



**CHILD PROTECTION RESOURCE
CURRICULUM:
For Parents and Caregivers**

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Compassion International
12290 Voyager Parkway
Colorado Springs, CO 80921
<http://www.compassion.com>

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TOPIC 1: Introduction: What is Child Abuse?

Objectives

At the end of this topic, participants will be able to describe who a child is, define child abuse, outline different types of abuse, and identify the physical and behavioural signs of abuse.

Requirements

This session requires the following:

Group size: Small groups of 3-5 people

Time: 60 - 90 minutes

Materials / equipment: Large sheets of paper, markers or pens, sticky notes

Physical setting: Room with chairs and tables

- * Private room/space where participants who become emotionally overwhelmed can take time away from the group
- * Preferred - a counselor should be on site should these services be required

Activities

Initial activities

[Note to Facilitator]: We must acknowledge the difficulty of today's topic for parents and caregivers, and we must teach this material lovingly without accusing or condemning them. We are here to help parents and caregivers, and we must approach today's topic with care and tact. Today, more than any other topic, we must truly be the Body of Christ as we teach.

Take this admonition seriously, and spend time praying as a staff before you begin today's topic. Pray for each parent and caregiver, that their hearts will be softened to the truths of this topic.

FACILITATOR: Welcome the group to the workshop. Give them an overview of what will happen: Today we will gain an introductory understanding of who a child is, what child abuse constitutes and how we can identify it. We will also begin to understand the signs and symptoms of abuse in children.

FACILITATOR: Open the group in prayer. Focus on asking God to give clarity and understanding to the participants, and that the material will penetrate their

hearts as a very difficult and painful topic is discussed and studied.

FACILITATOR: Explain - Please note that because of the nature of today's topic, this session contains material that may be emotionally difficult to read or discuss. If at any point you are unable to proceed, please feel free to take a break as needed.

Learning activities

A. *Who is a child?*

FACILITATOR: Before we begin our discussions today, it is important for us to have a common understanding of who a child is.

SMALL GROUP ACTIVITY: Form small groups and ask them to think about what makes children special. How is a child different from an adult? When does a child become an adult?

Talk with your group about your ideas. Come up with a definition for who a child is.

FACILITATOR: EXPLAIN - According a treaty that has been signed by almost every country in the world, called the United Nations Convention on the Rights of the Child (CRC), a **child** is simply any person who is younger than 18 years.

Of course, this definition only tells us how to *legally* identify a child, and it does not take away from all the other things that make children precious and inspiring.

B. *What is child abuse?*

FACILITATOR: Explain - Now that we have an understanding of who a child is, let us together explore what child abuse involves.

Read the following case study out loud. It is told by 5-year-old Esther and involves her friend, 8-year-old Stephen.

Today during school lunch, my friend Stephen came over to say hello.

"Hi, Esther!" Stephen said. He was very happy. "What do you have for lunch today?"

"The same as you, silly!" I said. "Beans, rice and a banana."

"Oh..." said Stephen. He started to look very concerned now.

"Are you okay?" I asked him.

"I'm sorry, Esther, but the teacher told me you won't get to have lunch tomorrow unless you give me the rest of your rice today."

"Really?" I asked, confused. "Why?"

"She said if you don't learn to share you will be a mean girl when you grow up," he said.

I started getting upset when I heard that. "Oh, no! I don't want that to happen!"

"Shhh!" Stephen said. "The teacher doesn't want anyone else to know. She said you will be a good girl to give me your rice."

"Oh..." I said. I really wanted my food, but I also really want to be a good girl when I grow up. I gave Stephen the rest of my rice.

"Good girl," Stephen said. He looked around for a minute and then took my rice and walked away.

SMALL GROUP ACTIVITY: Reflection on story - Think about this story. Is it an example of child abuse? Why or why not? Talk with your group. Let each person share his opinion of the story. Discuss your opinions.

FACILITATOR: Explain - At its most basic level, **child abuse** can be defined as *taking unfair advantage of a child. This happens when a person with more authority or experience uses his or her position to take advantage of or hurt a child.*

The above story is an example of child abuse because the older child, Stephen, is taking advantage of Esther, the younger child. Esther is young and innocent, so she naturally trusts Stephen, who has tricked her into giving him her food.

This story shows us that child abuse is not always a major instance of harm done to the child but can also include more indirect instances of manipulating the child's innocence, trust and emotions.

FACILITATOR - Continue reading this case study. We will now see Stephen's side of the story:

I went home from school today, and I was sad because I had taken the rice from Esther. But as I got closer to my house, I became very afraid.

I started walking in through the front door but saw a shadow move. I was scared so I tried to go back outside, but someone grabbed me hard by the shoulders.

"How was school, boy?" It was my father. He sounded very angry. He turned me around so he could look at me. He looked very angry and I got even more afraid.

"Did you get your work done?" he asked.

"Yes, papa," I answered, in a shaky voice. "I did the work."

I reached into my pocket and pulled out the rice I had taken from Esther. It was wrapped in paper. My dad took the rice from me right away and pushed me to the ground.

"Good boy," he said. I started crying as he walked outside.

SMALL GROUP ACTIVITY: Think about Stephen's story. How has your opinion of Stephen now changed? Talk with your group. Identify any patterns between the two stories you've read.

B. What are the different types of child abuse?

FACILITATOR: Explain - There are several types of child abuse which we can identify from the definition provided by The World Health Organization:

Child abuse and maltreatment consists of all forms of physical and emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.²

We see from this definition that while there are many indirect forms of child abuse, there are four main types:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect

Physical abuse occurs when someone such as a caregiver causes physical harm to a child.

FACILITATOR: Read - *I don't understand what I did to make my father so upset. It was nighttime and my little brother and I were playing a game outside by the light. My father was very angry when he found us and started screaming, "You should be in bed! You should be in bed!" He grabbed me by the arm and threw me up against the wall, and he kept screaming at me and began hitting me in*

the chest. I was too scared to understand what he was saying, and the whole time I couldn't stop crying. -6-year old Saul.

LARGE GROUP ACTIVITY: Discuss some possible signs of physical abuse that Saul might have sustained from this incident. Write down your group's responses.

FACILITATOR: Hand out copies of the chart below to participants. Compare responses they wrote to the ones provided here.

Signs of physical abuse: (Appendix I)

Physical signs	Behavioral signs
<ul style="list-style-type: none"> - Bruises or welts in various stages of healing - Visible injuries that appear on a child recurrently and cannot be explained 	Explanation for a physical injury that is inconsistent with the injury or the child's developmental age.
Unexplained or multiple broken bones, especially broken ribs, severe skull fractures or other major head injury.	The parent or caregiver reports a significant injury to the child was self-inflicted or the child reports being injured by a parent or caregiver.
Failure to grow at the expected rate in a child who seems hungry and eager to eat when offered food.	Persistent or repetitive physical complaints of unclear cause, such as headache or belly pain.
Burns or injuries in the shape of an object used to cause the injury, like bite marks, hand marks, cigar or cigarette burns, belt buckle markings, burns from immersion in scalding water or other hot liquids.	The parent or caregiver has delayed seeking appropriate medical care for the child.

Sexual abuse occurs when someone, such as a caregiver or other, uses a child for sexual gratification (which can include even sexual comments made to a child).

It happens every week. I am left all alone in the room with Mr. Jaakobah, and he tells me to sit with him. He tells me how beautiful I am, and how lucky he is to know me. I know he is just lying to me because he never looks at my eyes; he is always looking at parts of my body and speaking in a very strange voice. Then he touches me in ways I don't like. I tried to make him stop once but he showed me a knife and said if I want to stay alive I should be quiet and never tell anyone about it. I know there are other girls who sit with him, too. -12-year-old Anah.

FACILITATOR: Hand out copies of the chart below to participants. Discuss both the physical and behavioral signs of sexual abuse.

Signs of sexual abuse: (Appendix II)

Physical signs of sexual abuse	Behavioral Signs
<ul style="list-style-type: none"> - Pain, itching, bruises or bleeding around the genitalia. - Stained or bloody underclothing. 	<p>Bizarre, overly-sophisticated or unusual sexual knowledge or behavior for the child's age, including asking others to do sex acts, putting mouth on sex parts, or trying to have intercourse.</p>
<ul style="list-style-type: none"> - Venereal disease. - Difficulty walking/sitting - Discharge from the vagina or urine openings 	<p>Child reports sexual abuse by a parent or adult.</p>

FACILITATOR: Provide participants with the chart below and allow time for discussion and questions.

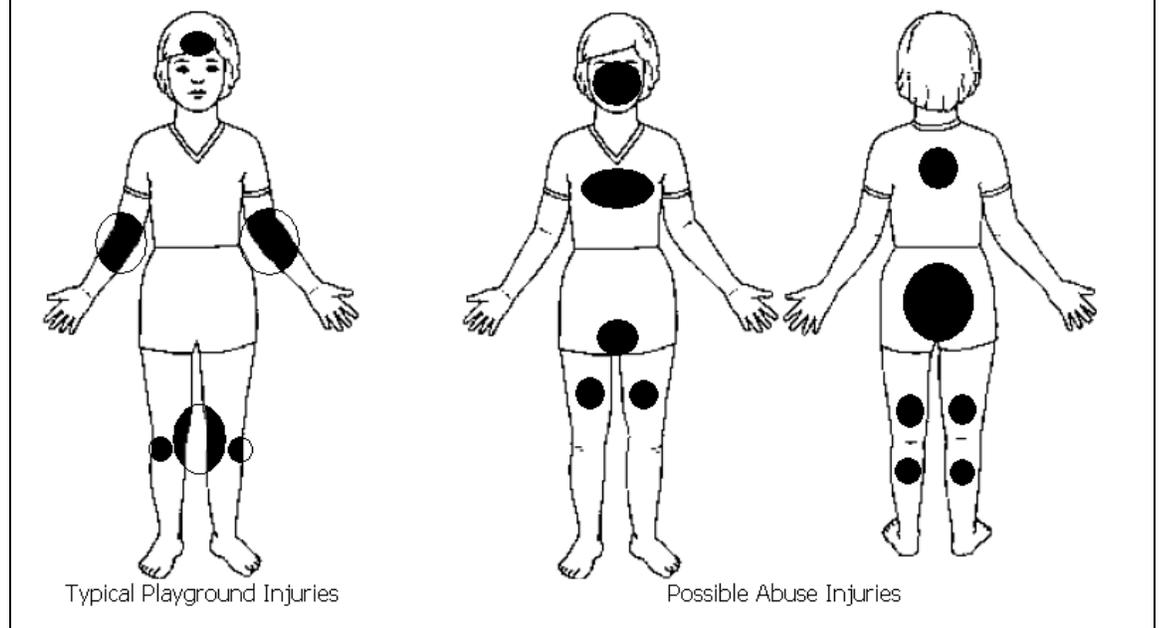
SUMMARY: Physical and sexual signs of abuse: (Appendix III)

Physical and sexual abuse often leave marks on the child's body.¹³

Caregivers will sometimes try to excuse injuries, suggesting they are the result of normal childhood accidents.

But there is a difference between injuries children get from rough play and injuries that are signs of physical and sexual abuse. We need to learn to recognize these differences.

The picture here is an illustration comparing the location (on the left) of typical playground injuries and the location of injuries as the result of physical abuse.



Emotional abuse occurs when a caregiver or a person in a trust relationship with a child prevents the child from proper emotional development.

FACILITATOR: Read -

My mother died when I was little, and now my father is still sad all the time. He doesn't talk to me much, even though he used to and when he does, he shouts or screams at me. I am sad now, too and often feel worthless. My father is mostly very quiet and angry. I am afraid to talk to him because when I do, he pushes me away and

leaves the room. I feel so sad now because it seems that my father doesn't love me anymore. -7-year-old Ruben

LARGE GROUP ACTIVITY: Discuss for 5 minutes some potential signs of emotional abuse that the child in this story might display.

FACILITATOR: Hand out to participants the chart below and discuss the signs of emotional abuse outlined, relating them to Ruben's story.

Signs of emotional abuse: (Appendix IV)

Physical signs of emotional abuse	Behavioral signs
Delayed physical, emotional or intellectual development that is not otherwise explicable.	Depression and withdrawal, impaired sense of worth.
Habits such as rocking back and forth or sucking on fingers in excess of expectation for developmental stage.	Extremes of behavior, such as overly aggressive or passive; apathetic; empty facial appearances; decreased social interaction with others; phobias; general fearfulness; fear of parent or caregiver.

Neglect occurs when a caregiver does not provide for a child even though the caregiver has proper resources or other means to do so.

My aunt says I am a waste of her time. She says it's not fair that my parents left me with her, and she is angry about it. She tells me I am an inconvenience to her and that I need to take care of myself. She sends me out from the house every evening and tells me to find food from the fields because there is not enough for me. But when I go home there is still food on the table left even though everyone is done eating. -16-year-old Vophsi

Signs of Neglect: (Appendix V)

<ul style="list-style-type: none"> - Constant hunger, begging for food or hoarding food. - Fatigue or listlessness. - Poor hygiene habits. Dirty hair, skin or clothes. - Inappropriate dress. - Impairment of parent or caregiver due to substance abuse or physical or mental illness. - Lack of supervision for long periods of time inappropriate to the child's age or developmental stage.
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FACILITATOR: Explain - These four types of abuse are not separate from each other. One type of abuse can hurt multiple areas of a child's life. For example, Saul was both physically *and* emotionally hurt when his father abused him.

All other types of abuse may be evidenced by signs outlined in the chart below.

Signs of any type of abuse: (Appendix VI)

Physical signs	Behavioral signs
<p>Substance abuse. Unexplained absences from the childcare program.</p>	<ul style="list-style-type: none"> - Over or under-compliance of the child. - Lack of selectivity in friendly approach to adults. - Developmental regression, such as previously toilet-trained child reverting to incontinence. - Sleep and appetite disturbances. - Depression. - Self-destructive behavior. - Excessive and/or inappropriate fears.

FACILITATOR: Explain for *Encouragement and reflection*

- Child abuse is a very difficult subject to address, especially among parents and caregivers. But it is important to know that we are here to help you. We are not here to condemn or make assumptions about your life at home. We are here to help you learn how to protect your children and give them a safe life.

It is normal for parents and caregivers to experience some form of sadness, anger or frustration from what we have covered so far in this session. If you have any difficulty, please feel free to ask for help from any of our staff members present.

SMALL GROUP ACTIVITY (Appendix VII): Identifying abuse - Work together in your group to determine if the following scenarios are examples of child abuse. Talk with your group to understand why an example is or is not child abuse.

Is this child abuse?³

A parent slaps his or her child across the mouth after the child says a bad word	A mother makes her son eat <i>after</i> his chores are done	A child shows up to school with a black eye	Parents openly argue in front of their children
A girl is repeatedly told she is ugly by her teacher	A brother and sister are tied to a chair for breaking a sibling's favorite toy	A father is sick one day so he sends his 6-year-old son to gather the crops	A 12-year-old classmate shows his friend the alcohol his mother gave him
A boy is locked in the closet and not fed for two days	A man performs sexual acts <i>in front of</i> an 8-year-old girl	A man performs sexual acts <i>with</i> an 8-year-old girl	A father is unwilling to talk to his son
A pastor asks a 16-year-old girl for a back rub/massage	Older siblings tease a child that he will never be good enough for his mom and dad	A child thinks he is stupid because he does not do well in school	A child cuts his own arms with a knife

FACILITATOR: Explain - As seen in the previous activity, child abuse can be difficult to identify. It is not an easy subject to confront, and people can be timid to address it because it carries a social stigma. Some people choose not to help when a child is being abused because they do not want to be associated with the situation or they might not know how to respond.

Child abuse is also commonly misunderstood because people do not know the truth about it. Now that we have some

information about what it is, we are better equipped to recognize it and to prevent it.

FACILITATOR: Explain - We must remember that even though many of these signs *can* come from child abuse, they do not *always mean* a child is being abused. A bruise can come from an accident while playing, for example, and a child could be naturally shy in some cases. But please remember most of these signs are very indicative of child abuse and need to be properly addressed.

LARGE GROUP ACTIVITY: Think about if you have ever seen signs of child abuse. What were they? Share with the group about the situation. What did you do?

Closing activities

INDIVIDUAL ACTIVITY: Think about the material we covered today. What stood out to you? What was difficult to discuss? Highlight two or three key points you'd like to focus on as you leave the topic today, and share them with the group.

FACILITATOR: Allow for questions and clarification. Close the group in prayer. Ask God to give the group members a remembrance of the material and the ability to act on it. Also ask God to help those who are still suffering because of abuse they suffered as a child. Pray for the children in your area, that God will protect them from the evils of child abuse.

Let the group know that if anyone needs help dealing with their own childhood, they can talk to the facilitator, a Compassion staff member or local church pastor.

Assessment

Test your knowledge by doing the following activities.

Table 1. Assessment Activities

Question	Answer
Who is a child? What is the legal age of an adult in your country?	
What is child abuse?	
What are the different types of child abuse?	
Name some physical and behavioral signs of each type of abuse.	

Evaluation

Evaluate the learning process/topic plan through the following activities.

Table 2. Evaluation Activities

Question	Answer
Was this topic beneficial? Why or why not?	
What worked well in this topic?	
What did not work well?	
Did the facilitator present the material clearly?	
Do you have any suggestions for improving this topic?	

Topic 2: Prevention: Protecting Children by Promoting a Safe Environment

Objectives

At the end of this topic, participants will be able to understand who can potentially commit child abuse, identify safety risks within and outside of their home environment that can harm children, and learn practical ways of protecting children before and during an emergency.

Requirements

This session requires the following:

Group size: Varies

Time: 60 minutes

Materials / equipment: Chalk, tape or bowl of small stones; paper and pencils; projector; Slide, *World Health Organization Facts*

Physical setting: Informal setting where chairs can be placed in a circle for effective communication

Activities

Initial activities

FACILITATOR: Welcome the participants. Explain that the focus of this topic is to explore ways to protect children from dangers around the home and outside of the home environment – dangers of which parents may not even be aware of.

FACILITATOR EXPLAINS: Before we can begin to explore different ways to protect our children, we need to understand the things in our environment that might potentially cause them harm. First we will look at who, in and outside of our homes can potentially commit child abuse.

A. Who commits child abuse?

SMALL GROUP ACTIVITY: Think about this question. Are there any typical answers about who can commit child abuse? Talk with your group. Is there an easy way to answer *who* commits child abuse?

FACILITATOR: Explain - While stereotypes often exist, there genuinely is no way to specifically identify *who* will commit child abuse. There are, however, four main avenues through which child abuse can occur.¹⁰

Adults are the most commonly thought of child abusers. Parents, relatives, neighbors, teachers, pastors, social workers, police officers, gang members and other adults are very often at the forefront of child abuse commission.

Society commits child abuse when it allows and does not fight against an environment of harm against children. Societal child abuse is easily tolerated because it appears as having political, economic, cultural or religious relevance, and it also carries the authority of a higher institution. Some examples of this include harmful cultural practices such as female genital mutilation, early marriages, corporal punishment at home and in school, clearing streets of orphans and runaway children without providing alternative living arrangements and depictions of violence in the media.

Adults and society also commit child abuse through certain forms of child discipline. People can abuse children without even realizing it because they are using methods that have existed in their culture for a long time. These methods encourage parents to hurt their children in the name of discipline. In parts of Asia, children are hit with sticks while tied inside rice sacks; in parts of Africa, children are flogged in school; in parts of South America, children are forced to kneel on uncooked beans, causing great pain to the knees and shins.

SMALL GROUP ACTIVITY: Think of some ways that your culture disciplines children. Based on what you're learning, are any forms of discipline actually child abuse?

Talk with your group. Can you think of alternative forms of discipline that do not lead to the physical or emotional harm of a child?

Peer abuse happens when children abuse other children, and it is more commonly referred to as bullying. Even though bullying is often a familiar part of childhood, it should not be tolerated or excused. Like any form of child abuse, peer abuse can damage a child physically, emotionally, sexually and psychologically.

Self abuse: Finally, a child can also suffer abuse through **self harm**, which is usually accompanied by low self-esteem or anger toward oneself. Self harm occurs when a child hurts himself on purpose. The most common form of self harm is physical abuse, but all four forms

of abuse are still possible. A child can cut or hit himself, scold and put himself down verbally and mentally, engage in destructive sexual acts, abuse drugs or alcohol, attempt suicide or be neglectful of himself. In each case the child needs to be protected from himself.

B. Safety Risks in our homes and environment that might harm children

FACILITATOR: Explain - Now that we have examined who is capable of causing abuse, let us look at things in our homes and immediate environment that can also be harmful to our children. Stand beside a table in the room and ask:

Do you think this table might be dangerous to a child?

Imagine carrying a baby or young toddler and placing her down on the table for a minute, then turning away. Would she be in danger? Explain.

LARGE GROUP ACTIVITY: Set out chairs to represent the four corners of a house. Set out chalk, tape or a bowl of stones to indicate details of the house. Decide where the cooking, sleeping and toilet areas would be, where water and household tools would be stored, and anything else essential to represent a typical house.

If electricity is common in your area, have participants add outlets. Encourage them to be as detailed as possible in creating a representative living space.

Look at the house with a critical eye.

FACILITATOR: Hand out paper and pencils.

Ask participants to look over the house carefully, noting any areas where a child might be injured or might come in contact with something that could cause injury. When they have identified such an area, tear off a slip of paper, mark it with an X, then drop the slip of paper on the dangerous area. It's okay if more than one person marks the same area. Encourage the participants to work their way around the house, picking up the slips of paper and asking participants to explain why they marked those areas as potential dangers.

LARGE GROUP ACTIVITY: Take a few minutes to discuss ways to prevent these dangers or keep children protected from these danger zones.

What steps could parents take in each danger zone to make it safe for the children in the home?
Encourage each participant to contribute ideas.

FACILITATOR: Read and discuss the following scenario:
Leah loves playing games with her friends. One day she fell and hurt her knee and it bled. To clean the wound, Leah licked her hand and rubbed the blood away. Then she ran home and used the toilet. Without washing her hands, she took a drink of water from a cup that several family members drink from. Then she picked up her baby brother who was crying. She changed him and left the dirty nappy/diaper outside the house near the pot that held their drinking water.

Leah's mother needed help with supper, so Leah put the baby down to play in the dirt and picked up her mother's sharpest knife to cut vegetables. Then Leah started a cooking fire, but it blazed up more quickly than she expected and burned her hand. Leah then quickly threw in the vegetables into a pan that was still dirty.

LARGE GROUP DISCUSSION:

What are some of the dangers you can identify in Leah's story?

How might these be prevented or avoided?

What comments do you have about Leah's hygiene and safety habits?

The World Health Organization keeps track of health issues across the globe. They alert us to some alarming facts.

FACILITATOR: Show Slide 1, *World Health Organization Facts*.

World Health Organization Facts

- Nearly 9 million children under the age of five die every year.
- Around 70% of early child deaths could be treated or prevented with simple interventions.
- Leading causes of death in children under five are pneumonia, diarrhea and health problems during the first month of life.
- Over one third of all child deaths are linked to malnutrition.

Go over the slide with participants.

FACILITATOR: Explain - By learning and practicing good health and hygiene, participants can make a big difference in what happens in *their* home. For example, so many diseases from which children suffer can be stopped by keeping drinking water clean, keeping toilet areas clean, washing hands after using the toilet and before handling a child, food, or cooking utensils, and by keeping cooking and eating utensils clean. These are steps that everyone can take toward making home a healthier place.

LARGE GROUP DISCUSSION: Ask the participants to think of the potential safety hazards that exist immediately outside their homes, and to discuss what steps they can take to keep a child from being harmed.

Some possible answers might include a road with fast moving cars, a bush where snakes or other dangerous animals or people might hide, a fast flowing river without a bridge, an open pit, etc.

(Tip: Facilitators should think of helpful tips to overcome/manage these potential dangers before teaching the topic.)

C. Protecting children during emergencies

FACILITATOR: Explain -While many of the risks and dangers children might encounter can be managed and controlled, there are those that are beyond our control such as natural disasters and catastrophes. We can't do much to stop emergencies and disasters, but we can certainly prepare for them.

LARGE GROUP ACTIVITY: Have participants discuss possible emergencies and natural disasters that are likely to occur in their area. Discuss the after-effects of these disasters. For example, heavy rains could lead to flooding, which lead to mud slides, loss of life, separation of children and parents, loss of shelter, water and food shortages and contamination, etc.

Based on discussions, what are some ways we can prepare ourselves and our children to minimize the negative effects of disasters?

FACILITATOR: Discuss the following tips that parents and caregivers can use before and during an emergency.

Parents and children need to have current information on file at the Child Development Center (CDC) and with government organizations. If they move to a new home, they should update their information right away.

- Ask parents to explain why it is important to be registered and current at the CDC and with the government. (Answer: If parents and children become separated, the records can be used to help reunite them as quickly as possible.)

- Ask participants to update their registration at the CDC if they have not already done so and provide an opportunity at the end of the session.

FACILITATOR: Explain - It is important to talk to children about what they should do if an emergency or disaster occurs. This helps them to be better prepared and to develop strategies for coping with emergencies and everyday life accidents.

It is also important to keep basic first-aid supplies in your home. A supply of clean water, soap, ointment and clean bandages will help you keep small injuries from turning into life-threatening infections during times when it's difficult to get medical attention.

In the face of an emergency, model calm behavior. The children in your care will only be as calm as you are. When you are in the midst of any kind of calamity, it's important to remember that you're just as much in God's

hands now as in times of peace and tranquility. Read the following verses.

"You have helped me, and I sing happy songs in the shadow of your wings. I stay close to you, and your powerful arm supports me." Psalm 63:7-8 (CEV)

In the face of an emergency let these verses come to mind. God is an ever-present shelter. He watches over us and the children in our care.

Parents need to listen to their children's fears and affirm them. For example, you might say, "I understand that you are afraid of the storm." You'll be able to calm a child more effectively if you affirm their fears rather than dismissing them. Follow up by saying, "I am scared too. But I am going to trust in God. Can you do that too?"

Children are much more prone to dehydration during a disaster than adults are. Give extra liquid and food especially to young children.

During emergencies, children receive more appropriate and effective care when they are accompanied by a parent or adult caregiver. Parents must make every effort to keep children close by them during an emergency.

If you need to leave the area where you live, travel in groups with your children to avoid being attacked. It is true that there is safety in numbers. Be wise about the time of day you choose to be on the streets, the number of people with whom you travel and the parts of town through which you pass.

Lastly, at the first opportunity, make contact with CDC staff or government officials. It may take time to reestablish communication across your area, but try to establish some contact. The sooner your situation and location are known, the sooner you can get some help.

Closing activities

SMALL GROUP ACTIVITY: Let us take a few minutes to think about child protection. What do you think it is? From what are we protecting children? Talk with the participants about child protection. Work together as a group to come up with a definition of child protection. Share any stories or examples you have to help explain child protection.

FACILITATOR: Explain – As we have seen from our discussions today, we can think of many things children need to be protected from, but ultimately **child protection** is the effort to protect children from *all forms of harm*, both intentional and unintentional.

FACILITATOR: Read Proverbs 31:8-9:

"Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy."

As parents, we must do everything we can to protect children from all forms of evil and danger. God has placed each of us in a position of authority over children, and we must be good stewards of that authority. The misuse of authority over children is the beginning of child abuse.

Assessment

Test your knowledge by doing the following activities.

Table 3. Assessment Activities

Question	Answer
What is child protection? From what are we protecting children?	
What are some possible hazards that currently exist in your home?	
What are some things that could be done to make your home safer for children?	
What can you do to prepare yourself and your children for an emergency?	

Evaluation

Evaluate the learning process/topic plan through the following activities.

Table 4. Evaluation Activities

Question	Answer
What worked well in this session?	
What did not work well in this session?	
What activities in this session did you enjoy?	
How could this topic be improved?	

Topic 3: Prevention: Conflict Management in the Home.

Objectives

At the end of this topic, participants will be able to identify common family situations that require wise conflict management, list culturally appropriate methods for managing conflict with family members, identify strategies for managing conflict with children and practice conflict management skills through role play.

Requirements

This session requires the following:

Group size: Varies

Time: 60 minutes

Materials / equipment: Slide 1: *Conflict Toolkit, Parents*; slide 2: *Conflict Toolkit, Parent/Child*; projector, if available

Physical setting: Informal setting where chairs can be placed in a circle for effective communication

Activities

Initial activities

FACILITATOR: Ask the participants if they have ever looked at a happy couple with happy children and thought, "They look like the perfect family. They probably agree on everything. They never fight. They must live in a happy bubble."

There is no such thing as a conflict-free family. Every family faces conflict. In fact, conflict in itself is not a bad thing – it gives us the opportunity to grow. The key to living together happily is not to avoid conflict, but to learn how to deal with it positively.

SMALL GROUP ACTIVITY: Ask the participants to form small groups. Assign at least one person who can write in each group [Facilitator: If no one in the group can write, a non-participant may need to join the group for this activity.] Provide each group with five small pieces of paper per person and a pencil. Ask participants to think about what could cause conflict between husbands and wives, parents and children and

between siblings. Ask each group to write a different cause for conflict on each sheet of paper. Allow a few minutes. When they have written one idea, place the paper face down in the center of the circle and continue with the next idea. Continue until all participants have contributed five ideas. It is acceptable for some of the ideas to overlap.

As participants write their conflict ideas, write and contribute five ideas of your own.

FACILITATOR: When everyone has contributed five ideas, gather the pile of papers, shuffle them, and then read through the ideas out loud.

Learning activities

LARGE GROUP ACTIVITY: Discuss the ideas as a group.

What repeated themes did you hear in these conflict ideas?

FACILITATOR: Explain - It's no surprise that so many of our ideas were similar. Do you know why? We are human, and we all have different hopes and dreams which sometimes come into conflict with other peoples' hopes and dreams.

Suppose we had no laws from God, no Golden Rule that says, "Treat others the way you would like them to treat you." In that case, who would win every argument? (The person with the most power in any given situation, of course).

Unfortunately, in many families and communities, the biggest person always wins. And many cultures say that it is okay for the biggest to win and for the less powerful, such as women and children to pay the price. But that's not what God's Word teaches.

God's love turns the ways of the world upside down. Children are more likely to be abused at home by someone they know than any other place. That is a shameful fact. But children are powerless. They have no voice. Parents have the authority. They are bigger and stronger and if they are not careful, they can easily turn the home into a place of terror for their children.

The Word of God has much to say about how we are to treat each other.

LARGE GROUP ACTIVITY: Select five of the following Scripture references and write them on slips of paper.

Hand them out to reading participants to look up and read out loud.

- Ephesians 4:26
- Ephesians 4:29
- Ephesians 4:31-32
- Ephesians 5:3-4
- Ephesians 6:4
- Philippians 2:3-4
- Philippians 2:14
- Philippians 4:5a
- Colossians 3:5
- Colossians 3:12-14
- Colossians 3:26

As these Scriptures are read, encourage the participants to receive them as if God were speaking directly to them.

Conflict management skills – a "toolkit"

FACILITATOR: Explain - Seeing then from our activity that conflict is inevitable, what are some skills we can use to help us manage conflict with other adults in a positive way?

Display slide 1, *Conflict Toolkit*, for *Parents*. Discuss each point in depth as you review the slide.

Conflict Toolkit, Parents

- Stop and breathe
- Respectful words
- Calm voice
- No threats
- No violence
- Listen without interrupting

- Repeat what you've heard
- Use "I" statements
- Don't accuse
- Take a break
- Work toward compromise

Skill 1. Stop and take a deep breath the moment you realize that a conflict is building.

FACILITATOR: Explain - Check yourself the moment you begin to feel your temper rise. A deep breath helps you calm the fight or flight response which will automatically arise in a conflict situation. Take measure of the situation and proceed calmly. Using this one skill may help resolve the issue, making the other steps unnecessary to use.

Skill 2. Agree to use respectful words and a calm tone of voice so the conflict will not get out of control.

FACILITATOR: Explain - Over 90 per cent of communication is received not in the words we say, but how we say them. Your tone of voice, facial expression and body language "shout" the feelings behind our words, much more than the words we actually say.

LARGE GROUP ACTIVITY: Ask for five volunteers to stand in a line facing the facilitator. Give each participant a sheet of paper. Participants will then take turns holding up the paper to the facilitator as if it were completed homework. Instruct them to ask, "Is this okay?" As soon as the facilitator has given an answer, the volunteer should return to their seat and allow the next volunteer to ask the same question.

As the facilitator, you should give the same response to each participant: "It's fine." However, vary the non-verbal message greatly, displaying the following emotions:

- excitement
- indifference
- annoyance
- anger
- preoccupation
- warm affirmation

Exaggerate the tone of voice, facial expressions and body language that accompanies each emotion. After you've responded in these several ways and everyone is seated, turn to participants, hold up a sheet of paper and ask: "Is this okay?"

FACILITATOR: Explain - You can see that the major part of the message was not communicated in words. Expressing ourselves in a calm, respectful manner in the midst of conflict is very important.

However, the words we choose also make a difference. Stay away from words that exaggerate or insult. Neutral, carefully chosen language will lead to a quicker resolution.

Skill 3. Agree never to use physical threats or violence.

FACILITATOR: Explain - If threats or violence enter the picture, everyone loses. These are simply not an option. They have no place in God's plan for our families. You may want to allow a few minutes for the participants to speak to God and make a commitment to never use threats or violence in their homes.

It is important for us as parents to model to our children appropriate conflict management skills. Children become very fearful when parents fight or argue openly with each other. This is the behavior they learn to model later on in life.

Allow about 30 seconds of silence.

Skill 4. Agree to listen, trying to understand the other person's point of view.

FACILITATOR: Explain - When in the middle of a conflict, it is difficult to make yourself listen. Inside a little voice is saying, *No, no, I want to talk!* But listening is part of the hard work that needs to be done, whether you feel like it or not. It takes strength and discipline to listen to another person calmly and without interrupting in the face of a conflict. As you listen, you need to try to see things from the other person's perspective.

Skill 5. Agree not to interrupt.

FACILITATOR: Explain - After the other person is finished speaking, do your best to repeat what you heard. Allow the other person to clarify. Make sure you've understood correctly before you go on to make your next statement.

Skill 6. Do not make accusations such as, "You're lying."

FACILITATOR: Explain - Realize that each person brings a unique perspective. Accusations can cause conflict to get out of control and prevent resolution.

Skill 7. Instead of beginning statements with "you," such as 'you did this, or that', begin them with "I." I think, I believe, I see, etc.

Skill 8. Take a break when you need to.

FACILITATOR: Explain - Agree to discuss the situation for certain period of time, such as 20 minutes. If you have

not resolved the issue, take a break and agree on the next time you will discuss it. A break will often give you new perspective, making it easier to agree on a resolution.

Skill 9. Work toward a compromise.

FACILITATOR: Explain - If a compromise is not possible and one person gets his or her way, make a note to balance things in favor of the other person when the next conflict arises.

LARGE GROUP DISCUSSION: Ask the participants if these skills reflect what they learned from the Scripture passages.

FACILITATOR: Explain - Conflict will also arise on occasion between us and our children. We are now going to learn some skills on how to deal with conflict with our children in a positive way.

Display slide 2, *Conflict Toolkit, Parent/Child*. Discuss each point in depth as you review the slide.

Conflict Toolkit, Parent/Child

- Stop and breathe
- Respectful words
- Calm voice
- No threats
- No violence

- Listen without interrupting
- Help them communicate
- Give choices about the resolution

Skill 1. Stop and take a breath the moment you realize that a conflict is building.

FACILITATOR: Explain - Encourage your child to take a deep breath too and calm down as well. Children will

often model the behavior they see.

Skill 2. Agree to use respectful words and a calm tone of voice so the conflict will not get out of control.

FACILITATOR: Explain - Insist that your child speak in a calm, respectful voice. You may need to give a corrective choice like this one: "Micah, you may speak in a voice as calm as mine, or you may take some time out and come back when you're ready to speak calmly".

Skill 3. Agree never to use physical threats or violence.

FACILITATOR: Explain - To a young child, an adult is a 'giant'. To any child in a home, the parent is the person in power. These are both reasons for a child to feel threatened in conflict. A threatened child cannot calm down and deal with a situation reasonably. Parents and caregivers should be careful when disciplining children. Abusive language or physical force should never be used. Discipline should never be given out of anger—it should only be given to help teach and instruct a child. The parent must, in every circumstance, be a person worthy of trust.

Skill 4. Agree to listen, trying to understand the child's point of view.

FACILITATOR: Explain - Listening is the simplest form of love. You don't need to allow your child to go into a long, sobbing episode. As long as he speaks calmly and respectfully, allow him to briefly explain his point of view.

Skill 5. Support a child's attempts to communicate.

FACILITATOR: Explain - A child in distress may not be able to talk understandably or recollect her thoughts. Patiently ask questions until she feels she's been heard. Then say, "I understand that you feel..." to clarify her perspective. This active listening process bestows dignity on a child and helps her invest in coming to a quick resolution.

Skill 6. Give reasonable choices about the resolution.

FACILITATOR: Explain - Parents have the power to resolve a conflict with a child any way they see fit, but the best possible outcome is to let the child participate by offering choices. For instance, you might say: "David, because you acted out tonight and spoiled the evening, you'll need to do extra chores. Would you like to do your

extra chores tomorrow or spread them out over the next couple of days?”

ACTIVITY IN PAIRS: Ask the participants to form pairs. Each pair will pull a conflict situation from the pile created earlier. Give them a few minutes to discuss how to role-play the conflict for the rest of the group. Remind the participants to use the skills just learned.

After each role-play, allow the rest of the participants to comment on the use of conflict management skills.

Closing activities

INDIVIDUAL ACTIVITY: Write a personal action plan for conflict management in your home. Include specific things you will do deal with conflict appropriately.

Share this plan with your group. Help each other develop and finalize your plans. If the participants have difficulty writing, they can draw or just share their thoughts with a partner.

FACILITATOR: Allow for questions and clarification. Close with prayer.

Assessment

Test your knowledge by doing the following activities.

Table 5. Assessment Activities

Question	Answer
What are some techniques for managing conflict with other adults?	See slides
What are some techniques for managing conflict with children?	See slides

Evaluation

Evaluate the learning process/topic plan through the following activities.

Table 6. Evaluation Activities

Question	Answer
What worked well in this session?	
What did not work well in this session?	
What activities in this session did you enjoy?	
How could this topic be improved?	

Topic 4: Responding: What to do if Abuse Occurs.

Objectives

At the end of this session, participants will gain practical skills on what to do when faced with abuse.

Requirements

This topic requires the following:

Group size: 5-10 people

Time: 35 - 45 minutes

Materials / equipment: Flip chart, marker

Physical setting: Room with chairs for the group

Activities

Initial activities

FACILITATOR: Open your time by praying for the group, and asking God to give the caregivers peace through His Spirit as they go through this topic. Ask that God would intervene with His protection, His peace, and His saving hand.

Learning activities

FACILITATOR: Explain - Responding to cases of abuse quickly and thoroughly is very important for the safety and welfare of a child. People who care for children need to know the proper guidelines and channels to use when they are faced with, hear of, or suspect a case of abuse. It is crucial to respond quickly so that children can be removed from a dangerous situation and begin to recover as soon as possible.

Caregivers are sometimes hesitant to report abuse if they are not certain that abuse is taking place. They may think that their suspicions are not true. This may be especially difficult if they begin to suspect that someone in their own home – a husband, wife, grandparent, sibling, or other is abusing their child. If this suspicion does not go away, however, it is important for caregivers to report suspected cases of abuse, even if they have no proof. That way, others in authority can look into the matter further and possibly intervene in appropriate ways to protect children from further harm.

It is always acceptable to report suspicions; and hopefully they will amount to nothing. But it is crucial, for the safety of the children, that all suspected abuse be reported.

FACILITATOR: Explain - If a caregiver should suspect abuse, or know with certainty that abuse has occurred, the first thing they should do is to immediately report it to someone in authority - a Compassion CDC staff such as the project director, the local police, church leaders are all possible people to report abuse to, depending on the situation. The proper people in leadership will know what to do and make sure that everything is taken care of correctly. This will be best for the child, the caregiver, and anyone else involved.

LARGE GROUP ACTIVITY: Discuss the people in your community in positions of authority that you can report suspected or confirmed cases of child abuse. Write down the responses.

FACILITATOR: Explain - We will now take a few minutes to go over some guidelines on how to handle abuse cases - both suspected and confirmed.

Should a caregiver suspect abuse of a child (perhaps at school or by a member of their household), but the child has not told them about the abuse, they should handle the situation with sensitivity. Abusive situations can be very embarrassing for a child, and they might not respond well if they are asked outright.

The caregiver can encourage the child by letting them know that they are always available to talk. Parents and caregivers should tell their children that they can always share anything with them - even if it is embarrassing or difficult to share. They should also reassure children that they will not get into trouble by sharing, and that any abuse they may have experienced is not their fault.

However, parents and caregivers should also be careful not to lead their children into giving answers that they want to hear. Caregivers should always listen to what a child has to say and ask questions related to what they are telling them. When listening to your child:

*Accept what the child is telling you - this shows that you believe them.

*Stay calm.

*Do not panic.

*Listen to the child the whole time he is talking to you; only get the help needed afterwards.

*Look at the child.

*Do not appear shocked.

*Let them know that you will need to tell someone else.

*Let them know that they are not to blame for the abuse.

*Do not ask leading questions, such as 'is it so and so?'

*Never push for information.

*Make sure to distinguish between what the child actually said and what you are assuming; it is crucial to be accurate.

*Do not let any doubts prevent you from reporting the alleged abuse.

*Let the child know what you are going to do next and that you will let them know what happens.

Caregivers should report any alleged abuse to the proper authorities who will help them handle it from there.

Closing Activities

LARGE GROUP DISCUSSION: Ask the group to offer examples of when they might need to report abuse. Write their examples on the flip chart. (Some cases may include witnessing an abusive act, hearing about abuse from a child, suspicions of abuse because of continued signs of abuse in a child, reports from others in the community, etc.)

Ask the group to list suggestions of people in authority they can report abuse to. Write those on the flip chart as well. (Depending on the community/situation, examples may include CDC Director, police, church leaders, elders, chief, community leaders, child protection officers etc.).

FACILITATOR: Explain - If a child is in immediate danger, parents and caregivers must act right away and immediately call the relevant authorities to stop the abusive act. The child in danger must be helped immediately. The child may need to be taken away from their school or home due to the present danger and placed in a temporary safe shelter, depending on the case.

FACILITATOR: Take time to respond to any questions and provide clarifications. Close the group in prayer.

Assessment

Test your knowledge by doing the following activities.

Table 7. Assessment Activities

Question	Answer
When might you need to report abuse?	
Who should you report suspected abuse?	
What are things you can say when listening to a child report an abuse incidence?	
What should you do if you see a child in immediate danger?	

Evaluation

Evaluate the learning process/topic plan through the following activities.

Table 8. Evaluation Activities

Question	Answer
What worked well in this session?	
What did not work well in this session?	
What activities did you enjoy in this session?	
How could this topic be improved?	

Appendices :

Appendix I:

Signs of physical abuse:

Physical signs	Behavioral signs
<ul style="list-style-type: none"> - Bruises or welts in various stages of healing - Visible injuries that appear on a child recurrently and cannot be explained 	Explanation for a physical injury that is inconsistent with the injury or the child's developmental age.
Unexplained or multiple broken bones, especially broken ribs, severe skull fractures or other major head injury.	The parent or caregiver reports a significant injury to the child was self-inflicted or the child reports being injured by a parent or caregiver.
Failure to grow at the expected rate in a child who seems hungry and eager to eat when offered food.	Persistent or repetitive physical complaints of unclear cause, such as headache or belly pain.
Burns or injuries in the shape of an object used to cause the injury, like bite marks, hand marks, cigar or cigarette burns, belt buckle markings, burns from immersion in scalding water or other hot liquids.	The parent or caregiver has delayed seeking appropriate medical care for the child.

Appendix II:

Signs of sexual abuse:

Physical signs of sexual abuse	Behavioral Signs
<ul style="list-style-type: none"> - Pain, itching, bruises or bleeding around the genitalia. - Stained or bloody underclothing. 	<p>Bizarre, overly-sophisticated or unusual sexual knowledge or behavior for the child's age, including asking others to do sex acts, putting mouth on sex parts, or trying to have intercourse.</p>
<ul style="list-style-type: none"> - Venereal disease. - Difficulty walking/sitting - Discharge from the vagina or urine openings 	<p>Child reports sexual abuse by a parent or adult.</p>

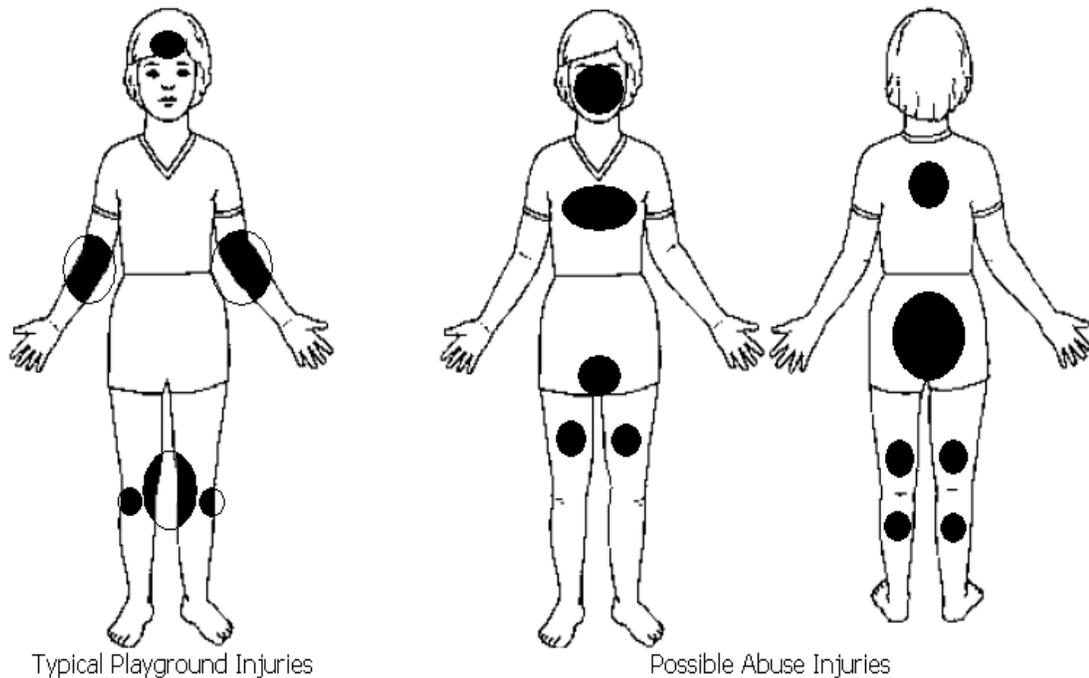
Appendix III:**Signs of Physical and emotional abuse:**

Physical and sexual abuse often leave marks on the child's body.¹³

Caregivers will sometimes try to excuse injuries, suggesting they are the result of normal childhood accidents.

But there is a difference between injuries children get from rough play and injuries that are signs of physical and sexual abuse. We need to learn to recognize these differences.

The picture here is an illustration comparing the location (on the left) of typical playground injuries and the location of injuries as the result of physical abuse.



Appendix IV: Signs of emotional abuse:

Physical signs of emotional abuse	Behavioral signs
Delayed physical, emotional or intellectual development that is not otherwise explicable.	Depression and withdrawal, impaired sense of worth.
Habits such as rocking back and forth or sucking on fingers in excess of expectation for developmental stage.	Extremes of behavior, such as overly aggressive or passive; apathetic; empty facial appearances; decreased social interaction with others; phobias; general fearfulness; fear of parent or caregiver.

Appendix V: Signs of Neglect:

<ul style="list-style-type: none"> - Constant hunger, begging for food or hoarding food. - Fatigue or listlessness. - Poor hygiene habits. Dirty hair, skin or clothes. - Inappropriate dress. - Impairment of parent or caregiver due to substance abuse or physical or mental illness. - Lack of supervision for long periods of time inappropriate to the child's age or developmental stage.
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Appendix VI: Signs of any type of abuse:

Physical signs	Behavioral signs
Substance abuse. Unexplained absences from the childcare program.	<ul style="list-style-type: none"> - Over or under-compliance of the child. - Lack of selectivity in friendly approach to adults. - Developmental regression, such as previously toilet-trained child reverting to incontinence. - Sleep and appetite disturbances. - Depression. - Self-destructive behavior. - Excessive and/or inappropriate fears.

Appendix VII: *Is this child abuse?*³

A parent slaps his or her child across the mouth after the child says a bad word	A mother makes her son eat <i>after</i> his chores are done	A child shows up to school with a black eye	Parents openly argue in front of their children
A girl is repeatedly told she is ugly by her teacher	A brother and sister are tied to a chair for breaking a sibling's favorite toy	A father is sick one day so he sends his 6-year-old son to gather the crops	A 12-year-old classmate shows his friend the alcohol his mother gave him
A boy is locked in the closet and not fed for two days	A man performs sexual acts <i>in front of</i> an 8-year-old girl	A man performs sexual acts <i>with</i> an 8-year-old girl	A father is emotionally distant from his son
A pastor asks a 16-year-old girl for a back rub/massage	Older siblings tease a child that he will never be good enough for his mom and dad	A child thinks he is stupid because he does not do well in school	A child cuts his own arms with a knife

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