Session 1 : Defining Child Abuse and the role of health care workers in preventing child abuse

A. Learning Objectives:

By the end of this session, participants would be able to:-

- Define child abuse and identify forms of child abuse
- Understand the role of health care workers in preventing child abuse.
- Recognise cultural and personal factors which will hinder appropriate interventions in child abuse.

B. Materials

Flipchart paper, markers
Handouts
Post-it notes (or small squares of flip chart paper)
Sheets of letter size printing paper

C. Proposed Schedule

1. Introductions/Icebreaker
2. Setting group contract
3. Discussing participant expectations and learning objectives
4. Briefing on the role of the health care worker in preventing child abuse
5. Brainstorming exercise to define child abuse
6. Group activity on cultural factors which will hinder appropriate interventions in child abuse
7. Individual activity to look at personal factors
8. Evaluation of Session 1

C.1 Introductions/Icebreaker (10 minutes)

Facilitator Notes: Use an appropriate icebreaker for introductions. Some ideas are:

a) Ask each person to introduce herself/himself and to place an adjective before their name which starts with the first letter of their name.
b) Ask persons to pair up with someone they know the least. Ask them to introduce each other. Encourage them to share more than demographic information.
c) Ask people to move around the room until they find people who have a similar characteristic with them e.g., like the same food or the same TV show or have the same birth month. Let them introduce each other.

C.2 Setting Group Contract (5 minutes)

Facilitator Notes: Use this time to brainstorm some items for the training contract for the four sessions. This may include:-

- Punctuality.
- One person speaking at a time.
- Confidentiality if there are disclosures.
- Keeping time for exercises.

- Cell phones on vibrate or turned off.

Note that this contract is not limited and that it could be changed over the four sessions. Place it on a permanent space on the wall.

C.3 Review of Participant Expectations and Learning Objectives (5 minutes)

Facilitator Notes: Ask participants to write their expectations on post-it notes or on small squares of flipchart paper. Stick these up on the wall, reading out each one, grouping them according to theme if possible. Keep a record of these for the evaluation of this session and the other sessions. Match the participant expectations with the learning objectives, if possible. (Use the post-it notes and organise them according to the objectives.) Keep these handy since in every session, you can use them as part of the evaluation process.

Briefing Notes: This training programme is divided into four sessions. The objectives of the sessions are outlined in the programme printed for you. In addition, we hope to also answer some of the questions and find ways to meet your expectations before the end of the four sessions.

C.4 Why a training programme with nurses and healthcare workers? (3 minutes)

Briefing Notes: Any organization whose staff interacts with children, irrespective of class, ethnicity or economic strata, should ensure that the staff have an in-depth understanding of child abuse and strategies for its prevention. In the nursing profession, it is extremely important.

Nurses and healthcare workers are in a unique position as they may be among the first to identify incidents of child abuse, especially those that are severely physical. Several social, physical and other structures that exist to serve the populace make little provision for child protection.

Nurses and other healthcare workers have access to children, and in many instances, the nurse would be the only person to witness a survivor of child abuse, especially if the parents or guardians do not want to report the abuse.

The kind of intervention which a nurse or other health care worker makes will have an impact on the ability of the child to recover from the abuse.

The Protection of the Child Bill will also makes it mandatory for health care workers to report child abuse.

C.5 Defining Child Abuse (10 to 15 minutes minimum)

Facilitator Notes: Brainstorm some key points which will emerge in the definition of child abuse. Encourage the group to think of the physical, sexual, emotional, negligent and exploitative forms of abuse.

Briefing Notes: In Guyana, there are various definitions of the age of majority for different contexts. The Convention on the Rights of the Child considers any person up to 18 years of age a child. In Guyana, the age of consent for sex is 16 years.

Child Abuse consists of any action or omission of action which will impact negatively on the well being of a child. There are many definitions of child abuse. For our purposes, we will consider the World Health Organisation definition. In Guyana, the Protection of the Children legislation defines when a child is in need of protective intervention. This is discussed in Session 4.

We must note that poverty is not neglect. The definition of neglect is when resources are available and the adults do not access the resources for the best interests of the child.

Facilitator Notes: Share *Handout 1: World Health Organisation Definition of Abuse*. Check with participants as they review this definition whether they have any questions or comments about it.

C.6 Cultural Factors which Impact on the Prevention of Child Abuse (40 minutes)

Briefing Notes: Historically, children were seen as possessions and not as bodies with individual rights. Children were bought and sold in slavery sometimes by parents. In some cultures, girl children were killed, or twins were left to die. In many cultures, beating children persists as a form of discipline. Children were sacrificed as offerings to God. Sexual abuse of children was accepted in some cultures, while in others, there was a pretence that such abuse did not exist. Guyana's cultural history has some similarities. Many of us recognise now that child abuse is generally wrong. What are our cultural perceptions and how will this impact on our ability to intervene when we witness child abuse?

Facilitator Notes: Split the group into four. Share *Worksheet 1: Opinion Statements,* one per group. Ask the group to take five minutes to discuss how much they agree or disagree with the statement in question.

Bring the session back to plenary. Let each group present the statement and their view on the statement. The notes which are appended present some talking points to focus on the dilemmas involved in treating with children who are abused.

Facilitator Notes on Opinion Statements

"It is okay for parents and teachers to beat children as a form of discipline."
Use the discussion time to explain that our culture has tolerated the beating of children as a form of discipline. This has often resulted in injuries and even death of some children in Guyana. As we evolve as a country, we should be learning that the goal of discipline should be to teach and reinforce appropriate behaviours rather than use violence and pain.
Corporal punishment of children in schools is legal in Guyana. In some countries, corporal punishment is outlawed in schools. Some beatings have resulted in injuries. Parents and teachers are rarely punished for the physical violence inflicted on children.
What is happening in your homes? How will this impact your ability to intervene when you see a child who has been beaten and left with brands? What will you do if the parent is a friend of yours?

"The way some young teenage girls dress and behave, they looking to get rape."
There are perceptions that the way victims dress determines whether they would be raped or not. One of the difficulties in supporting rape victims is that many people seek to blame the victim – the way they were dressed, the places they walked, the fact they did not scream or that they were in some place they should not have been are used as excuses to blame. The perpetrators need to face the consequences, while victims should get the necessary support to recover from this exploitation.

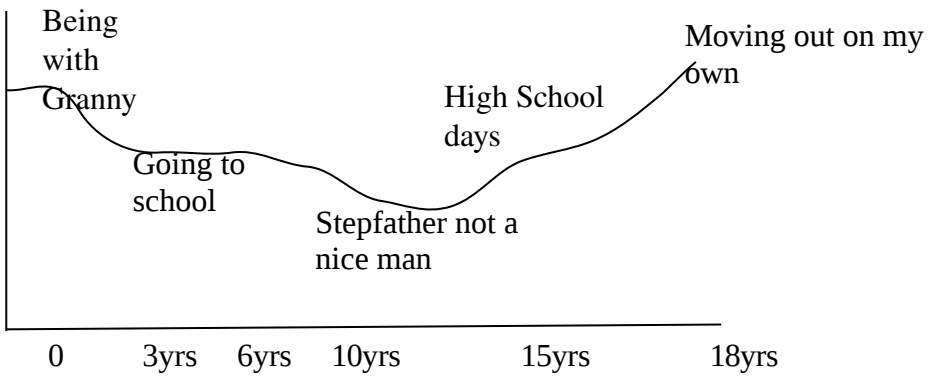
"Boys who are sexually molested or buggered should keep quiet."
Some statistical reviews in other countries suggest that boys and girls are sexually molested at the same rate. In Guyana, the sexual abuse of boys is rarely reported, unless the boys are in toddler or pre-teen ages. The prevailing homophobia in the country prevents the reporting of abuse. Many of the boys are ashamed and the abusers reinforce the shame, saying that people are not going to believe them. Why do people laugh when they hear of a boy being buggered? What is the first reaction which goes through people's heads? What impact would that have on a boy who has survived rape or sexual assault?

"Children should honour and obey their parents."
Our society has taught children to be obedient to their parents and other adults. This has resulted in many children being confused as to when to report abuse and in hiding abuse because they feel they have to protect their parents. Some children believe that they have to do what their parents tell them, even if they feel bad doing it. Some children in some families might feel that they should not report abuse so as to protect the family.

C.7 Lifeline Exercise – Individual Experiences of Childhood (45 minutes)

Briefing Notes: Let us reflect a bit and draw a graph. The horizontal axis represents different stages of our life, starting at age 0 to now. The vertical axis represents the ups and downs in our lives. Let us draw this graph and show the high points and low points of our lives on it. High points would be times when we had great happiness. Low points would be the time when me might recall pain. Start with our earliest memory. An example of a lifeline is on the next page.

An example of a lifeline would be as shown here.



Facilitator Notes: Discuss the lifeline. Ask each person to share her/his lifeline with the larger group. The purpose of the discussion is to reflect on how happy experiences are remembered, how adults remember sad experiences and how they survive.

This exercise can be modified and a few participants rather than all participants can share their lifeline experiences. Encourage participants to focus on any experiences of child abuse.

C8. Evaluation of the Session

Do a quick round to get any thoughts or experiences orally before the session ends. After oral comments are received, share out the evaluation form and ask persons to complete them. Remind participants that their names should not be written on the forms.