

C. What are some practical steps we can take to prevent child trafficking?

1. Be aware that child trafficking is a major problem.
2. Be aware that many trafficked children are hidden away and seem invisible to the community.
3. Work with groups such as the International Justice Mission (IJM) so the traffickers are prosecuted fully.
4. IJM also works to rescue children and adults who have been trafficked.
5. Register births. This establishes the age and nationality of the child and gives some protection.
6. Form neighbourhood watch groups to protect the children.
7. Teach children in schools, kids' clubs, churches and community groups about human trafficking.
8. Put on plays in schools and villages.
9. Help families gain new sources of income.
10. Hold information campaigns aimed at children at risk, school children, young people and parents.
11. Form protection networks, saying, "Our village supports its children."
12. Give training about child trafficking.
13. Work with governments to grow programs to combat child trafficking.
14. Find out about local telephone helplines.
15. Show consumers (men who buy sex, people who use children in domestic labour,...) that they are encouraging trafficking and slavery.
16. Work to end the recruitment of children for domestic work.
17. Help communities to understand the value of children and women according to the Bible.
18. Be aware of organizations, governmental support or individuals who are working in this area.
19. Remain yourself everybody can be trafficked.
20. Know that trafficking preys on vulnerabilities (financial, emotional, spiritual, physical,...) and it happening in every country.

Conclusions and Take-Away (5 minutes)

Instructions: Discuss together.

- A. What did we discover in this lesson?
- B. What will we do with what we discovered in this lesson?
- C. Pray together.

References:

<https://www.freedomunited.org/freedom-university/child-slavery/>
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HHT about Children Lesson 1 - TRAFFICKING OF CHILDREN - Story

INTRODUCTION:

Listen to this story about the trafficking of children.

STORY:

Three 12-year-old girls in one village were encouraged by friends to go with traffickers. Their former classmates had already been trafficked but had been sent back to recruit others, under threat and with false hopes of being released.

In their school playground, the girls were told of 'an amazing opportunity' in a nearby city. Fortunately, the three girls told their parents, who did not let them go. But they remain vulnerable. Some children have even been taken by force from schools.

----SHOWD questions----

S = What do you See?

H = What is Happening?

O = Does this happen in Our place?

W = Why does this happen?

D = What will we Do about it?

DISCUSSION:

(Use some of these questions, or add your own. You can ask questions like these while telling the story, or in a discussion afterwards.)

- Would anyone like to retell the story of trafficking of children?
- Who encouraged the girls to go with traffickers?
- Why did their former classmates try to recruit them?
- What did they tell the girls?
- What happened?
- Why do the girls remain vulnerable?
- Are your children (or your neighbours' children) vulnerable to trafficking?
- Do you know of any children who have been trafficked from your area?
- What can we do to protect the children?
- Divide into pairs to practice telling this story.
- During the week, tell your family, friends, and neighbours the story about trafficking of children.

Adapted from: Hodge, G. 2007. *Human trafficking*. TearFund International Learning Zone. Footsteps 69. Available from:
<http://tilz.tearfund.org/Publications/Footsteps+61-70/Footsteps+69/Human+trafficking.htm>



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ANTI-HUMAN TRAFFICKING

about Children

- [HTTPS://WWW.MEDICALAMBASSADORS.CA](https://www.medicalambassadors.ca)
- [HTTPS://WWW.MEDICALAMBASSADORS.ORG](https://www.medicalambassadors.org)

HT about Children Lesson 1 – TRAFFICKING OF CHILDREN

Knowledge	After working through this lesson, participants will be able to
Attitude	<u>1.</u> To recognize children who are victims of human trafficking.
Practice	<u>2.</u> To identify some of the problems caused by child trafficking. <u>3.</u> Work through some steps to prevent child trafficking.
Overview	This is another lesson in the series on human trafficking. This includes some culturally sensitive material, so work to adapt this to your culture and your context. Participants will know basic information about child trafficking; as well as long-term problems caused by human trafficking; and some steps to protect children from trafficking.
Materials	<i>Collect these items before beginning the lesson:</i> • Poster-size paper, markers, and masking tape • Handouts: Starter - <i>Trafficking of Children</i>

LESSON

60 minutes

STARTER: (5 minutes)

Instruction for facilitators: Listen to this story about the trafficking of children (from the handout). Work through some of the discussion questions, or add your own.

Story: Three 12-year-old girls in one village were encouraged by friends to go with traffickers. Their former classmates had already been trafficked, but had been sent back to recruit others, under threat and with false hopes of being released.

In their school playground, the girls were told of ‘an amazing opportunity’ in a nearby city. Fortunately, the three girls told their parents, who did not let them go. But they remain vulnerable. Some children have even been taken by force from schools.

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it?

1. Trafficking of Children (15 minutes)

Instructions: Discuss as a large group. Note: “Child” is a person under the age of 18.

A. Is trafficking of children a problem?

1. Trafficking is a modern-day form of slavery.
2. About 800,000 people are trafficked across international borders each year.
3. More than half of these victims are children.
4. Any child engaged in commercial sex is a victim of trafficking.
5. About 300,000 children are today fighting as child soldiers.

6. Every 30 seconds a child is sold into sex slavery.
7. It is estimated that 5,500,000 children are in child slavery.

B. What strategies may traffickers use to recruit children?

1. Many children are deceived.
2. They are offered a chance to go to school or offered a good job.
3. They may be offered a chance to reunite with family members in another country.
4. The children or their family members may be threatened with harm.
5. Children may be trafficked or sold by a close family member or friend.
6. Some children are kidnapped.
7. Children can be drugged up and then kidnapped.
8. Children can fall in love or seek to be loved by traffickers.

C. What happens to the trafficked children? What are they forced to do?

1. Commercial sex
2. Prostitution
3. Pornography
4. Sex tourism
5. Work as domestic servants
6. Migrant farming
7. Hotel or restaurant work
8. Hard physical labour
9. Begging
10. Forced crime – put to work doing illegal activities – pickpockets, burglaries, drugs
11. Arranged marriage, early child marriage
12. Illegal adoption
13. Organ or tissue trafficking
14. Child soldiers
15. Ritual offers

2. Problems (20 minutes)

Instructions: Divide into small groups. Let some group discuss the Long-term problems (last for months, years or decades) and Short-term problems (last hours, days, weeks or months.) Put yourself in the place of a child involved in commercial sex, or a child put to work in hard dangerous conditions. What physical or emotional problems might you have? Let the group describe the symptoms or act them out.

A. Short-term problems

1. Bruises, cuts
2. Broken bones
3. Burns
4. Fear, anger, anxiety
5. Partial or complete loss of speech
6. Shock
7. Pain in different parts of the body
8. Lie to protect oneself or loved ones
9. Underweight or malnourished
10. Nightmares and sleepless nights
11. Flashbacks
12. Denial

13. Sexualized behaviour (as a coping mechanism to process what happened, they may seek the attention of adults, think that is the right thing to do or power control)
14. Engaging in dangerous situations to numb the pain or seek to feel emotions – drugs, pickpocketing, crime, careless driving, violent sex, anti-social behaviour

B. Long-term problems

1. Trouble sleeping
2. Eating disorders
3. Malnutrition and poor growth
4. Sexually transmitted infections
5. Sores or discharge
6. HIV
7. Pregnancy
8. Trouble urinating – peeing
9. Pain in the rectum
10. Back pain from hard labour
11. Cough and lung problems from dangerous work
12. Fear and anxiety
13. Guilt and shame
14. Depression, feeling down, feeling hopeless or suicidal thoughts
15. Panic attacks
16. Difficulty living in a strange country
17. Homesickness
18. Stress disorder
19. Bonding with the trafficker
20. Dental issue
21. Addiction
22. Sexualized behaviour
23. Antisocial behaviour – violence, crime, addiction

3. Preventing child trafficking (15 minutes)

Instructions: Discuss as a large group.

A. What would Jesus do about trafficking? Read together Luke 4:18-21

1. He came to release the captives
2. He came to set free those who are oppressed
3. He was anointed to preach the gospel to the poor

B. What can I do (as a Christian)?

1. Pray
2. Share God's love with the victims of trafficking
3. Show God's justice and his mercy to the traffickers.
4. Take steps to prevent trafficking by educating yourself and your peers.
5. Report human trafficking to trusted adults or organs.
6. Always think if it is "too good to be true" it is "too good to be true" and Satan will use this temptation
7. Always inform another person where you go and what you do.
8. Do not meet in person people you meet on social media.
9. Perhaps you can ask "What would Jesus do in your situation"

C. What are some practical steps we can take to prevent child trafficking?

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Conclusions and Take-Away (5 minutes)

Instructions: Discuss together.

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HHT about Children Lesson 1 - TRAFFICKING OF CHILDREN - Story

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HT about Children Lesson 2 - CHILD ABUSE AND NEGLECT - Introduction

Knowledge	After working through this lesson:
Attitude	1. Participants will know what abuse and neglect are, and some types of abuse and neglect.
Practice	2. Participants will learn how to recognize child abuse and neglect. 3. Participants will know that childhood abuse and neglect is a serious problem with long-term consequences.
Overview for facilitators	This is part of a series on social issues, based on information from the International Justice Mission and other sources, it can be expanded to help participants understand how to prevent child abuse with practical tools MAI offers to facilitators and families. Facilitators will know participants have learned the content of this lesson when they are more aware of child abuse and neglect.
Materials	• Poster-size paper, markers, and masking tape • Starter is to be shared with two participants • Handouts with definitions • 2 large drawings of a child with inscriptions on the 4 limbs: Physical, Spiritual, Social and Emotional/Intellectual.

LESSON

60 minutes

STARTER (10 minutes)

Role play: A mother and her small child are eating lunch. He accidentally spills a large glass of water.

Mother: You idiot! You are always dropping things!

Child: I did not mean to! It just fell!

Mother: Shut up! Don't talk back to me! (She slaps him)

Child: (Starts to Cry)

Ask SHOWD questions: What did you See?
What was Happening?
Does this happen in Our place?
Why does this happen?
What will we Do about it?

1. Meaning of Abuse (10min)

Instructions: Ask the big group:

A. What is Abuse?

- a) Abuse is hurting another person.
- b) Abuse is to treat someone wrongly or to mistreat.
- c) Abuse is being cruel.
- d) Abuse is taking advantage of another person who is weaker than you are.

e) Abuse is using force or power to get your own way.

B. How is power involved?

- a) Abuse is a form of manipulating a position where you can harm others.
- b) It is a cruel use of power.
- c) Sometimes men abuse women.
- d) Sometimes adults abuse children.
- e) The strong abuse the weak.
- f) Different kinds of power can be involved: Physical (a person of bigger size or strong presence), Verbal, Emotional, Position, Psychological manipulation,
- g) The person with more power lies to him or herself, justifying their action, trying to feel good about themselves, blaming others for their actions, and making them unaccountable to anyone.

C. What kind of people are vulnerable to abuse?

- a) Those that are susceptible to attack or injury, because of their condition, gender, age, or trust.
- b) A patient is vulnerable in a doctor's office.
- c) A child is vulnerable with a grown-up, or a parent.
- d) A woman in a room full of men is physically vulnerable.
- e) A sheep is vulnerable in the open, without her shepherd, and also is vulnerable with a shepherd.
- f) Ezekiel 34:4 God speaks strongly against the shepherds of Israel by the way they treated the most vulnerable.

D. Definition of Abuse (distribute on a handout or having it written to post upfront)

"Abuse is any intentional action that causes physical, emotional or psychological harm."

2. Discuss each part of the definition, and what it means. (5 minutes)

- A. Intentional Abuse-** is done on purpose, it is not an accident.
 - B. It hurts** - the one being abused is damaged in some way. It can be words, physical, or actions that have a negative effect on the other person.
 - C. The effect of abuse is not always visible**, you may not be able to identify it unless you are present when it happens, or you ask, and they tell you, their story.
-

3. Neglect (5 minutes)

So far, we have only talked about abuse or harmful actions against another. But another way to harm people is by neglect. What is neglect?

- Neglect is not providing for a child's basic needs.
 - For example, not providing, food, shelter, or emotional care to a child.
 - Neglect can be a lack of attention. It is like having a responsibility and not acting according to that responsibility.
 - Elderly people can be neglected by family members, persons living with disability or pets.
-

4. Types of Child Abuse and Neglect (20 minutes)

Instruction: Divide into two groups. Explain that we will be talking about sexual abuse later. Each group will describe and give examples of one form of abuse or neglect:

PHYSICAL ABUSE/NEGLECT

EMOTIONAL ABUSE/NEGLECT

A. Physical Abuse or neglect

- Physical aggression – blows, pushes, burns, pulling hair and ears, etc.
- Forced labour: carrying heavy loads, working late at night or early in the morning.
- Giving them inappropriate roles: must cook for the family, treat them like servants, must work to bring money home to the family, and give the oldest son the role of the father.

B. Physical Neglect

- not enough medical care, or given medical care too late
- fed too little, or given poor-quality food,
- not given enough clothes or clothes not washed
- Lack of security, allowing them to walk alone on unsafe streets, leaving them home alone while parents work, or allowing them to play with matches or with knives.

C. Emotional abuse

- Making fun of a certain trait, like “Hey, Fatso!”
- Insulting them
- Criticizing them “Why do you bother to go to school? You know nothing”.
- Make them feel worthless.
- Talk in front of them about family problems.
- Do not explain, just threaten.
- Humiliate them, screaming at them in front of people.
- Cut them down, “I hate you; I wish you were dead”.
- Threaten to abandon or hit them.
- Macho insults “Boys never cry”.
- Not allowing them to talk
- Doing inappropriate things in front of the child, like allowing them to see you drunk, having sex in front of them, allowing them to see violence between parents, taking them to adult parties where they may see violence or sex.

D. Emotional neglect

- Not paying attention to or praising their successes.
- Ignoring them when they want to get our attention or talk to us
- Not hugging them or showing affection
- Not affirming our love for them regularly and independently of their behaviour

5. Sexual Abuse (20 minutes)

A. What is Sexual Abuse? Read the definition of sexual abuse or create your own definition.

Working as a large group, describe this in your own words.

- Sexual abuse is any sexual activity that occurs without consent.
- Sexual abuse may happen without physical contact, even online.
- The perpetrator is usually a person known to the family or the victim.
- The perpetrator is usually in a position of power over the victim.
- When the victim is a child, there is a force, or the child is tricked into having sexual activity.

B. What is Child Sexual Abuse?

Each country considers a different age for classifying rape or child sexual abuse. How old should a child be to consent to sexual activity without considering the child's sexual abuse?

Each country considers different age group:

- Canada under 16
- Brazil 14
- Sudan 13
- Kosovo 16
- Colombia 14

C. Impact of abuse on children

Instructions: Discuss in large group the following questions.

1. Why do you think sexual abuse damages a child?

- Because the child is not emotionally ready to deal with his/her sexuality
- The child has not developed emotions, mind, and body to prepare for sexual activity until maturity.
- Looking, hearing, being involved or performing any sexual act with a child provokes in the brain severe damage, images that will haunt him/her, and make them feel dirty, guilty, and unworthy.
- Even if there is no penetration, even if it is through a screen, showing sexual content to a child, or obtaining sexual satisfaction through graphic material is damaging to the brain.

2. What is the impact of Sexual Abuse in children: Have the figure of a child drawn on a large piece of paper, each topic you discuss, is written on one arm, or one leg, and you rip off each limb, as you discuss that topic, to make the impact more visible to participants.

D. Sexual Abuse impacts the growth of children:

1. **Physically:** Ask participants to give examples. Lacerations on areas of penetration, sexually transmitted diseases, bleeding, bruises.
2. **Emotionally and intellectually:** Slow thinking, hard to concentrating, rejecting people of the other sex, lack of trust, low self-esteem, changes in school performance, Isolation, a tendency to abuse substances like drugs or alcohol, and becoming abusers themselves. Because perpetrators threaten to hurt family members or shame the child, there is secrecy and guilt that will hurt the child for life if not treated and dealt with by the parents or caregivers.
3. **Socially:** they tend to go to one or another extreme: Extreme isolation, retrieving themselves from the world, creating their own world of fantasy to cope with the situation of abuse, or extremely sociable, partying and trying to deny something is wrong.
4. **Spiritually:** Usually they are upset because God allowed the abuse or deny the existence of a God that does not care. Nobody has taken time to explain or accompany them in their pain, so they rarely perceive God as an ally.

CAN THIS BE TREATED AND SOLVED? YES! There is hope. Parents or caregivers have to be involved directly and the family needs help to restore health and assurance of God's intentions.

6. Biblical Implication (15 minutes)

A. How would we like our children to grow? Luke 2:52

- Place another figure of a child on a big piece of paper and on each limb place the words
- Height, or physical
- Wisdom: skills for life
- Favour with men: Social

- Favour with God: Spiritual
 - B. What is our goal and responsibility as adults toward the children of our families and communities?**
 - To fulfill our responsibility as Guardians and Facilitators of that growth. If someone attempts to disrupt that growth, we will come in the authority that the law, the family, and the society give us to protect that child from further damage.
 - To prevent child abuse and neglect by teaching others how to protect children.
 - To Care for children who have been abused or neglected.
 - To help restore children and adults who have been abused or neglected.
 - C. Distribute handouts with local resources to contact in case of suspicion or reporting of neglect or abuse.**
-

Conclusion and Take-Away (5 minutes)

Instructions: Discuss together

- A. What did I discover in this lesson?
 - B. Who could I share with?
 - C. What will I do with what I discovered in this lesson?
 - 1. When?
 - 2. What do I expect to happen?
 - 3. How will I know if it happened?
 - D. Pray
-

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HHT about Children Lesson 2 - CHILD ABUSE AND NEGLECT – Introduction - Starter

Role Play:

A mother and her small child are eating lunch. He accidentally spills a large glass of water.

Mother: You idiot! You are always dropping things!

Child: I did not mean to! It just fell!

Mother: Shut up! Don't talk back to me! (She slaps him)

Child: (Starts to Cry)

Role Play:

A mother and her small child are eating lunch. He accidentally spills a large glass of water.

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HHT about Children Lesson 2 - CHILD ABUSE AND NEGLECT – Introduction

Report child abuse or neglect.

If you suspect a child is being abused or neglected, contact the child agency in the area where the child lives.

Everyone must immediately report even a suspicion of abuse to a child 18 or younger (the age according to the local policies). You can report the abuse anonymously. If you suspect a child is being abused or neglected, contact the relevant governmental or non-governmental agency in the area where the child lives. It's best if you contact the agency by phone or in person.

Child protection services are about protecting children 18 or younger from abuse and neglect while making every effort to keep families together. There are 4 different kinds of child abuse:

- physical abuse: the intentional use of force on any part of a child's body that results in injury.
- emotional abuse: anything that causes serious mental or emotional harm to a child, which the parent does not attempt to prevent or address.
- sexual abuse: the improper exposure of a child to sexual contact, activity or behaviour.
- neglect: any lack of care that may cause significant harm to a child's development or endanger the child in any way.

Intentional Abuse- is done on purpose, it is not an accident.

It hurts - the one being abused is damaged in some way. It can be words, physical, or actions that have a negative effect on the other person.

The effect of abuse is not always visible, you may not be able to identify it unless you are present when it happens, or you ask, and they tell you, their story.

Neglect is not providing for a child's basic needs. For example, not providing, food, shelter, or emotional care to a child. Neglect can be a lack of attention. It is like having a responsibility and not acting according to that responsibility. Elderly people can be neglected by family members, persons living with disability or pets.

Please fill by country representatives: name/ contact details – phone, address and email / professional field

Spiritual counsellors

Professional counsellors

Government services available

Youth pastors

Non-governmental services available

Local charities

HT about Children Lesson 3 – SEXUALIZED BEHAVIOUR OF CHILDREN

Knowledge	After working through this lesson, participants will be able
Attitude	1. Recognise the factors of children sexualized behaviour.
Practice	2. Understand and identify healthy and unhealthy sexualized behaviour of children according to their age group. 3. Know how to respond to unhealthy and concerning sexualized behaviour of children.
Overview	This is a lesson in the sexualized behaviour of children with help adults who work with children to understand the range of sexualized behaviours in children. This will help them support children and respond appropriately when these situations occur.
Materials	<i>Collect these items before beginning the lesson:</i> • Poster-size paper, markers, and masking tape • Role Play or Starter: <i>Concerned parents</i>

LESSON

60 minutes

STARTER: *Concerned parents* (5 minutes)

Role play:

Scene 1: A little child comes to spy parents through a door and tells her friend to come and peek, her parents are doing this weird thing and both laughing. Children nervously laugh and leave...

Scene 2: Two children are playing when one of them tells another child to get her panties off and the other gets scared and runs kid runs away.

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it?

1. Sexualized behaviour of children (5 minutes)

Instructions: Discuss in a large group.

A. What is the sexualized behaviour of children?

1. it is advanced sexual behaviour for the age of a child
2. placing adult attributes on the child's body and then assigning meaning to it
3. using sexualized gestures and language inappropriate to the child
4. wearing revealing clothing or heavy makeup
5. attending to their or others' intimate body parts beyond their development
6. sexual feeling or engagement in sexual behaviours advanced to the child's age

B. What are the factors which we need to consider when we observe the sexualized behaviours of children response?

1. Age
 2. Developmental level
 3. Gender
 4. Education
 5. Culture
 6. Religion
 7. Awareness
 8. Family attitudes towards sexuality
-

2. A healthy range of sexualized behaviours in children (20 minutes)

Instructions: Let one participant read the following: Children typically learn to be discrete and selective in displaying certain behaviours such as touching or showing genitals in public. Displaying this behaviour in public after seven years old may be an indication of a stress response or trauma. For many children, age seven is the age at which certain behaviours reduce in frequency, such as trying to touch a mother's breasts. A behaviour that is considered normal by the parents can become problematic if the frequency is such that it becomes disruptive to the child and/or others. For example, children are very curious about naked bodies, however, if this interest begins to interfere with their play or consumes all their interests and time, then it would be considered problematic.

Divide the group into small groups and give each group question A or B. Give small group 10 minutes for discussion and use 10 minutes for larger group discussion.

A. What are common behaviours among children up to six or seven years old?

1. Touch and/or explore their own genitals in both public and private
2. Interest in the anatomical differences between males and females – including nude pictures
3. Touch genitals/breasts on parents or familiar adults
4. Look when people undress or go to the bathroom
5. Ask about the genitals, breasts, intercourse, and babies
6. Walk around nude
7. Show genitals to other children
8. Play doctor; interested in inspecting other people's bodies
9. Practice adult behaviour and roles by playing parental roles

B. What are common behaviours among children up to eight to twelve years old?

1. Ask questions about genitals, breasts, dating, and reproduction
2. Ask questions about sex
3. Interest in and curiosity with watching/peeking at people getting undressed or going to the bathroom
4. Interest in inspecting other people's bodies in real life
5. Compare genitals with other children (sometimes siblings) who are approximately the same age
6. Show others their genitals, sometimes by playing doctor
7. Need for privacy
8. Touch own genitals (girls not so often) in public
9. Practice adult behaviour and gender-related roles
10. Draw genitals on human figures
11. Search for nude pictures (what people look like naked) online
12. Explore differences between males and females

13. Girls pretending to be boys
 14. Having a boyfriend or girlfriend
 15. Consensual holding hands, hugging, kissing with children their own age
-

3. Uncommon and concerning sexual behaviour in children (20 minutes)

Instructions: Divide the group into small groups and give each group question A or B. Give small group 5 minutes for discussion and use 10 minutes for larger group discussion.

A. What are uncommon behaviours among children 12 years old and under?

1. Asking other children to participate in sexual activities
2. Trying to kiss other children or adults with the tongue
3. Having oral contact with other children's genitals
4. Rubbing genitals against other people
5. Rubbing genitals on objects in public
6. Masturbating in public
7. Imitating intercourse with other children
8. Clinging body contact
9. Playing with feces
10. Making sexual sounds or talking in a sexual manner
11. Inserting objects in the rectum or vagina
12. Playing sexual games with much younger or older children
13. Sexual curiosity with animals

B. What are concerning behaviours among children 12 years old and under?

1. Compulsive sexual behaviours (excessive masturbation or watching pornography online)
2. Forcing, threatening, coercing, or degrading other children in a sexual manner or to participate in sexual play
3. Experiencing anger, distress, or anxiety when participating in playing house, playing doctor, or exploring own or other people's bodies
4. Sexually humiliating self or others
5. Distributing naked or sexually provocative pictures of self or other children
6. Engaging in sexual activity with a sibling
7. Engaging in sexual activities with much younger children
8. Inflicting pain or genital injury to self or others
9. Engaging in sexual behaviour in exchange for something (e.g., affection, items) online and/or offline
10. Engaging in sex and sexual behaviour with animals

Instruction: Continue in a large group and discuss the questions below:

C. What are the reasons for uncommon or concerning behaviours amongst children in our community?

1. Children saw it on TV, phones, computers or magazines
2. Children were sexually abused
3. They saw the sexual behaviour of parents, older siblings or babysitters
4. Children are living in stressful families with a lot of conflicts
5. Children have problems controlling their emotions, and impulses and difficulties getting along with others

6. Children are not supervised
7. Children are neglected

D. Why would a child continue sexualized behaviour?

1. The child feels good and enjoys the feeling
 2. It calms or distracts children from certain stressful or hurtful situations or experiences
 3. It can be just a developed habit of touching their sexual body part while watching TV or when they are nervous, without even realizing they are doing it.
 4. To get attention (usually in the form of a shocked reaction from adults)
 5. It is forbidden and exciting to other children
-

4. Responding to uncommon or concerning child sexual behaviour (5 minutes)

Instructions: Ask participants the following question and discuss in a large group

A. What should we do as a response to uncommon or concerning sexual behaviour in children?

1. Ask questions
2. Stay calm
3. It is important NOT to come across as angry or upset.
4. Do not punish
5. Teach children about safe bodily boundaries and safety rules for touching – look at “Granny knows best” lessons
6. Referral to appropriate agencies – child welfare about possible child protection concerns, child therapist to determine more support
7. Speak with the caregiver or family members about your concerns
8. Early intervention is key as children who are engaging in problematic sexual behaviour rely on informed and caring adults to intervene and respond protectively
9. Pray
10. Ask for help

Instruction: Ephesise in the conversation following - When you discover children are engaging in sexualized behaviour, it is important not to overreact or underreact, shame, or embarrass the child. The adult’s reaction can hinder or assist in determining what is going on for the child. In an effort to obtain more information from the child and better understand what is occurring, a nonjudgmental and caring response is critical.

Conclusions and Take-Away (5 minutes)

Instructions: Discuss together.

- A.** What did we discover in this lesson?
 - B.** What will we do with what we discovered in this lesson?
 - C.** Pray together.
-

References:

<https://depts.washington.edu/uwhatc/wp-content/uploads/2022/07/Sexual-Behavior-and-Children.pdf>
https://content.c3p.ca/pdfs/C3P_SexualizedBehaviourInChildren_en.pdf

HHT about Children Lesson 3 – SEXUALIZED BEHAVIOUR OF CHILDREN – STARTER

Concerned parents

Role play:

Scene 1: A little child comes to spy parents through a door and tells her friend to come and peek, her parents are doing this weird thing and both laughing. Children nervously laugh and leave...

Scene 2: Two children are playing when one of them tells another child to get her panties off and the other gets scared and runs kid runs away.

Role play:

Scene 1: A little child comes to spy parents through a door and tells her friend to come and peek, her parents are doing this weird thing and both laughing. Children nervously laugh and leave...

Scene 2: Two children are playing when one of them tells another child to get her panties off and the other gets scared and runs kid runs away.

HT about Children Lesson 4 - PROFILE OF PERPETRATORS

Who and why would anyone abuse a child?

Knowledge	After working through this lesson:
Attitude	1. Participants will know the difference between Pedophilia and Perpetrators that abuse children just because they are available.
Practice	2. Participants will identify some signs that could indicate an adult has problems that would potentially be harmful to our children.
	3. Participants will be alert and ready to respond if an adult is not safe to be around children.
Overview for facilitators	This is a lesson in the Children section of Anti-Human Trafficking lessons. Because Child Sexual Abuse is predominant factor in Sex exploitation, we need to address it at the community level to stop all forms of violence against children.
Materials	• Poster-size paper, markers, and masking tape • Starter • Handout

LESSON

60 minutes

STARTER (5 minutes)

Role play: A mom lets go of her child in the park, and the child becomes friends with a man sitting on a bench. The stranger offers a candy, then asks him to come and sit on his lap, and the child goes, as Mom finds him and screams at the man, who runs away.

Ask SHOWD

1. What did you See?
2. What was Happening?
3. Does this happen in Our place?
4. Why does this happen?
5. What will we Do about it?

1. Who can be a perpetrator? (5 min)

Instructions: Discuss as large group and write a list of risk factors that may contribute to children vulnerability to sexual violence. (add those that do not come from the group)

- It is more common in the family, people the child knows, like neighbours, uncles, father, stepfather, brothers, cousins.
- A neighbour
- A person that has gained the trust of the family, like a baby sitter or a friend.
- Less often, a stranger.

2. What could be signs of alert that we could identify as “abnormal” for an adult and the way they relate to a child? (10 min)

- Ignores social, emocional or physical boundaries, making other people uncomfortable.
- Ignores boundaries a teenager or child tries to establish, mocking or using denigrating language.

- Insists in physical contact, (Touch, hug, kissing, tickling) even when the child does not like it.
 - Approaches a child or adolescent for comfort or physical touch, or sharing personal or private information that is usually shared with other adult.
 - Points at inappropriate images of sexual content or inappropriate jokes, when children or adolescents are present.
 - Exposes repeatedly adult sexual interaction to children or teenagers.
 - Have “secret” interaction with children or adolescents, like games, gifts, share drugs, alcohol or porn)
 - Spends excessive time texting or calling adolescents.
 - Too interested in the child’s sexuality, repeatedly talking about their body, or interfering with normal dating.
 - Spends unusual long time isolated with the child
 - Always too available or complacent as a caregiver, gives them money without reason.
 - Very permissive with children when they have inappropriate behaviour.
 - Little or no friendship with other people their own age
 - Enters often to the place where the child is changing clothes, or is naked, like bathroom, or changing rooms in sports activities.
 - Adult friends of the person have similar behaviours.
-

3. How can they convince a child to do what they ask? (5 minutes for groups and 5 minutes to report)

Instruction: Divide in three groups to discuss methods that can be used to control a child or teenager

- Blackmail
 - Force
 - Tricking or lying, threats
 - A combination of any of the above
 - There is always a power difference, by age or size. (It can be another child, and it is considered abuse if the difference is 5 years or more)
-

4. Are all perpetrators of Child sexual abuse pedophiles? (10 minutes)

Instruction: Ask to the group at large and let them discuss the difference. If they do not know the definition, you can have it written on a piece of paper or give it as a handout.

Definition of a pedophile: Pedophiles are also referred to as “preferential abusers” because they often target children specifically because of the child’s gender, age, appearance, hair color, etc. While the percentage of these abusers is relatively small within the general population, their compulsive behavior makes them a great risk to children. Pedophiles on average commit 10 times more sexual acts against children than other types of child abusers. They remain the most difficult group of abusers to treat and manage.

The largest group of sexual abusers is referred to as “**situational abusers.**” For these abusers, the child’s age, gender and appearance may be less important than their availability. The behavior of these abusers may be impulsive rather than compulsive. They may not be socially comfortable with adults and may indicate that stress played a part in triggering their behavior, e.g. loss of a job, unavailability of a spouse, etc. This group, which includes those who commit incest, are the most likely to benefit from sex-offender-specific treatment. With monitoring and support, many can often be managed and their threat to public safety can be reduced.

Another category of is the **“sociopathic or psychopathic abuser”**. These individuals have personalities which lead them to feel entitled to their behavior. While fortunately, they also represent a small percentage of abusers their lack of empathy and accountability for their victims can result in some of the most heinous acts, including kidnapping, torture and murder.

Conclusion and Take-Away (5 minutes)

What is our role? (Identify, prevent, report)

Read together Jesus’ statement: Pray

References:

<https://www.nsopw.gov/SafetyAndEducation/HowToIdentify>
<https://www.enoughabuse.org/gtf/who-are-the-abusers.html>

HHT about Children Lesson 4 – PROFILE OF PERPETRATORS – STARTER

Role Play:

Mom, child and Suspect- Mom is on her phone and her child starts a conversation with a man at the park:

- 1st MAN: Would you like a candy?
2nd CHILD Sure! Do you have fruit flavour? I love fruit candy!
1st MAN: Yes, this is a strawberry one. Come seat on my lap and I will find a couple more.
3rd (As the child starts moving towards the man) MOM: BOBBY! Come here, what are you doing there?
1st MAN RUNS AWAY
2nd CHILD RUNS TO MOM
-

Role Play:

Mom, child and Suspect- Mom is on her phone and her child starts a conversation with a man at the park:

- 1st MAN: Would you like a candy?
2nd CHILD Sure! Do you have fruit flavour? I love fruit candy!
1st MAN: Yes, this is a strawberry one. Come seat on my lap and I will find a couple more.
3rd (As the child starts moving towards the man) MOM: BOBBY! Come here, what are you doing there?
1st MAN RUNS AWAY
2nd CHILD RUNS TO MOM

HHT about Children Lesson 4 – PROFILE OF PERPETRATORS – Definitions

While the media often refers to any sexual abuser as a “pedophile,” the truth is that many who sexually abuse children do not meet the criteria for “pedophilia,” a recognized mental illness. A pedophile is defined as an individual who fantasizes about, is sexually aroused by, or experiences sexual urges toward prepubescent children (generally younger than 13 years of age,) for a period of at least six months.

Pedophiles are also referred to as “preferential abusers” because they often target children specifically because of the child’s gender, age, appearance, hair color, etc. While the percentage of these abusers is relatively small within the general population, their compulsive behavior makes them a great risk to children. Pedophiles on average commit 10 times more sexual acts against children than other types of child abusers. They remain the most difficult group of abusers to treat and manage.

The largest group of sexual abusers is referred to as “situational abusers.” For these abusers, the child’s age, gender and appearance may be less important than their availability. The behavior of these abusers may be impulsive rather than compulsive. They may not be socially comfortable with adults and may indicate that stress played a part in triggering their behavior, e.g. loss of a job, unavailability of a spouse, etc. This group, which include those who commit incest, are the most likely to benefit from sex-offender-specific treatment. With monitoring and support, many can often be managed and their threat to public safety can be reduced.

Another category of is the “sociopathic or psychopathic abuser”. These individuals have personalities which lead them to feel entitled to their behavior. While fortunately, they also represent a small percentage of abusers their lack of empathy and accountability for their victims can result in some of the most heinous acts, including kidnapping, torture and murder.

References:

<https://www.enoughabuse.org/gtf/who-are-the-abusers.html>

HT about Children Lesson 5 - VULNERABILITIES

Push and pull factors that facilitate Child Sexual Abuse

Knowledge Attitude Practice	After working through this lesson: 1. Participants will know the different types of risk factors that facilitate Child Sexual Abuse 2. Participants will understand that there are many actions we can promote at the community level to prevent and mitigate those risk factors. 3. Participants will be able to take at least two of the INSPIRE preventive actions to involve their communities in fighting against child sexual abuse
Overview for facilitators	This is a lesson in the Children section of Anti-Human Trafficking lessons. Because Child Sexual Abuse is predominant factor in Sex exploitation, we need to address it at the community level to stop all forms of violence against children.
Materials	• Poster-size paper, markers, and masking tape • Labels for 4 categories of vulnerabilities

LESSON

60 minutes

STARTER (10 minutes)

- A. Opening Question: How many of us have heard of someone that was sexually abused as a child?
 - B. How many of you have heard of at least 4 cases of child sexual abuse, even if it happened many years ago or you heard of it when the victim was already grown?
 - C. How many of you have heard of at least 8 cases?
- Read the following statement:
- “Though we cannot have hard numbers because child sexual abuse is not systematically reported, there are some studies that show that : In Nicaragua 26% of women reported that they had unwanted sexual activity before 19 years of age, (Olson, 2000). 17% of Mexican women, Between 5-40% in surveys done among teenager girls in Latin America, depending on the country, reported sexual abuse at some point of their lives.**

Ask SHOWD

1. What did you See?
2. What was Happening?
3. Does this happen in Our place?
4. Why does this happen?
5. What will we Do about it?

1. Why is this Sexual Abuse so prevalent in society? (15 min)

Instructions: Discuss as large group and write a list of risk factors that may contribute to girls vulnerability to sexual violence. (add those that do not come from the group)

- Age and gender, (girls between 8 and 12 years old are more vulnerable)
- Low income
- Broken families
- Lack of education on sexuality

- Disabilities
 - Being identified as a lesbian
 - Drug use
 - Lack of parental supervision
 - Poverty
 - High population density
 - Lost social cohesion, transient population
 - Easy access to alcohol and firearms
 - Family disfunction and separation
 - Delinquent peers
 - Witnessing violence between parents or caregivers
 - Child forced marriage
 - Social and gender norms that create a climate of violence
 - Lack of police control or training
 - High concentration of gangs
-

2. Where do these risk factors come from? (10 min)

After looking at the list given by participants, classify vulnerabilities in 4 groups. Put 4 labels on the front, and let them organize what was said in each group

A. Individual level:

- biological and personal aspects such as sex and age (girls, adolescence)
- lower levels of education
- low income
- having a disability or mental health problems
- identifying as or being identified as lesbian, gay, bisexual or transgender
- harmful use of alcohol and drugs
- a history of exposure to violence.

B. Close-relationship level, (family issues):

- lack of emotional bonding between children and parents or caregivers
- poor parenting practices
- family dysfunction and separation
- being associated with delinquent peers
- witnessing violence between parents or caregivers
- early or forced marriage.

C. Community level:

- poverty
 - high population density
 - low social cohesion and transient populations
 - easy access to alcohol and firearms
 - high concentrations of gangs and illicit drug dealing.
-

D. Society level:

- social and gender norms that create a climate in which violence is normalized
- health, economic, educational and social policies that maintain economic, gender and social inequalities
- absent or inadequate social protection
- post-conflict situations or natural disaster
- settings with weak governance and poor law enforcement

3. What can be done to stop Child Sexual Abuse? (5 minutes for groups and 15 minutes to share results)

Instructions: Divide in 7 groups or pairs. Each of them will have one title, (what is in bold letters below), to give examples on how would they prevent or act against Child Abuse, using that title as a guideline. Explain that WHO (World Health Organization) have used the word INSPIRE to develop a plan to end violence against children by 2030. INSPIRE: Seven strategies for ending violence against children. The seven strategies are:

- **Implementation and enforcement of laws** (for example, banning violent discipline and restricting access to alcohol and firearms);
- **Norms and values change** (for example, altering norms that condone the sexual abuse of girls or aggressive behaviour among boys);
- **Safe environments** (such as identifying neighbourhood “hot spots” for violence and then addressing the local causes through problem-oriented policing and other interventions);
- **Parental and caregiver support** (for example, providing parent training to young, first time parents);
- **Income and economic strengthening** (such as microfinance and gender equity training);
- **Response services provision** (for example, ensuring that children who are exposed to violence can access effective emergency care and receive appropriate psychosocial support); and
- **Education and life skills** (such as ensuring that children attend school, and providing life and social skills training).

Conclusion and Take-Away (5 minutes)

Discuss together:

- A. What did I discover in this lesson?
- B. Who could I share with?
- C. What will I do with what I discovered in this lesson?
 1. When?
 2. What do I expect to happen?
 3. How will I know if it happened?
- D. Pray

References:

https://www.who.int/health-topics/violence-against-children#tab=tab_1
https://www.paho.org/hq/dmdocuments/2010/Violencia_Sexual_LAyELCaribe.pdf

HHT about Children Lesson 5 - VULNERABILITIES - Starter

- D. Opening Question: How many of us have heard of someone that was sexually abused as a child?
- E. How many of you have heard of at least 4 cases of child sexual abuse, even if it happened many years ago or you heard of it when the victim was already grown?
- F. How many of you have heard of at least 8 cases?

Read the following statement:

“Though we cannot have hard numbers because child sexual abuse is not systematically reported, there are some studies that show that : In Nicaragua 26% of women reported that they had unwanted sexual activity before 19 years of age, (Olson, 2000). 17% of Mexican women, Between 5-40% in surveys done among teenager girls in Latin America, depending on the country, reported sexual abuse at some point of their lives.

Ask SHOWD

1. What did you See?
 2. What was Happening?
 3. Does this happen in Our place?
 4. Why does this happen?
 5. What will we Do about it?
-

- G. Opening Question: How many of us have heard of someone that was sexually abused as a child?
- H. How many of you have heard of at least 4 cases of child sexual abuse, even if it happened many years ago or you heard of it when the victim was already grown?
- I. How many of you have heard of at least 8 cases?

Read the following statement:

“Though we cannot have hard numbers because child sexual abuse is not systematically reported, there are some studies that show that : In Nicaragua 26% of women reported that they had unwanted sexual activity before 19 years of age, (Olson, 2000). 17% of Mexican women, Between 5-40% in surveys done among teenager girls in Latin America, depending on the country, reported sexual abuse at some point of their lives.

Ask SHOWD

1. What did you See?
2. What was Happening?
3. Does this happen in Our place?
4. Why does this happen?
5. What will we Do about it?

HT about Children Lesson 6 – 6.1 CHILDREN AND TRAUMA

A lesson for parents, teachers, and caregivers

Knowledge	After working through this lesson:
Attitude	<u>1.</u> Participants will know some ways that children respond to trauma.
Practice	<u>2.</u> Participants will know some ways to help children recover from trauma
Overview	This is a lesson for parents, teachers and caregivers in caring for traumatized children, such as refugee children, children who have lived through a disaster, or children who have experienced other trauma.
Materials	• Poster-size paper, markers, and masking tape • Starter—<i>Children and Trauma</i> • Handout: Deep breathing exercises • Other materials: Feathers or cotton balls • Stuffed animals or pillows or other objects

LESSON

60 minutes

STARTER: (5 minutes)

Instruction for facilitators: Use the attached Children and Trauma role play

Story:

Role Play:

A family is eating dinner peacefully in their home when suddenly a neighbor rushes in.

Neighbour: We have to flee! We have to leave at once!

Father: Why? What is happening?

(They hear the sound of marching and of gunshots.)

Neighbour: The soldiers have invaded our town!

Father: We must leave! Let us gather a few things and run!

Mother: But what about our children? Will they be safe?

Father: We will take care of them! Quick! Grab a few clothes and some food.

The mother and father rush to grab a few things. They gather the children, and run out the door.

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it?

1. What is trauma (5 minutes)

Instructions: Discuss as a large group. Note: "Child" is a person under the age of 18.

A. What are some examples of trauma?

- Natural disasters such as an earthquake or flooding
- Wars and violence
- Having your house robbed
- Serious illness
- Death of a parent or close friend
- Death of a child
- Being forced to flee from your home
- Living as a refugee
- A serious accident or injury

B. Many of you have been through difficult or traumatic experiences. What do you feel like when you live through trauma?

- Out of control
- Frightened
- Scared
- Cut off from support
- There is no safety!
- Everything has changed.
- There is no security.

2. Children and Trauma (15 minutes)

Instructions: Introduce the following:

Children also struggle with trauma. They often do not feel safe. People have sometimes described their response to trauma as Fight, Freeze or Flight.

Divide into 3 small groups. Each group will briefly act out or describe how a child might Fight, Freeze or Flight after experiencing trauma. (Each group works on one behaviour.)

A. Fight

- Crying
- Fighting
- Acting rebellious
- Kicking, screaming, desire to kick
- Desire to stomp or smash with their feet
- Burning stomach
- Feels like a volcano or a bomb

B. Freeze

- Feels frozen or numb
- Holds breath
- Sense of dread
- Pounding heart
- Doesn't want to talk
- Sense of heaviness
- Does not want to do anything

C. Flight

- Anxious
- Shallow breathing, rapid heart rate
- Darting eyes

- Wants to escape
 - Restless, feeling trapped
 - Being very active
-

3. Ways to Relax (15 minutes)

Instructions: Discuss as a large group.

- A. What are some ways to relax or calm down when you feel anxious or stressed out?**
- Praying
 - Singing
 - Deep breathing
 - Get a hug from someone you love
 - Walking
 - Listening to music
 - Talking
 - Reading the Bible
- B. Try these deep breathing exercises. Work in pairs. Alternate being “parent” and “child”.**
- Parent: Hold a feather or cotton ball in front of the child's mouth. Ask her to blow at it, breathing out slowly.
 - Ask your child to lie down. Place a stuffed animal or pillow or other object on his stomach. Parent: “Breathe in and out slowly. Watch the pillow or stuffed animal rise and fall as you breathe.”
 - Parent: “Breathe in slowly while I count to three. Then breathe out slowly while I count to three.”
-

4. Recovering from Trauma (20 minutes)

Instructions: Discuss as small groups and report back.

- A. What are some ways that parents, teachers, or caregivers can help a child to recover after a traumatic experience?**
- Help him feel safe.
 - Give a hug or a pat on the back.
 - Keep up your daily routines as much as possible, such as mealtimes and bedtimes.
 - Act calm.
 - Encourage them to be active and play with others.
 - Answer their questions. Tell them clearly and honestly what happened.
 - Look for natural times or openings to talk, but don't force them to talk.
 - Do not let children watch newscasts or read newspapers about the traumatic event, since that can make them seem ongoing.
 - Listen carefully to what they say..
 - Know that children react to trauma differently. Some may want to be alone; others may want to always be with their family.
 - Know that they may feel angry or sad but express it differently. Not all sad children will cry.
 - Don't say “Don't be worried” when your child is anxious. Acknowledge his feelings.
 - Children may have many questions.

- And their questions may arise again over time. They need to take time to work through what happened.
- Parents should let them know that they are always ready to talk.

Conclusions and Take-Away (5 minutes)

Instructions: Discuss together.

- A. What did we discover in this lesson?
- B. What will we do with what we discovered in this lesson?
- C. Pray together.

References:

Child Mind Institute. 2016. *Helping Children Cope After a Traumatic Event*. Available from: <https://childmind.org/topics-a-z/guides/>

Manitoba Trauma Recovery & Information Centre. 2013. *Trauma Recovery*. Available from: <http://trauma-recovery.ca/resiliency/mental-health/#>

Perry, B. 2013. *Helping Traumatized Children*. 2014. Child Trauma Academy. Available from: https://childtrauma.org/wp-content/uploads/2014/01/Helping_Traumatized_Children_Caregivers_Perry1.pdf

HHT about Children Lesson 6 – 6.1 CHILDREN AND TRAUMA - Starter

Story:

Role Play:

A family is eating dinner peacefully in their home when suddenly a neighbor rushes in.

Neighbour: We have to flee! We have to leave at once!

Father: Why? What is happening?

(They hear the sound of marching and of gunshots.)

Neighbour: The soldiers have invaded our town!

Father: We must leave! Let us gather a few things and run!

Mother: But what about our children? Will they be safe?

Father: We will take care of them! Quick! Grab a few clothes and some food.

The mother and father rush to grab a few things. They gather the children, and run out the door.

----SHOWD questions----

S = What do you See?

H = What is Happening?

O = Does this happen in Our place?

W = Why does this happen?

D = What will we Do about it?

Story:

Role Play:

A family is eating dinner peacefully in their home when suddenly a neighbor rushes in.

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Father: Why? What is happening?

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Mother: But what about our children? Will they be safe?

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The mother and father rush to grab a few things. They gather the children, and run out the door.

----SHOWD questions----

S = What do you See?

H = What is Happening?

O = Does this happen in Our place?

W = Why does this happen?

D = What will we Do about it?

HHT about Children Lesson 6 – 6.1 CHILDREN AND TRAUMA – Deep breathing exercises

BREATHING EXERCISES

1. Parent: Hold a feather or cotton ball in front of the child's mouth. Ask her to blow at it, breathing out slowly.
 2. Ask your child to lie down. Place a stuffed animal or pillow or other object on his stomach. Parent: "Breathe in and out slowly. Watch the pillow or stuffed animal rise and fall as you breathe."
 3. Parent: "Breathe in slowly while I count to three. Then breathe out slowly while I count to three."
-

BREATHING EXERCISES

4. Parent: Hold a feather or cotton ball in front of the child's mouth. Ask her to blow at it, breathing out slowly.
5. Ask your child to lie down. Place a stuffed animal or pillow or other object on his stomach. Parent: "Breathe in and out slowly. Watch the pillow or stuffed animal rise and fall as you breathe."
6. Parent: "Breathe in slowly while I count to three. Then breathe out slowly while I count to three."

HT about Children Lesson 6 – 6.2 RESPONSE TO TRAUMA BY CHILDREN

A lesson for parents, teachers, and caregivers

Knowledge	After working through this lesson:
Attitude	<u>1.</u> Demonstrate some reactions of children of different ages after a traumatic event.
Practice	<u>2.</u> Discuss how children of different ages respond to trauma. <u>3.</u> Take practical steps to help children recover from traumatic events.
Overview	This is a series of lessons for trainers, committee members, and CHEs on how to handle stress. The lessons are adapted from materials from the Headington Institute, MMMCT, and the Health Education Program for Developing Countries.
Materials	• Poster-size paper, markers, and masking tape • Starter—<i>Role Play</i>

LESSON

60 minutes

STARTER: (15 minutes)

Instructions: Divide into small groups. Imagine that you are a child. How would you react in the months after an acute event such as the death of your parents in a car accident?

Each group will select one age range:

1. Pre-school
2. School-aged
3. Teenager

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it?

1. Children's Reaction to Trauma (20 minutes)

Instructions: Discuss as a large group.

A. How do children of different ages react after a stressful event?

- **Pre-School**
 - Bedwetting, thumb sucking
 - Fears, anxieties, worries
 - Clinging, separation anxiety
 - Play: act out the event repeatedly
 - May be irritable, aggressive, disobedient
 - May not understand what is happening
 - Confusion about what happened, where, how

- Loss of appetite or overeating
 - Sleep problems, nightmares
 - B. How do children of different ages react after a stressful event?**
 - **School-age**
 - Fears that it will happen again
 - Revert to behavior of a younger child: wanting to be fed or dressed
 - Aggression, disobedience, acting out
 - Fear of going to school
 - Sad, depressed
 - Feel guilty—“This is all my fault.
 - Apathy, withdrawal
 - Drop in school performance and grades
 - Poor concentration
 - Confusion about the event
 - Complaints about stomach pain, headaches
 - C. How do children of different ages react after a stressful event?**
 - **Teenagers**
 - Angry or hostile
 - Sudden change in relationships or personality
 - Anxious, worried
 - Acts withdrawn
 - Chronic sadness or depression
 - Alcohol or drug abuse
 - Behavior changes, escape: dropping out, pregnancy
 - Problems concentrating
 - Vague physical complaints
 - Loss of appetite or overeating
-

2. Caring for Children after Traumatic Events (20 minutes)

Instructions: Divide into small groups. One or two groups will discuss or demonstrate what NOT to do and the others will discuss or demonstrate what TO DO to help a young child recover after a traumatic event.

- A. Do Not**
 - Tell her “it is nothing.”
 - Laugh and tell him he is silly to feel like that.
 - Ignore his fears and think they will go away.
 - Allow him to see your uncontrolled fears. Fears are contagious.
 - Fuss over her fear and give it a lot of attention.
 - Compare her with other children who do not seem to be afraid.
 - Be overly fearful or anxious.
- B. Do**
 - Listen carefully when she wants to talk about her fears.
 - Realize that his fears are real to him, even the imaginary ones.
 - Talk to her about the situation and help her to understand what happened.
 - Use books, stories, or videos to teach her about the trauma.
 - Pray with her about her fears.
 - Pray for your child each day.
 - Comfort him when he is fearful.

- Be sensitive to his feelings.
 - Let her talk about her experience and her feelings.
 - Give your child extra love and security in the weeks and months after the trauma.
 - Teach her Bible promises and verses, such as Isaiah 43:5, where God promises to be with us at all times.
 - Your child can work on community projects for recovery after a disaster.
 - She can work with her neighbors as they repair their home.
 - Look for positive experiences to counteract her fears, such as learning to ride in a car again after a bad accident.
 - Maintain daily routines.
 - Join a group with other parents who have also experienced trauma.
-

Conclusions and Take-Away (5 minutes)

Instructions: Discuss together.

- A. What did we discover in this lesson?
 - B. Who could I share with?
 - C. What will we do with what we discovered in this lesson?
 - 1. When?
 - 2. What do I expect to happen?
 - 3. How will I know if it happened?
 - D. Pray together.
-

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Carr, K. *Ways to cope after a trauma*. MMCT. Available from: <http://www.mmct.org/wp-content/uploads/2020/03/Crisis-Response-Resources-for-Further-Study.pdf>

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Johnson. 1993. *School crisis management*.

Rowen, R. and S. 1990. *Sojourners: The Family on the Move*, A Book of Resources. Farmington, Michigan: Associates of Urban

HHT about Children Lesson 6 – 6.2 RESPONSE TO TRAUMA BY CHILDREN - Starter

STARTER:

Instructions: Divide into small groups. Imagine that you are a child. How would you react in the months after an acute event such as the death of your parents in a car accident?

Each group will select one age range:

1. Pre-school
2. School-aged
3. Teenager

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it?

STARTER:

Instructions: Divide into small groups. Imagine that you are a child. How would you react in the months after an acute event such as the death of your parents in a car accident?

Each group will select one age range:

1. Pre-school
2. School-aged
3. Teenager

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it

HT about Children Lesson 6 – 6.3 SHARING THE STORY

A lesson for parents, teachers, and CHEs

Knowledge	After working through this lesson:
Attitude	<u>1.</u> Participants will know some ways that children respond to trauma.
Practice	<u>2.</u> Participants will be able to encourage children to share their story by drawing pictures.
Overview	This is a lesson for parents and CHEs geared to help children talk about or share their traumatic experiences. This drawing strategy can be used after a disaster, with refugee or displaced children, or after any kind of trauma. This is not intended to be a psychological analysis but is simply a way for children to share their thoughts.
Materials	• Poster-size paper, markers, and masking tape • Starter—<i>Sharing the Story Role Play</i> • Handout—<i>Drawing your Experience</i> • Drawing materials: paper and colored pencils or markers or crayons

LESSON

60 minutes

STARTER: (5 minutes)

Instructions: Two parents are talking.

- 1st My child never talks about our flight from our home country. But I know that she is worried.
 2nd How do you know?
 1st She keeps on hiding her favorite doll under the bed.
 2nd Why does she do that?
 1st She says, “The bad guy is coming”, and then she hides the doll.
 2nd Oh! So she must be really thinking about that time.

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it?

1. Talking about Trauma (10 minutes)

Instructions: Discuss as a large group.

A. What are some traumatic events that children may experience?

- Disasters, such as earthquakes, floods, or hurricanes
- Having to flee from their home as a refugee or displaced person
- Wars or violence
- Personal disasters, such as a house fire or serious accident

- Death of a parent or close friend
 - Abuse
 - Serious illness
 - Other
- B. Why is it often hard for children to talk about their experiences?**
- Sometimes it is too recent. The child is not ready to talk yet.
 - It may be hard for the child to express her thoughts or feelings in words.
 - She may not want to talk about it.
 - The experience was too painful to talk about.
 - The parent or caregiver may seem upset, so it is not safe to talk.
 - Other:
- C. Should you force a child to talk if he doesn't want to?**
- No! Wait until he wants to talk.
 - Wait until he is ready.
- D. Is it harmful for children to talk about traumatic events? Is it better for them to "put it out of their minds" or "not think about it?"**
- No. Children need to express their thoughts and feelings.
 - No. Talking about or sharing the story may help the child recover better.
- E. Then when should you talk with a child about a traumatic event?**
- Let the child show you when she is ready.
 - When ask asks about it or mentions it
 - When the child brings it up.
 - When her play or her activities show that she is thinking about the event.
- F. What should your attitude be?**
- Listen to the child.
 - Provide support.
 - Give comfort.
 - Answer questions.
 - But you may not be able to answer all "Why?" questions. That is okay.
-

2. Response to trauma (10 minutes)

Instructions: Discuss in large group.

- A. How do children respond to trauma? What do they do?**
- Children respond to trauma in different ways.
 - Many children have trouble grasping what happened, especially at first.
 - They may ask questions, over and over again.
 - Others are silent, not wanting to talk about it.
 - Children often blame themselves for what happened.
 - Some children will "bounce back" and seem to recover quickly.
 - Others may develop fears.
 - They may have nightmares or sleep poorly.
 - They may seem irritable or tired.
 - Some children seem sad or withdrawn.
 - Some children will struggle at school.
 - Many times these symptoms will disappear within a few months.

- Sometimes the stress may last for years.

B. It may be hard for children to discuss their experiences. How else can they tell their story?

- They may act out their experience with their dolls or stuffed animals.
 - "My doll is scared."
 - "Mickey Mouse is hiding under the bed."
 - They may tell stories related to their experience.
 - Children may be able to draw pictures of their experiences.
-

3. Drawing your Experience (30 minutes)

Instructions: Pretend that you are a child who has been through a traumatic experience. Give each person 3 sheets of paper.

1. Draw your house, your family and yourself before the traumatic experience. (Mention the trauma by name or briefly describe it.)
2. Draw your house, your family and yourself during the traumatic experience. (Mention the trauma by name or briefly describe it.)
3. Draw your house, your family and yourself after the traumatic experience. (Mention the trauma by name or briefly describe it.)

When you finish, share your pictures and your stories with the group.

Conclusions and Take-Away (5 minutes)

Instructions: Discuss together.

A. What did you learn from looking at the pictures?

1. Some children can share their stories through pictures.
2. The pictures may also show what they are worried about.
3. The pictures show what they understand about the trauma.
4. The pictures may also show things they don't understand.
5. For example, children may feel guilty. They may feel that they caused the problem.
6. Pictures may also help children to talk about what happened.

B. Close with prayer, praying that drawing pictures may help the children to recover from their trauma.

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- Manitoba Trauma Recovery & Information Centre. 2013. *Trauma Recovery*. Available from: <http://trauma-recovery.ca/resiliency/mental-health/#>
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HHT about Children Lesson 6 – 6.3 SHARING THE STORY - Starter

STARTER:

Instructions: Divide into small groups. Imagine that you are a child. How would you react in the months after an acute event such as the death of your parents in a car accident?

Each group will select one age range:

1. Pre-school
2. School-aged
3. Teenager

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it?

STARTER:

Instructions: Divide into small groups. Imagine that you are a child. How would you react in the months after an acute event such as the death of your parents in a car accident?

Each group will select one age range:

1. Pre-school
2. School-aged
3. Teenager

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it

HT about Children Lesson 6 – 6.4 HOW TO HELP

HEALING THE WOUNDS OF TRAUMA

Knowledge	After working through this lesson:
Attitude	1. Participants understand children have special needs when disaster or bad things happen to them.
Practice	2. Parents know how they can help children affected by disasters or bad things.
Overview	This is the fifth lesson from Healing the Wounds of Trauma series, Margaret Hill, Harriett Hill, Richard Bagge, Pat Miersma, Paulines Publications Africa, Nairobi Kenya, 2005.
Materials	• Poster-size paper, markers, and masking tape • Starter—Sharing the Story Role Play • Handout—Drawing your Experience • Drawing materials: paper and colored pencils or markers or crayons

LESSON

60 minutes

STARTER: (5 minutes)

Instructions: Tell the story of Kasi from handouts out loud.

Ask SHOWD Questions:

What did you See?

What was Happening?

Does this happen in Our place?

Why does this happen?

What will we Do about it?

1. Kasi's behaviour (10 minutes)

Instructions: Discuss as a large group.

A. Before the attack

- Normal boy.
- Plays with friends.
- Likes to learn.

B. After the attack

- Didn't want to play with his friends.
- Afraid of loud noises.
- Gets in trouble with his teachers.
- Wets the bed.
- Wakes up in the middle of the night screaming and crying.
- Sad and often cries during the day.
- Only played war games.

C. Why do you think his behaviour changed after the attack?

- Afraid because of the attack.
 - Feels vulnerable that it might happen again.
 - Doesn't understand what happened or why.
-

2. How children who have experienced bad things behave (10 minutes)

Instructions: Break into six groups with two groups discussing the same question separately. Report back to the large group.

A. How are children's emotions affected?

- May become fearful.
- May become angry and or aggressive.
- May become sad.
- May lose interest in life.
- Older children may feel guilt that they survived.

B. How are children's bodies affected?

- Their speech may be affected.
- May lose their appetite.
- May complain of headaches, stomachaches, or other aches in their bodies.
- May wet their bed.
- May not be able to sleep.

C. How are children's behaviours affected?

- May go back to behaving the way they did when they were younger, and regress.
- May have nightmares and bad dreams.
- May only play war games.
- May fight a lot and be irritable.
- May cry a lot.
- They may be agitated if they lose something that really matters to them.
- May do poorly at school.
- Older children may drink alcohol or use any other addictive substances.
- Older children may take many risks.

D. Do we know any children who have experienced bad things? If so, are there any other behaviours changes?

3. What parents can do to help their children like Kasi (30 minutes)

Instructions: discuss in a large group.

- *Parents need to reunite their children with the rest of the family as quickly as possible.*
- *Help the children's day to be predictable.*
- *Be encouraged to go back to school and resume life before the bad thing happened.*
- *Help children do good things together.*
- *Parents need to resolve any difference between them to help the child feel safe.*
- *Parents need to listen to their children's pain.*
- *Children need to be encouraged to talk about what took place and their pain.*
- *Use drawings to have children express their inner feelings.*
- *If children have bad dreams explain this is normal.*
- *Encourage them to talk about their dreams.*

- *Parents need to tell children the truth about what happened.*
 - *Parents need to make a plan for what they will do if something else happens.*
 - *Do daily family devotions.*
-

Conclusions and Take-Away (5 minutes)

Instructions: Discuss together.

A. Read Deuteronomy 6:4-9 (discuss what it is telling us)

1. God is in control Teach this to the children so they can draw on this if and when something bad happens.
 2. Pray together for children in your community who have had a bad experience. (if appropriate by name)
-

References:

This is the fifth lesson from Healing the Wounds of Trauma series, Margaret Hill, Harriett Hill, Richard Bagge, Pat Miersma, Paulines Publications Africa, Nairobi Kenya, 2005.

HHT about Children Lesson 6 – 6.4 HOW TO HELP

The Story of Kasi

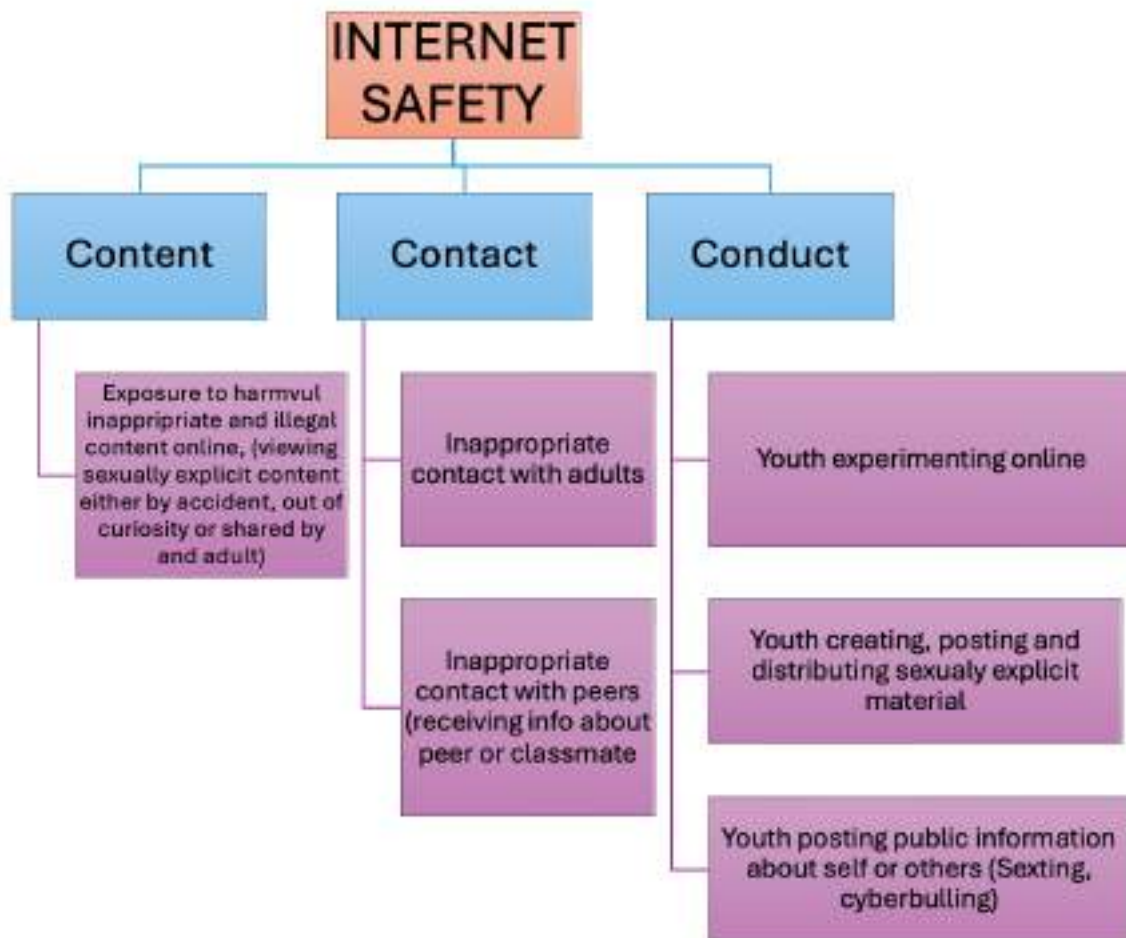
A seven-year-old boy named Kasi lived in the Bokada region of Bingola. He was the child of a pastor and he had four brothers and sisters. When this story begins, he has just started attending school. He enjoys going off with his friends each morning. The teacher tells his father he is a bright boy and is already learning to read. In the afternoon, Kasi plays football and runs around with his friends and does small jobs for his mother until it is time to eat. He is a happy child who enjoys life. One day Kasi notices that his father is spending a lot of time talking with the men of the village, and his mother is talking with other church women. He doesn't really bother to listen, but he begins to worry about what is going on. No one talks to him about it, either at home or in school. Suddenly one night he is shaken awake by his older brother, and the whole family runs out of the house. He understands that some bad people are coming, but he doesn't know what they will do. As he and his family get ready to leave the village he hears some shots. He looks around and sees another family running after them, but their little boy drops to the ground dead. He doesn't remember what happens next, but by the next day his whole family, along with four other families, have reached a place in the forest where some crops are growing.

Kasi's father takes charge, and everyone works hard to make grass shelters. No one talks to him about seeing his friend shot dead; he tries to forget it. He has some friends in the group. They have fun together, and even build themselves a children's hut to play in. After a while one of the men starts teaching the children each morning. Every day Kasi's father leads prayers and singing with everyone, and they read from the Bible in their own language. In the afternoons, the adults meet together to continue learning to read and write. One of the women has even started a Sunday school. No one is

really suffering from hunger, though they miss some of the things they used to have, like tea and sugar. Every time anyone gets sick though, everyone prays very seriously to God to heal that person, because they have no medicines with which to treat him or her. Kasi starts to get scared of being sick. At night he has nightmares and cries out in fear. After a month, a couple of men go back to the village to see what is happening. They find it is safe to return, though soldiers have burned down most of the houses, the church, and the school. They get back to the village and work hard to rebuild their houses. After a month or so, the school starts again, using a grass shelter for classes. But Kasi doesn't much want to go. When his father makes him, he gets into trouble with his teacher because he is not learning as well as he used to. He is scared to leave the house, and always wants to be with a family member. He jumps at every loud noise. At night, he wakes up the whole family with his screaming and crying. He sometimes wets the bed, though he never did that before the attack. He walks around looking sad and often cries. He used to like to play with his friends, but now he seldom wants to. When he does play with others, he wants to play war and pretend to shoot people. He often ends up fighting with his friends. Every night he collects his things together in case they have to run away again, even though his brothers laugh at him for doing this.

Kasi's parents and school teachers don't understand why he is behaving like this. When he wets himself or gets into fights with his friends, his mother beats him. This makes him cry more but doesn't change his behavior. His parents don't know what to do with him.

HT about Children Lesson 7 – Extras – INTERNET SAFETY



HHT about Children Lesson 7 – Extras – INTERNET SAFETY

LESSON TOPICS

CHILDREN K to GRADE 3

Public vs. private behaviour
Going to adults for help
Trusting your instincts
Labelling feelings
Keep and Speak secrets

GRADE 4-7

All the above
Internet identity
Online Safety (What to share, what not to share)
Healthy and unhealthy friendships
Common lures
Online risks

GRADE 7-12

All of the above
Pictures permanence
Boundaries
Healthy relationships
Social Media
High risk behaviours
Healthy dating relationships
Consent

Reference: www.Kidsintheknow.ca Canadian Centre for Child Protection