.
2. Participants have improved skills in engaging and communicating with child survivors of sexual violence.
 - Participants can name the nine best practice guidelines for

communication.

- Participants know the importance of the three elements of face-to-face communication (Words, Tone, Nonverbal behavior/body language).
- Participants are able to name at least three techniques for communicating with child survivors.
- Participants know the essential components of child survivor interviews, including content for introductions, confidentiality, healing statements, and ending the interview.
- Participants have understanding of how to tailor and adapt communication to the situation of a specific child survivor.

3. Knowledge of principles and improved skills in delivering case management for child survivors.

- Participants can name all three of the CCS key issues and the seven guiding principles.
- Participants can name the seven stages of the case management process.
- Participants can name at least three key differences between adult and child case management support.
- Participants can define informed consent and informed assent and recognize the variation in consent and assent requirements for different aged children.
- Participants will be able to name the four broad areas of need that have to be assessed during the initial interview.
- Participants have skills in carrying out a suicide assessment of child survivors.
- Participants will be familiar with the relevant tools for each of the seven steps of the case management cycle.

4. Learn key psychosocial care interventions for child survivors.

- Participants can describe how to implement each of the four psychosocial interventions described in the CCS Guidelines.

Possible outputs generated during training sessions:

- i. A list of suggested phrases for asking about suicide, suitable in the local context
- ii. Case closure criteria
- iii. A list of possible solutions and prioritized next steps to tackle the challenges faced in this context
- iv. A list of participant's ideas on how the current case coordination system could be improved
- v. A capacity strengthening, or training rollout plan
- vi. A plan for taking resources, tools and guidance back to the different organizations and/or locations to be adapted and applied in their work settings

Tools to be used:

Whilst all tools contained in the CCS Guidelines will be presented during the training, certain tools will be discussed in more detail and participants will be able to either practice using them, or discuss how they need to be adapted to context during the training sessions. These are:

1. Supervision tool: CCS Attitude Scale
2. Simplified CCS Communication Assessment Tool
3. Sample informed Consent/Assent and Client Rights Statement, CCS Guidelines p.118 – 119
4. Child Needs Assessment and Case Action Plan, CCS Guidelines p.170-171
5. Child Case Follow-up Form, CCS Guidelines p.172-173
6. Child Case Closure Form, CCS Guidelines p.174
7. Child Client Satisfaction Questionnaire
8. CCS Case Management Skills Assessment Tool (CCS-CMA)
9. CCS Case Management Checklist

4. Who the training modules are for

Different agencies use varying terminology to describe different roles within their organizations. We will therefore describe the jobs of those who are expected to facilitate and participate in this training, rather than simply naming specific job titles.

Facilitators

It is not necessary for those running the training – the facilitators – to be professional social workers or mental health professionals. It is intended that individuals with the following skills, experience and knowledge should deliver the training modules provided in this manual:

Skills

- Training/facilitation skills especially for adult learners
- Participatory methods in workshop facilitation
- Working with children
- Skills in caring for others
- Excellent verbal communication, listening skills and body language
- Language spoken by participants

Knowledge

Essential:

- Full understanding of the 10 knowledge areas as outlined in the CCS Guidelines. These are: Definition of child sexual abuse, Scope of the problem, Children and sexual abuse disclosure, Perpetrators of sexual abuse, Sexual abuse and boys, Sexual abuse impact across age and developmental stages, Impact of sexual abuse on caregivers, Needs of children after sexual abuse, Children and resilience, and, Local child protection mechanisms and norms.
 - Note the facilitators should have also an understanding of how these relate and should be adapted to the local context in which the training will take place. This is important, as information related to the knowledge areas will vary across local contexts and populations. The facts and information contained in the CCS Guidelines are drawn from facts and information related to the scope of the problem of child sexual abuse at a global level. They relate to generalized trends in children's reactions to abuse and dynamics related to disclosure of abuse across cultures. Tailoring the training to the context will ensure the material is relevant to the participants.

Experience

Essential:

- Delivering gender based violence, child protection or psychosocial support programs in humanitarian settings – it is desirable, if possible, that the facilitators have delivered a combination of all three.

- Staff management in humanitarian settings. This should include having dealt with issues around staff wellbeing and staff care when working in humanitarian settings under difficult circumstance.
- Working with inter-cultural groups of mixed abilities and backgrounds.

Desirable:

- Knowledge and experience of working in the geographical areas or context where participants are currently or will be supporting a programming.
- Inter-agency collaboration and coordination.
- Program management in humanitarian settings.

Attitudes

Essential

- Facilitators must demonstrate that they have child-friendly attitudes and beliefs with regards to Child Sexual Abuse, in line with all those outlined in the CCS Guidelines.
- Show empathy for challenges and stress participants may have faced or may be continuing to experience due to work or current emergency situation.
- Be non-discriminatory, positive attitude towards individuals with different skill levels.
- Be friendly and approachable.
- Recognize the skills, knowledge and competencies of all the learners.

To manage the training most effectively there should be two facilitators running the workshop jointly, sharing sessions or co-facilitating individual modules. It may be helpful for one of the facilitators to take a lead role so that they may assign tasks and take ultimate responsibility for the training delivery.

The need for two facilitators as a minimum applies whether you are choosing to run only one of the training sessions or the whole five-day schedule. Additional support and specific inputs are needed for certain sessions and activities; these resource people are listed for the relevant modules.

Where more than one trainer is present throughout the workshop, they may have complementary skills, knowledge and experience covering the various topics above. However, they must each demonstrate all the attitudes listed, as these are essential attributes of a good trainer working in various settings globally, in complex cultural and political contexts with participants from diverse cultures addressing the highly sensitive topic of caring for child survivors.

Participants

The intended participants of this training:

- Provide psychosocial, case management and/or health services for survivors of gender-based violence (GBV) and/or children in humanitarian settings.

Or

- Are United Nations or NGO staff directly delivering programs addressing issues of protection and/or gender.

Who

- Have not had previous formal training on the specifics of addressing cases of children surviving sexual abuse, though they may have worked with child survivors.

Ideally a maximum of 25 participants should take part in the training at any given time. This allows time for all learners to interact, share their thoughts and participate actively in group-work and plenary sessions.

The modules are variously targeted at health, PSS or caseworkers. Participants may wish to attend only the sessions relevant to their area of work.

MODULE	TARGET PARTICIPANTS
1. Introductions	All participants
2. Core child sexual abuse knowledge areas	Health and PSS/Case Management Staff
3. Core child-friendly attitudes	Health and PSS/Case Management Staff
4. CCS in context	All participants
5. Guiding principles & key issues	Health and PSS/Case Management Staff
6. Communication best practice	Health and PSS/Case Management Staff
7. Communication techniques & strategies	Health and PSS/Case Management Staff
8. Communication content & case study analysis	Health and PSS/Case Management Staff
9. Communication role-play	Health and PSS/Case Management Staff
10. Introduction to case management	Case management staff
11. Roles & responsibilities, introduction & engagement	Case management staff
12. Intake, & Assessment	Case management staff
13. Action Plan & Implementation	Case management staff
14. Case follow up, closure & evaluation	Case management staff
15. Case management challenges & solutions	Case management staff
16. Coordination	All CS responders
17. Psychosocial interventions	PSS/Case Management Staff
18. Forward planning	All participants
19. Workshop close	All participants
20. Additional activity: Putting theory	All participants

into practice	
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Where...

- “Health and PSS staff” refers to all health and psychosocial support service providers engaging in the training.
- “Case management staff” refers to all service providers who offer case management services.
- “PSS/Case Management Staff” refers to all service providers providing case management and/or psychosocial support services. In many places, psychosocial staff, GBV workers, and case management staff are all one and the same.
- “All CS responders” refers to all service providers responding to child cases of sexual abuse.
- “All participants” refers to all those taking part in the training, be they health, PSS, or case management workers or others responding to child survivors.

Supervisors

You may wish to run complementary training for those staff who are managing case management programs or supervising case management workers. The Child Protection Working Group has produced comprehensive training that targets individuals with these responsibilities.

- Child Protection Case Management Training Manual for Caseworkers, Supervisors and Managers, (2014) Camilla Jones for the Child Protection Working Group.
- Available at:
https://docs.google.com/uc?export=download&id=0B7TAOt1vVIR_RFJYUXpYY21uckU

5. How to use the training modules

The modules contained in this training package each fall into one of three categories of module: theory, competency, and contextualization modules.

Theory modules present certain information and knowledge that are essential to enable participants to understand the subject and act as a foundation to enable them to put into practice certain competencies. The other two categories of module “competency” and “contextualization” all contain some theory, but the sessions we are referring to as “theory modules” do not contain competency or contextualization components.

Competency modules explain certain skills and give participants the opportunity to demonstrate an ability to do something successfully or efficiently. These are important as they enable learners to put into practice the theory learnt. These skills gained may subsequently be replicated in the workplace. Whilst it is not expected that participants would be fully competent after completing the module, if the training module is delivered and participants are subsequently empowered to apply learning, their skill level may be assessed.

Contextualization modules enable facilitators and participants to take theory and/or competency information and set it in the context. These modules are important as they enable the workshop to generate concrete outcomes and solutions on how to apply the CCS Guidelines to case management, PSS and work with child survivors.

Type of module		
Theory	Competency	Contextualization
Core child sexual abuse knowledge areas	Communication content & case study analysis	CCS in context
Core child-friendly attitudes	Communication role plays	Intake & assessment
Guiding principles & key issues	Roles, responsibilities, introduction & engagement	Case follow-up, closure & evaluation
Communication best practice	Intake & assessment	
Communication techniques & strategies	Action planning & implementation	Case management challenges & solutions
Introduction to case management	Case follow-up, closure & evaluation	Coordination
	Psychosocial interventions	Forward planning
		Putting theory into practice








Format of the modules

Each module is comprised of a session plan written in a word document and a PowerPoint presentation.

Session plan:

The session plan starts by setting out the objectives, key messages, and duration of the session. It lists any materials and resources required, preparations to be carried out and resource people to be present during the session.

Symbols used in the session plan are as follows:

	Learning Objectives
	Key Messages
	Duration of session
	Materials and resources needed to run the session
	Preparation needed before the session starts
	Resource people additional to the facilitators to help run the session
	A list of any outputs that will be generated during the session

Following is a session outline which gives estimated timing for each part of the training module. Next, where relevant and necessary, there are session technical notes that give some definitions, key information and further reading needed to be able to deliver the training session.

It then gives the session details, that explain the activities and presentations that will make up each training module, giving the timing, slide numbers, activity descriptions and resource requirements for each activity within the session.

Most modules require that the facilitator leads the group in a participatory warm-up activity that demonstrates or relates to the subject to be discussed, before running through specific essential theoretical knowledge presented on PowerPoint slides and subsequently facilitating group or individual participatory activities that allow the participants to put the theory into practice. At the end of each module there is a review of key points, which enables a recap of the session.

PowerPoint presentations:

The PowerPoint presentations each start with a title slide, and session outline.

Where there are certain key concepts relevant to a session their definition is given next, so that participants and facilitators all have a shared understanding of the terms being used. Next comes a warm-up activity, led by the facilitator that relates to the topic of the session. This is then followed by a presentation of theoretical foundations on the subject. Participants are then invited to apply the knowledge they have just gained in a practical exercise. Each session is concluded with a summary of key points.

Presentations given at the beginning and end of each workshop day vary slightly. The first session of each day includes a recap of the subjects covered the day before and a summary of objectives for that day. The last presentation of each day includes a run through of the day's objectives, looking back at the subjects covered that day and a reminder to participants to complete the various evaluation processes.

The presentations include notes in the notes panel under each slide that may aid the facilitator to fully explain the content on the slide. Note the content of each slide is quite extensive, and the presentations are quite long. It may be preferable to cut the text and number of slides, whilst ensuring that the facilitator discusses and covers all the material included in the presentations whether or not this information is shared with the participants in slide form.

Adapting the modules

The workshop modules are based on a competency-based learning approach. The majority of modules are intended to build the skills of the participants in delivering case management and providing support for child survivors of sexual abuse. It is possible to skip specific learning modules, especially the theoretical modules, if participants have demonstrated they have already mastered the skill or have the knowledge contained in the module. In addition, as noted in Section 4 of this guidance, certain modules are targeted at specific categories of staff, be they caseworkers, health workers or those delivering psychosocial services.

The training modules contained here may be used exactly as they are set out below, though ideally they should be adapted both to context and according to learners' needs. Suggested changes and adjustments depending on context and way the training will be used include the following:

Adapting to learners' needs

- The learning needs of the participants attending should be established prior to running the training so that you may select, adapt and focus the training sessions to the strengths and weaknesses of the group. The theoretical content of the presentations should be adjusted in line with the knowledge levels of the group, and the activities may be changed to discuss or focus on certain challenges faced by the learners.
- Whenever and wherever possible an assessment of participants' capacity should take place before you finalize and run the training so it may be tailored to the capacity gaps identified.

- In particular, assessing the understanding of the knowledge and attitude competencies and ascertaining that there is a general level of understanding among the participants may enable you to spend a reduced amount of time on Modules 1.2 Core Child Sexual Abuse Knowledge Areas and 1.3 Core Child-friendly Attitudes, maybe also Module 2.2 Guiding Principles and Key Issues.

Adapting to context

- It is intended that facilitators adapt the content to reflect the cultural setting in which they are delivering the training. This means that for example, wherever possible the facilitator should make the material more locally appropriate by adopting locally relevant case studies and scenarios, whilst ensuring that materials used always adhere to principles of confidentiality.
- It may be useful to identify beforehand any specific, tangible and practical outputs that may be used when participants return to their programs. Activities carried out during the various modules may then be adapted to meet these needs. For example:
 - Additional knowledge areas,
 - Harmonized case management forms,
 - Agreed solutions to coordination challenges, with a prioritized action plan, and
 - Capacity building plan.
- The material contained may and should be translated into local languages where possible and needed.
- It may be desirable to add photographs that show children from the context. Note it is important to still follow all guidance with regards to confidentiality and not include any identifying information for child survivors.

Adapting specific modules

Certain modules need to have changes made whenever you deliver the training, based on the context and how you decide to deliver the training. The list of suggested changes by modules is presented here:

Module 1: CCS Training Introduction:

- Slide 14 & 15: Update the objectives based on the content of your training
- Slide 16: Adjust list of outputs based on the needs of the context
- Slide 18: Adjust agenda based on participants' needs

Module 2: Core child sexual abuse knowledge areas

- Based on the outcomes of the training pre-test you may wish to cut down on the amount of time you spend running through the knowledge areas. This can be done by selecting those areas where participants showed less understanding, and skipping the detailed slides and activities for those knowledge areas where participants had a sufficient prior knowledge.

Module 3: Core friendly attitudes

- Slides 6 – 20: Edit the “agree, unsure, disagree” activity statements according to topics that are relevant to context.

Module 4: CCS in Context

- None.

Module 5: Guiding Principles and Key issues

- You may wish to change the scenarios and names used in the Broken Telephone activity to suit the local context.
- Slide 6: You may like to generate a Mnemonic with the group that would help in memorizing the 7 guiding principles.
- You may wish to add a slide on local reporting requirements to the section on mandatory reporting.

Module 6: Communication best practice

- None.

Module 7: Communication techniques and strategies

- Remove Slide 4 if you intend to do Option 1 for Activity 2.
- If you keep Option 1, Activity 2, you may wish to change the picture on slide 4 to make it more appropriate to the setting. And check with someone who is based in the context where you are running the training what is considered suitable and appropriate eye contact, body language etc. for discussion during the activity debrief.

Module 8: Communication content and case study analysis

- You need to plan an energizer to break up the relatively long presentation session for Activity 2: Communication Content at Slide 15.

Module 9: Communication role-plays

- None.

Module 10: Introduction to case management

- None.

Module 11: Roles & responsibilities, introduction & engagement

- You need to plan an energizer to break up the relatively long presentation session for Activity 2: Roles & Responsibilities at Slide 10.

Module 12: Intake & assessment

- Establish before running the session if you wish to run the suicide assessment presentation and activities now or as a separate training session at a later date.
 - Cut Slides 22 – 33 if you do not wish to discuss suicide at all during this training and you plan to run a separate session on suicide at a different date and time. This would reduce your training time by 30 mins.
 - You can also cut the section on suicide assessment short by just giving the presentation and not carrying out the in-depth activity. This would

mean cutting only slides 27, 28, & 30. This would reduce the time of the session by 20 mins.

Module 13: Action Planning & Implementation

- You need to plan an energizer to break up the relatively long presentation session for Activity 2: Step 3: Case Action Planning at Slide 10.

Module 14: Case follow-up, Closure & Evaluation

- Depending on the context and needs identified by agencies operating in the area you may wish to allow an extra 10 mins for Activity 3: Step 6: Case Closure to develop some suggested context specific case closure criteria. If so plan the schedule and adjust your timetable accordingly
- You need to plan an energizer for Activity 4, Slide 15.

Module 15: Case Management Challenges and Solutions

- Adjust slides 4 & 7 with colors of cards depending on colors of card you have available.
- You need to plan an energizer for Activity 3, Slide 9.

Module 16: Coordination

- You may want to adjust the list of tools used in Activity 1, and possibly thus the number of volunteers for this activity, depending on the tools being used in the context in which you are running the training. This would require you also to adjust Slide 4 of the PowerPoint.
- Tailoring the scenario and names of the Roles for Activity 3 could make it more relevant to context. Though it is important to retain at least 5 – 6 different roles and service providers so participants can see issues of the child having to repeat their story and not getting coordinated services and thus appropriate care.

Module 17: Psychosocial Interventions

- None.

Module 18: Forward planning

- Edit Slide 4 if certain issues have come up through the rest of the training that are not listed on the slide and you feel they may benefit from further discussion.
- Edit Slide 8 depending on what is decided will happen with the suggested actions to improve case management.

Module 19: Workshop Close

- Edit Slides 4 – 5 based on the workshop objectives that were established for the context and shared on the first day of the training.
- Edit Slide 7 of the PowerPoint presentation inserting the names and e-mail addresses of any national, regional or global resource people who can offer support to participants in the future.

Module 20: Additional Activity: Putting Theory into Practice

- Adapt Slide 6 based on the CCS training topics that have been covered so far with this specific group of participants.

Workshop training methods, techniques and approaches

In order to ensure active learning among the adult participants taking part in the training it is intended that the training:

- Is interactive, participatory and experience sharing
- Uses a range of ways to communicate
- Allows participants to ask questions freely
- Take a positive and solution-focused approach
- Ensures equality and respect for all
- Is adaptable and flexible to needs, thus facilitators should be willing and able to adapt the content and style to feedback given
- Based on real life case examples relevant to context
- Has tangible and practical outputs that may be used when participants return to their programs

For more detailed information on adult learning and training techniques see the guidance written for the Action on the Rights of the Child (ARC) training modules, “Facilitator’s Toolkit” available at: <http://www.arc-online.org/using/index.html>, Clinical Care for Sexual Assault Survivors: A Multimedia Training Tool: Facilitator’s Guide (2008) International Rescue Committee and the UCLA Center for International Medicine, Page 27 – 31, available at: <http://cpwg.net/?get=005352|2013/08/IRC-UCLA-2008-Clinical-Care-for-Sexual-Assault-Survivors-Facilitators-Guide.pdf>.

It is always important for facilitators to bear in mind that the participant group may have varied skill levels. In addition, the participants themselves may have lived and worked through the emergency, and dealt with sensitive and challenging child cases and exhibit signs of distress. The learners’ stress levels must be kept in mind when delivering training, talking through child cases, situations and scenarios or running simulation activities. As far as possible discussion topics should not create distress for participants by reflecting negatively on the emergency situation they are facing or the child protection concerns they are addressing or may even have lived through themselves.

Referral

Prior to commencing the training there needs to be an agreed strategy for addressing any child abuse cases that may be reported during the course of the training. This may be sexual abuse, but facilitators should also be prepared to respond if there are cases of other forms of abuse, neglect, exploitation and violence. This includes the following two main components:

- Someone who is qualified to talk to any participants, child survivors and/or their family members has to be pre-identified to respond to new cases.

Caring for Child Survivors of Sexual Abuse – Training Manual

- A referral pathway has to be in place for each site where training will be delivered.

6. Scheduling

Scheduling

The modules contained in this training manual on caring for child survivors of sexual abuse may be delivered as part of preparedness training, or in the emergency response phase. The structure of training may take the following forms:

- As an independent, stand-alone, five-day long training package,
- Running one session or day at a time, allowing participants to apply learning in between training sessions. This approach also allows participants to work on one competency at a time, and master it. Facilitators or Supervisors may evaluate the participant on their level of mastery of an individual competency, and only once they have demonstrated a certain skill or knowledge level are they able to continue with the next stage in the training, or
- Broken down into sections, covering the whole five-day package over a longer period of time. In a first phase emergency response in particular, it may be preferable to break the package down into a series of shorter sessions, allowing staff to maintain the momentum of their work and apply the knowledge they gain to their work.

Adapting the content when varying the schedule

As mentioned above the modules contained here may be delivered as part of preparedness training, or in the immediate emergency response phase, the schedule should be adjusted according to the stage of the emergency.

- If delivering the training as an emergency preparedness measure, staff may be able to give the time for a full 5-day training. Given in many instances you may be running training once an emergency has begun, if you are using in-house or in-country facilitators, it may be better to break the training down and deliver it two to three modules at a time rather than all in one go. This reduces the amount of time staff are taken away from important program implementation activities and increases the ability of participants to apply knowledge gained bit by bit.
- If you are running the training sessions over time allow time at each new session to discuss how participants have been able to apply what they learnt previously, what the challenges have been and what solutions they have found to those challenges. An additional activity is available to assist in doing this “Module 20, Additional Activity: Putting theory into practice.”
- It is suggested that if you are running numerous sessions in one day, to save time, you combine the objectives slides for all the sessions to be run that day into one slide that should be presented at the beginning of the day. This may then also be used for the recap at the end of the day. Currently the modules are designed with this format in mind, with the objectives for all the day’s sessions being given in a slide during the first session of the day. If you are planning to run an individual training session you will need to add a slide which states the objectives for the session as they appear in the facilitator’s guide.

Duration of Each Module

Duration shown in HH:MM:SS

MODULE		DURATION	Notes
1.	Introductions	02:00:00	01:30:00 if you don't need to do the pre-test
2.	Core child sexual abuse knowledge areas	03:15:00	
3.	Core child-friendly attitudes	02:00:00	
4.	CCS in context	01:30:00	
5.	Guiding principles & key issues	02:10:00	
6.	Communication best practice	01:50:00	
7.	Communication techniques & strategies	01:20:00	
8.	Communication content & case study analysis	02:00:00	
9.	Communication role-play	01:35:00	
10.	Introduction to case management	02:15:00	
11.	Roles & responsibilities, introduction & engagement	01:20:00	
12.	Intake, & Assessment	01:40:00	01:10:00 if you plan to run a separate session on suicide at a different date and time
13.	Action Plan & Implementation	01:30:00	
14.	Case follow up, closure & evaluation	02:05:00	
15.	Case management challenges & solutions	02:15:00	
16.	Coordination	02:00:00	
17.	Psychosocial interventions	01:45:00	
18.	Forward planning	01:35:00	
19.	Workshop close	01:45:00	01:35:00 - if you do not need to do certificates
TOTAL TIME		35:50:00	34:40:00
20.	Additional activity: Putting theory into practice	01:45:00	

If a training day is 9 hours long (08:30 – 05:30) you should ideally allow at least 02:00:00 hours of downtime/non-training time. This includes two coffee breaks of 15 mins each, and a lunch break of 60 mins. The additional time allows a further 5 – 10 mins for each break given people tend to take longer to sit back down and settle than hoped for. This also includes time for people to re-settle and move into groups throughout different activities and sessions of the day. This means the training modules should be running at 7 hours for each training day.