
Prevention of Sexual Exploitation and Abuse

Two Day Sensitization
Workshop

CARE Canada, 2016

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Suggested Agenda

Day One: General Overview of Concepts

9-9:30: Introductions, ice breaker

9:30-10:30: Definitions and Classifications

10:30-10:45: Break

10:45-11:45: Power and Privilege

11:45-12:30: Lunch

12:30-1:45: Implications of SEA and staff reporting challenges

1:45-2:00: Break

2:00-3:00: Project Participant Challenges with Reporting

3:00-3:30: Final Questions and Wrap Up

3:30-4:30: Debrief the day with Field Staff Trainers

Day Two: CARE-Specific Information on SEA

9-9:30: Review from yesterday

9:30-11:00: CARE's PSEA Policy

11:00-12:00 Lunch

12:00-1:30: External Reporting Mechanisms

1:30-1:45: Break

1:45-3:30: Internal Reporting Mechanisms

3:30-4:30: Debrief the day with Field Staff Trainers

Session One: Introductions, Norms, Expectations (30 minutes)

Materials Required:

- Agenda-write it on a flip chart or use powerpoint

Morning Welcome (5 minutes)

Have the CD welcome participants, emphasize the importance of this type of workshop for the country's staff and programming, and encourage full participation by everyone in the room.

Introductions (15 minutes)

Go around the room and ask each person for their name and any previous workshops, they may have attended or facilitated on PSEA. Highlight that you do not want to know what their job is, because this information is irrelevant to the next two days because EVERYONE HAS THE SAME ROLE TO PLAY IN PREVENTING SEXUAL EXPLOITATION AND ABUSE.

Agenda (5 minutes)

Review agenda outline with the group.

Emphasize:

- the need for punctuality in order to get through it all
- the need for full participation of everyone: the workshop is designed to be participatory, which will make it more fun for everyone, and also will enhance your learning!

Comments to set the tone (5 minutes)

Say: This can be a really challenging and uncomfortable topic to discuss for a number of reasons.

First, we are talking about issues pertaining to sexual exploitation and abuse, and some of us may have experienced some of these things in the past. If at any point you need to step out of the room because we may be triggering traumatic memories for you, please do so.

Second, some of you may realize as we discuss this that you may have knowledge of a colleague engaging in some of these behaviours. We will talk through CARE's expectations of you to report these incidents in the coming two days. But please know that I am here for the next two weeks and you can come and talk to me at any point should you wish to report something, or if you have any questions on the content that we are going to cover in this workshop.

Session Two: What are we talking about? – 1 hour

Session Objectives: At the end of the session participants will be able to:

- Define sexual harassment, sexual exploitation and sexual abuse and explain the difference between the three
- Identify which types of behaviour fall under each category
- Explain why these behaviours are unacceptable to CARE

Materials Required:

- Flip Charts with definitions
- Flip Chart paper
- Markers
- Example handouts

Activity 1: Definitions (30 minutes)

Divide the participants into three groups. Give each group one term to define: SEXUAL HARASSMENT, SEXUAL EXPLOITATION and SEXUAL ABUSE.

Give 10 minutes for the groups to talk through their term and come up with a definition which they will write on a flip chart.

Give 20 minutes for the groups to present their definitions and discuss:

- 1) Does everyone agree with these definitions?
- 2) Is there any overlap with these definitions?
- 3) Are there any changes you'd like to make?

HINT: One way to lead question three is to say: "What are the key words that come to mind when you hear the term SEXUAL HARASSMENT? SEXUAL ABUSE? SEXUAL EXPLOITATION?" Then develop the definitions further from there, highlighting different components of each.

Finish by presenting the official definitions on a flip chart that you post beside the group's definitions:

Sexual Harassment: any unwelcome sexual advance, comment, expressed or implied sexual demand, touch, joke, gesture, or any other communication or conduct of a sexual nature, whether verbal, written or visual, by any person to another individual within the scope of CARE's work. The definition includes sexual harassment that is directed at members of the same or opposite sex and includes harassment based on sexual orientation. CARE prohibits sexual harassment of any individuals, employee, project partner or program participant, regardless of their work relationship.

ASK: "Why is this unacceptable to CARE?"

Correct answers: Creates an uncomfortable, and/or unsafe workspace; is an affront to the dignity of individuals; undermines CARE's gender work.

Sexual Exploitation: pressuring or demanding individuals to provide sexual favors against their will, with the threat of denying project assistance, withholding work support, or any other negative repercussions in the work place or community.

ASK: "Why is this unacceptable to CARE?"

Correct answers: Creates an uncomfortable and unsafe situation, is an affront to the dignity of individuals; contravenes our humanitarian mandate; negatively impacts our reputation within the community; undermines our gender work.

Sexual Abuse: any actual or threatened physical intrusion of a sexual nature, by force or under unequal or coercive conditions.

ASK: "Why is this unacceptable to CARE?"

Correct answers: In many countries this is a crime; it's sexual violence and creates an unsafe space, fear, etc.; it violates the dignity of the person who its forced upon; it negatively impacts our reputation; it undermines our gender work.

Activity 2: Classifying Behaviour (30 minutes)

Handout the following scenarios-one to each person, or group of people. Give them a few minutes to think about (or talk about) their scenario, and then post it under the definition where they think it fits. As they post it, have them explain why they chose that definition. Ask of the group agrees and allow each one to be discussed.

- a) A male CARE staff member requires women to sleep with him before he gives them their monthly food distributions. (Sexual exploitation, possibly sexual abuse if no "consent", highlight challenges of "consent" in this scenario)
- b) A female CARE staff member makes rude comments of a sexual nature to her colleagues any time a specific male logistician walks by. These comments are heard by the logistician and make him uncomfortable, so he tries to avoid her whenever he can. (Sexual harassment)
- c) A male international staff member solicits the services of a commercial sex worker on a Saturday evening. (Sexual exploitation)
- d) A female local staff member touches young boys inappropriately, and intentionally, as part of a children's psychosocial program. (Sexual abuse)
- e) A male country director has numerous sexual relationships with his female staff. These staff members are treated noticeably better than other women on the team who are not romantically involved with him. (Sexual exploitation-discuss power dynamics)
- f) A male staff member rapes a community incentive worker when they are cleaning up after a distribution. (Sexual abuse)

- g) A staff member at a school requires parents to submit naked pictures of their children before they can be registered at the school. (Sexual exploitation)

Wrap Up

SAY: There can often be different ways of classifying some of the behaviour that we've discussed above, and those who find themselves in these situations may have very different views on what is proper behaviour and what isn't. Over the next few days, if you are unsure about anything we discuss, please raise it either with the group, or with me separately. It's really important that we all have a clear understanding of what is acceptable and unacceptable behaviour.

Session Two Classification Cards

Facilitator should print these, cut them out individually, and use for Activity 2.

a) A male CARE staff member requires women to sleep with him before he gives them their monthly food distributions.

b) A female CARE staff member makes rude comments of a sexual nature to her colleagues any time a specific male logistician walks by. These comments are heard by the logistician and make him uncomfortable, so he tries to avoid her whenever he can.

c) A male international staff member solicits the services of a commercial sex worker on a Saturday evening.

d) A female local staff member touches young boys inappropriately, and intentionally, as part of a children's psychosocial program.

e) A male country director has numerous sexual relationships with his female staff. These staff members are treated noticeably better than other women on the team who are not romantically involved with him.

f) A male staff member rapes a community incentive worker when they are cleaning up after a distribution.

g) A staff member at a school requires parents to submit naked pictures of their children before they can be registered at the school.

Session Three: Power and Privilege (1 Hour)

Session Objectives:

- Identify privileges and power that exist for different groups of people
- Understand how privilege is associated with their role as a CARE staff
- Link their role of privilege to the responsibility to conduct themselves in an appropriate manner with vulnerable groups

Materials Needed:

- Character roles (enough for everyone to have one)
- A waste paper basket or box (something to throw the paper into)

Privilege Walk (30 Minutes)

(This activity has been copied from “Preventing Sexual Exploitation and Abuse Staff Training Facilitator Guide”, by DiPaolo and Associates for CARE Burundi, DRC and Rwanda)

Say: “We will now explore basic concepts related to sexual exploitation and abuse”

Without further explanation bring participants into an open space where they can line up side by side, with enough room to take 18 steps forward. Hand out the index cards with the Privilege Walk characters on them. Ask participants to keep their character secret.

Tell participants they will hear a series of statements. For every statement to which their character would respond “yes”, tell them to take one step forward. If a statement does not apply to their character they should stay where they are. If they are unsure, they should guess.

Read out the statements (10 minutes):

1. I can influence decisions made at the community level
2. I get to meet visiting government officials
3. I get new clothes on religious holidays
4. I can read newspapers regularly
5. I have easy access to the internet
6. I have my own bank account
7. I can speak in extended family meetings
8. I can afford to boil my drinking water or purify it in another way
9. I can buy condoms
10. I can negotiate condom use with my partner
11. I only have sex when I want to
12. I went to secondary school, or expect to go to secondary school
13. I can pay for treatment at a hospital if necessary

14. I eat at least two full meals a day
15. I have access to plenty of information about HIV and AIDS
16. I am not afraid of walking on my own at night
17. I am not afraid of violence in my own home
18. I have never had to line up or beg for food

Debriefing questions (15 minutes):

- Ask participants to stay exactly where they are, and in character, for the debriefing
- Starting at the back, ask each person their character
- Ask a few people at the back how they feel being at the back
- Ask a few people in the middle how they feel
- Ask a few people at the front how they feel
- If a character has ended up in a surprising position, ask the person for some clarification on their answers that got them there. Allow the group to discuss.
- Ask for observations or patterns that have arisen
- Link this to power and privilege if no one else does it. Ask “what does this tell us about power? About privilege”? Highlight that privilege is often “unearned power”.
- What gives people power and privilege? (wealth, social position, authority, sex, gender, etc) What are some things that lead people to abuse power and privilege?
- Ask, “are power and privilege” always bad things? Why or why not?

ASK: What kind of power/privilege do we have as CARE Staff Members? (Write these down on a flip chart so you can refer to them at a later point). (10 minutes)

Paper Toss (15 minutes)-Optional. This can be taken out if the Privilege Walk takes more time than planned.

Say: Staying exactly where you are, we are now going to conclude this activity with a competition. Those who win, will gain much wealth, security, and happiness. Those who lose will not.

1. Ask participants to crumple up their character papers. Place a wastepaper basket at the front of the room.
2. Tell participants that they need to throw their crumpled paper into the wastepaper basket without moving from their position. If it goes in, they are among the winners. If it doesn't, they lose.

Debriefing Questions:

3. What did you notice in that game? Expect answers like: it was unfair, it was easy for those in front, but hard for those in the back, some people were set up for failure from the start.
4. Ask why it was unfair-point out that everyone had the same materials needed to win, and the same amount of time, and the same instructions. It's also likely that the skill level for tossing paper balls into a waste paper basket is likely similar for everyone.

5. Explain that this is an illustration of privilege or “unearned benefits” that often arise simply from one’s membership in a specific group. Stress the fact that most privilege is unearned-the holder of it has usually (but not always) done nothing to earn it.
6. Ask: “Does this last activity highlight anything else about power and privilege”?
 - a. It is unfair for those left behind
 - b. It is often not noticed by those at the front (if it’s the people at the back who point out the unfairness, point this out)
 - c. It often has nothing to do with skill (likely everyone has the same paper-throwing skills)
 - d. We often can’t choose our “starting points”. Link this back to the idea that power/privilege are often (but not always) unearned.

Session Debrief (15 minutes)

Ask (This is a very important question!): Why do you think that we are talking about power and privilege on a day we’ve set aside for sexual exploitation and abuse? How do these concepts link together?

Correct answer: SEA involves an abuse of power! As CARE staff, we hold privileges and power within the communities where we work. We must not abuse this power!

Key Messages to summarize at the end:

- 1) With dominant group membership comes certain privileges and power. More often than not, we are not normally aware of these privileges if we are part of the group that has them. That limits our understanding about the problems or obstacles faced by those who belong to the subordinate group. For example, a person who was born in a wealthy family and received a good quality education may not be aware of the struggles of a person born to illiterate and poor parents in trying to receive an average education.
- 2) Apart from being aware of the advantages we have as dominant group members, it is our responsibility to be sensitive towards those who do not enjoy those privileges and never to misuse or abuse this power discrepancy.
- 3) As NGO workers we are often in positions of power in terms of the communities with whom we work. Alongside this power comes responsibility to not abuse it.

Session Three: Characters for Privilege Walk

Write these on separate paper and distribute-this must be prepared in advance before the session, for each workshop)

If you do not have enough characters for the whole group, tell those without character cards to represent themselves.

- Girl, aged 17, looking after her sick mother, and 8 siblings
- Mother of 7, CARE project participant, living with HIV/AIDS
- Soldier (male)
- Police officer (male)
- Mother in single parent household (CARE project participant)
- School teacher (male)
- Uneducated, unemployed boy, aged 16
- CARE project manager
- CARE community mobilizer
- Village chairperson
- Community elder (male)
- Community elder (female)
- Male religious leader
- CARE Country Director
- National NGO Director (male)
- International NGO staff (female)
- Village shopkeeper (male)
- Girl with a mental disability (12 years old)
- Boy with a physical disability (10 years old)
- Married girl, aged 15
- 13 year old girl engaged in prostitution
- Grandmother, caretaker of 5 orphaned grandchildren
- Orphaned girl, 13 years old
- Orphaned boy, 13 years old
- Traditional birth attendant (female)
- Village health worker (male)
- Male district chief
- Female district chief

Session Four: SEA Implications and Reporting Challenges for Staff (1 hour)

Session Objectives:

- Understand the far reaching implications that SEA has on programming, acceptance within the community, the office environment and staff morale, safety and security of staff, protection of project participants, CARE's image, etc.
- Gain insight into the complexities of reporting from a staff perspective

Materials Needed:

- The Maze Packages
- Instruction Handouts

The PSEA Maze (1 hour)

30 minutes: Divide group into smaller sub-groups of 4 participants each. Hand out The PSEA Maze cards and tell participants not to start looking through them yet.

Explain the activity:

- 1) Everyone has a set of cards in front of them, and everyone must start with card #1.
- 2) On each card you are presented with a developing scenario and you are given options in terms of how you will respond. You will be directed to your next card depending on your response. Please do not scroll through the different cards. Follow the numbers based on the instructions on the cards. You may wish to place the cards on the floor/table in front of you as you proceed through this maze because you will be asked to share the highlights of your journey at the end of this session with the group.
- 3) Before you begin, please determine if your group is a female distribution staff member or a male distribution staff member.

30 minutes: Debriefing:

- 1) Ask one group to give the highlights of their maze
- 2) Ask others if they had a different experience
- 3) What did this activity highlight for you in terms of the implications of SEA on you as a suspecting staff member, on project participants, and on our staff as a whole? List these by category on a flip chart
 - Personal security considerations in reporting
 - Hierarchical considerations in reporting
 - Rumours vs proof
 - Can have serious impacts on project participant safety and security
 - Can impede programming

- Can work against gender aims
 - Can limit our access and our community acceptance
 - Can tarnish our local and international reputation, and lead to challenges fundraising
- 4) Say “Think back to our discussion after the privilege/power walk. We talked about how we hold so much more power as INGO staff than our project participants. If we are nervous to report issues of suspected SEA, think of how much harder this will be for them. This is what we will look at in our next session”.
- 5) Highlight that this activity, while all based on real life examples, was intentionally designed to show only what can go wrong. Tomorrow we will talk through some of the things that need to be in place for this scenario, or one like it, to be handled in a way that leads to more positive outcomes.

Session Four: The Maze Instructions:

Print and distribute one copy of these instructions for each group.

The Maze Instructions

- 4) Everyone has a set of cards in front of them, and everyone must start with card #1.
- 5) On each card you are presented with a developing scenario and you are given options in terms of how you will respond. You will be directed to your next card depending on your response. Please do not scroll through the different cards. Follow the numbers based on the instructions on the cards. You may wish to place the cards on the floor/table in front of you as you proceed through this maze because you will be asked to share the highlights of your journey at the end of this session with the group.
- 6) Before you begin, please determine if your group is a female distribution staff member or a male distribution staff member.
- 7) If you finish this activity quickly, please go back and make different decisions to see what other outcomes could have happened.
- 8) Be prepared to share some of the highlights and challenges of your group's maze with the rest of the group.

The Maze Instructions

- 1) Everyone has a set of cards in front of them, and everyone must start with card #1.
- 2) On each card you are presented with a developing scenario and you are given options in terms of how you will respond. You will be directed to your next card depending on your response. Please do not scroll through the different cards. Follow the numbers based on the instructions on the cards. You may wish to place the cards on the floor/table in front of you as you proceed through this maze because you will be asked to share the highlights of your journey at the end of this session with the group.
- 3) Before you begin, please determine if your group is a female distribution staff member or a male distribution staff member.
- 4) If you finish this activity quickly, please go back and make different decisions to see what other outcomes could have happened.
- 5) Be prepared to share some of the highlights and challenges of your group's maze with the rest of the group.

Session Four: The Maze:

Print off one copy of the maze (steps 1-13) for each group. Ensure that each step is on a separate piece of paper, and that the steps are in order when you give them to each group.

1.

During a distribution in a camp you notice that the Distribution Manager is overly flirtatious with one of the female camp residents.

You:

- A) Decide to confront him on this and tell him this is inappropriate (go to 2)
- B) You ignore it. He's your boss, and you have no proof that he is doing anything wrong (go to 3)
- C) You decide to tell a fellow co-worker (Go to 5)

2.

Your boss begins acting cold towards you and you think he is punishing you.

- A) You apologize and tell him you made a mistake (Go to 3).
- B) You go to HR to lodge a complaint against him (Go to 6)
- C) You ignore this situation and hope it will improve after some time passes (Go to 3)

3.

You begin hearing rumours that the same distribution manager is dating one of the project participants

- A) You ignore this. You had enough problems with him the first time when you tried to get involved, and besides, these are only rumours (Go to 4).
- B) You discuss this with him (Go to 2).
- C) You report these rumours to HR or to his supervisor (Go to 6).

4.

The distribution warehouse is broken into one evening when no one is there. 10 000 USD worth of supplies are taken.

You wonder if this is related to the rumours you are hearing.

A) You report this suspicion to the SSFP or HR (Go to 6)

B) You ignore it. It's none of your business, they are only rumours, and no one was hurt (Go to 7)

C) You realize thefts are common here, and decide not to worry (Go to 7)

5.

This colleague, unbeknownst to you, is very good friends with the wife of the distribution manager. She tells his wife, and the wife confronts the husband.

Go to 2.

6.

The HR team conducts an investigation but finds nothing concrete because no one else is willing to share their concerns about this same staff member.

You find your boss at your desk one day telling you that you are a troublemaker and "you'll be sorry".

You begin receiving anonymous death threats. You feel helpless to do anything about this, and decide to just lay low and hope it all passes.

Go to 13.

7.

You show up at the camp to find out that your activities that day must be cancelled. A woman was beaten to death last night because her husband suspected she was sleeping with another man. All the woman are at her funeral. You discover that this is the same woman your boss was flirting with at the distribution.

A) You suspect that your colleague might be involved. You talk to HR (Go to 10).

B) You ignore this. You still have no proof and much of this could be very circumstantial (Go to 8)

8.

News circulates quickly among the camp that this woman WAS sleeping with your boss. Her sister comes forward to say that this woman felt pressured into a relationship by this man in order to keep receiving her family's food rations.

Go to 9.

9.

Other women come forward saying that they too were forced into having sex with your boss for the same reason. The local media picks up this story, which is then grabbed by international media. Headlines read "CARE forces sex for food among refugee population".

Go to 10.

10.

CARE Canada sends a team to investigate this. IF at any point in this activity you discussed your concerns with HR you are able to keep your job. IF you did not earlier report this to HR, you face disciplinary procedures and you eventually are dismissed.

THE END.

11.

A female village activist comes to you the next time you are in the camp. She has never been involved in CARE programs. Other women (CARE's project participants) are standing behind her. She asks you if you have heard about an NGO working in another camp....the staff are apparently forcing women to sleep with them before they receive food at distributions.

You:

A) Tell her you will look into it, but know nothing about this NGO, so it's none of your business. You do nothing. (Go to 7)

B) Think she might be indirectly talking about your NGO. You raise this with HR (Go to 6).

C) Decide to do a bit more investigation on your own. You talk to some other female staff. (Go to 12).

12.

You discover that at a VSLA meeting some of the project participant women give senior health workers hints about why they are not attending. These hints back up your suspicions.

You:

A) Approach HR together as a group with your concerns (Go to 10)

B) You all decide you are uncomfortable doing anything about this, or you do not know what to do about it. (Go to 7).

13.

Gender and health teams ask if something is going on because they women have stopped attending their programs. The Health advisor returns from a nutrition and family planning workshop and mentions to you that the village women are refusing to talk to her. This is new.

You:

A) Tell her about your suspicions. (Go to 5).

B) Do nothing. You have no proof of anything.(Go to 11).

C) Talk to HR (Go to 6)

Session Five: Challenges Project Participants Face in Reporting Suspected SEA (1 hour and 30 minutes)

Session Objectives

- Be able to explain the numerous challenges that project participants face when reporting SEA
- Start to think through strategies to address these challenges

Materials you will need:

- Case Study handouts
- Flip chart and markers

Case Study (30 minutes):

Divide participants into smaller groups of no more than 4 people. Distribute the case study, and ask them to read through it and answer the questions together as a group. (20 minutes).

Sophia is a 25 year old Arabic-speaking, long-term resident in a camp. She is a married mother of three young children and is also caring for her aging mother. Her husband is currently in the capital city, far away from the camp. Her two year old son is severely ill with cerebral malaria, and she takes him to the camp health clinic, run by an international NGO called WE CARE. WE CARE is the only health service provider in the camp. The doctor is a middle aged man from the capital city who is very well respected within the camp, and he represents the International NGOs on the camp coordination committee. After Sophia waits a very long time in the hot sun to see this doctor, he tells her that the medicine to treat malaria has run out and it will be one week until more arrives in the camp. However her son's illness is so advanced that he may not survive until next week without it. The doctor then tells her that he keeps a small supply of the medication for his "special patients" and if she has sex with him, he will give her the medication. She knows her son will die without this medication so she agrees to the doctor's proposition.

Sophia is quite upset about this and confides in some of her friends within the camp, who tell her that this same doctor has done the same thing to them. Three of her friends think that they contracted an STI from him, so now Sophia is worried she may also have contracted this. She considers reporting this.

Other information you need to know:

- 1) The doctor reports to a Medical Coordinator at WE CARE who is a 40 year old British man who speaks English and French, and a few words of basic Arabic. He is frequently at the camp clinic.
- 2) Adultery is punishable by public lashings.
- 3) WE CARE has a reporting hotline that they can call that connects them to a call centre in the UK where they can report this issue.

- 4) One of Sophia's friends refused to have sex with the doctor in exchange for medication. As a result, he now does not give her or her children the appropriate level of attention or care when they show up at the clinic needing medical care.
- 5) Rape victims are heavily stigmatized in this culture

Divide the group into smaller groups of no more than 4 people each. Ask the group the following questions (write them on a flip chart):

- 1) Imagine you are in Sophia's position, in the clinic. What are you most likely to do? What factors are motivating your decision?
- 2) Is this a case of sexual harassment, sexual exploitation or sexual abuse?
- 3) Imagine you are in Sophia's position, after speaking with her friends. What are you most likely to do? What factors are motivating your decision?

After twenty five minutes bring the group back together and ask each group to share what they decided to do in the doctor's office. If you have time, you can also ask for their key motivations in making this decision.

Reporting Barriers (30 minutes)

Say: You likely realized that Sophia and her friends are up against some difficult challenges if they decide they would like to report the sexual exploitation. Let's examine these barriers in more detail.

ASK two participants to stand at either end of the room, facing each other. Tell the group that one of these people represents Sophia and the other represents WE CARE.

ASK the entire group what barriers exist between Sophia's desire to report this exploitation, and her actually being able to do it. As people volunteer ideas, have them come up and stand in between Sophia and WE CARE as a visual representation of these barriers. Encourage each person to think of one example so that everyone in the room is standing in between Sophie and WE CARE.

Expect answers like:

- Age
- Access to phone credit
- Gender inequalities
- Nationality
- Fear of repercussions by doctor (ie: not getting adequate treatment in future health emergencies for her family)
- Fear of punishment by her husband for "cheating"
- Fear of punishment by authorities for "adultery"
- General stigma
- Language barriers

Write these examples down on a flip chart because you will need to refer to them tomorrow.

SAY: What jumps out at you from looking at everyone standing up here (expect “lots of barriers”, “reporting is highly unlikely”)

ASK: Think back to our Power and Privilege session. What aspects of power and privilege do you see at work in these barriers?

SAY: Please remember what “barrier” you represent as we will come back to this in a session tomorrow. However, you all have some homework tonight. I’d like you to think of at least one way that your specific barrier can be removed so that reporting this case of exploitation will become easier for Sophia and her friends. We will share these as a group tomorrow.

End of day Wrap Up-30 minutes

Ask everyone to sit down if they are still standing in their line-up

SAY: We’ve covered a lot of information today:

- We looked at the different definitions of sexual harassment, sexual exploitation and sexual abuse. We talked about some examples of these and why they are wrong.
- We identified some of the ways that these are linked to power and privilege, and how our role with CARE bring with them various forms of power and privilege, and we have a responsibility to use these in a positive way that empowers, rather than harms, our project participants.
- We looked at many of the implications of sexual abuse and exploitation and saw how far reaching its negative implications can be.
- And we discussed some of the challenges that we as staff face when confronted with knowledge of this type of behaviour, as well as the barriers faced by our project participants who are subjected to this type of behaviour on the part of NGO staff.

SAY: Before we go home for the day, I’d like us to go around in a circle and have each person share:

- 1) One key learning from today
- 2) One question they are left with (write down the questions on a flip chart)

After this is done, remind everyone that the start time will be at 9am tomorrow, sharp. Do not be late! Thank them for their participation today, and remind them one more time about their homework.

Session Five Case Study Handout:

Print one for each group

Case Study

Sophia is a 25 year old Arabic-speaking, long-term resident in a camp. She is a married mother of three young children and is also caring for her aging mother. Her husband is currently in the capital city, far away from the camp. Her two year old son is severely ill with cerebral malaria, and she takes him to the camp health clinic, run by an international NGO called WE CARE. WE CARE is the only health service provider in the camp. The doctor is a middle aged man from the capital city who is very well respected within the camp, and he represents the International NGOs on the camp coordination committee. After Sophia waits a very long time in the hot sun to see this doctor, he tells her that the medicine to treat malaria has run out and it will be one week until more arrives in the camp. However her son's illness is so advanced that he may not survive until next week without it. The doctor then tells her that he keeps a small supply of the medication for his "special patients" and if she has sex with him, he will give her the medication. She knows her son will die without this medication so she agrees to the doctor's proposition.

Sophia is quite upset about this and confides in some of her friends within the camp, who tell her that this same doctor has done the same thing to them. Three of her friends think that they contracted an STI from him, so now Sophia is worried she may also have contracted this. She considers reporting this.

Other information you need to know:

- 6) The doctor reports to a Medical Coordinator at WE CARE who is a 40 year old British man who speaks English and French, and a few words of basic Arabic. He is frequently at the camp clinic.
- 7) Adultery is punishable by public lashings.
- 8) WE CARE has a reporting hotline that they can call that connects them to a call centre in the UK where they can report this issue.
- 9) One of Sophia's friends refused to have sex with the doctor in exchange for medication. As a result, he now does not give her or her children the appropriate level of attention or care when they show up at the clinic needing medical care.
- 10) Rape victims are heavily stigmatized in this culture

Questions for you to answer in your groups:

- 4) Imagine you are in Sophia's position, in the clinic. What are you most likely to do? What factors are motivating your decision?
- 5) Is this a case of sexual harassment, sexual exploitation or sexual abuse?
- 6) Imagine you are in Sophia's position, after speaking with her friends. What are you most likely to do? What factors are motivating your decision?

Session Six: Morning Welcome and Introduction for Day 2

Materials You Will Need:

- Crumpled paper or a ball
- Agenda for the day

SAY: Welcome back for Day 2! I hope you all went home and spent some time thinking about some of the things that we discussed yesterday. And, I hope you all did your homework, because we're going to be talking about it after lunch today. Does anyone have any new insights that they'd like to share, or questions that they thought of last night? (Allow a few moments to think...)

SAY: Before we jump into today's activity, I'd like us to quickly review the things that we discussed yesterday. In order to do this, we are going to use a ball (or crumpled up piece of paper) and I need everyone to stand up for this activity. We are going to toss the ball around the room, and if it is tossed to you, you need to tell us one piece of information that you learned yesterday. You cannot repeat what someone else has already said. And once you toss the ball to someone else, after sharing your piece of information, you can sit down. The ball can only be tossed to people who are standing up, and everyone must get a chance to catch the ball.

HINT: If participants have a hard time thinking of something, allow others to help them out.

Outline the agenda for Day 2.

Session Seven: CARE's PSEA Policy (1 hour and 30 minutes)

(This session has been adapted from Module 5 in "Preventing Sexual Exploitation and Abuse Staff Training Facilitator Guide", by DiPaolo and Associates for CARE Burundi, DRC and Rwanda)

Session Objectives:

- To familiarize staff with the Policy and provide it as a reference document

Materials Needed:

- SEA Policy Handouts: Print one for each participant from this link:
<http://gender.care2share.wikispaces.net/file/view/PSEA%20policy%202009%20english.pdf/525837744/PSEA%20policy%202009%20english.pdf>
- Flip charts and markers

CARE's PSEA Policy: Introductory Questions (5 minutes)

Say: Raise your hand if you are familiar with CARE's PSEA Policy.

ASK: What is in it?

Correct Answers:

- 6 Core Principles that the organization has committed to implementing
- Commitments that must be implemented by Managers and Supervisors
- Employee Standards that all staff employed with CARE must follow at all times

HINT: If no one knows, tell them not to worry, we're going to go through it together during this session. And if they have heard of it, tell them they're in a good position, but review is always necessary to make sure that we're not forgetting!

Exercise: What's in the Policy? (40 minutes)

- Post the flipcharts on the wall in separate areas of the meeting room and read them aloud one after the other. Each of the flipcharts have a question as written below.
- Divide participants into groups of 4 or 5. Set a time limit of 30 minutes
- Handout CARE International's Policy on Prevention and Response to Sexual Exploitation and Abuse. Tell participants that they have 15 minutes to read and discuss it. Explain that once they have read it, they will be asked to respond to each of the questions as a group (by writing the answers on the flip charts). It doesn't matter which question they start with as long as the answer all of them.
- Participants will need to stand up and move around the room to write or post comments on each flipchart

- Participants will respond to the following three questions (by writing their comments directly onto the flipchart):

Flipchart #1: Are the contents what you expected from CARE? Did anything surprise you?

Flipchart #2: What will be the most difficult part of the policy for you to implement in this country office?

Flipchart #3: What stands out as being most important in here for you?

Debrief Exercise: (15 min)

- Bring the group back together
- Ask one participant to read out loud from one flipchart the original questions and the group's responses. Ask participants what they think of the comments and answers. Is everybody in agreement? Repeat this for each of the flipcharts.
- If questions come up that cannot be answered, reassure the participants that the unresolved or difficult issues will be referred back to the appropriate country leaders or CARE Canada for a response (i.e. Human Resources, Focal Point, Country Director) either by the end of the training or post-training.

True or False Quiz (30 minutes)

SAY: We're now going to have a fun little test to see how closely you read and understood the policy and what it allows and disallows. I'm going to ask you all to stand up and I'm going to read out a number of true or false questions. If you think the answer to the question is True, please walk to the right side of the room. If you think the answer to the question is False, please walk to the left side of the room. If you are not sure, you can stay in the middle. I will call upon people to justify their answers, so don't just follow the group! Think these questions through for yourself! You may refer to your policy handouts for some help.

HINT: After each one, ask one person to explain why they chose true, false, or the middle. Allow for discussion if there are different views.

1. Sexual exploitation and abuse is grounds for dismissal from CARE. (TRUE-Core principle #1)
2. Sexual activity with someone under the age of 18 is permitted only in cases where the local culture and laws allow for its citizens to marry while under the age of 18. IE: if it is culturally and legally acceptable for a 42 year old man to marry a 16 year old girl, CARE will accept this. (FALSE: Core Principle #2)
3. WE only want employees to report cases of exploitation or abuse if they have concrete proof of this behaviour (FALSE: Core Principle #5)
4. All CARE employees are obliged to create and maintain an environment that prevents SEA. (TRUE-Core Principle #6)

5. Relationships between employees and project participants are strongly discouraged because they have inherently unequal power dynamics involved in them. (TRUE-Core Principle #4)
6. Despite this, if an employee is engaged in a romantic/sexual relationship with a project participant, s/he may keep it a secret from her/his supervisor (FALSE-Employee Standard #3)
7. Managers and Supervisors have additional responsibilities to prevent and address SEA by virtue of their positions with CARE (True-Commitments)
8. CARE employees may not engage the services of sex workers while representing CARE (traveling to and from meetings, on CARE property, in CARE vehicles, etc) (TRUE-Employee Standards #2)

Summarize Session (1 minute):

- This issue is so important that we have a policy
- The policy applies to everyone who works for CARE. Its contents are non-negotiable, and failure to adhere to them can result in disciplinary procedures up to and including dismissal
- They have a copy of the policy-if they still have questions, they should seek clarification from you or their manager/CD.

Session Eight: External Reporting Mechanisms (1 hour 30 minutes)

Session Objectives:

- To identify components of an external reporting mechanism that should be in place in the country office
- To start an action plan to get these in place

What You'll Need:

- Flip chart with “Barriers” from yesterday
- Chocolate for prizes (Optional!)

Introduction (15 minutes):

SAY: We talked yesterday about many of the barriers that a project participant may face if s/he wants to report a case of sexual exploitation or abuse to an NGO. In this session we are going to focus on how we can minimize these barriers and increase the likelihood that a project participant will report a case of SEA. Reporting is of utmost importance. If cases aren't reported to us, we may not know about them, which means we might not be able to do anything about them.

Refer to the flip chart from yesterday where you wrote down the barriers. Ask if anyone else has thought of any more.

SAY: Before we address these barriers one by one, do you have any mechanisms or processes in place right now that give project participants the opportunity to report these types of issues?

HINT: If they do have something in place, ask them :

- 1) Who knows about it? (internally and externally)
- 2) How do we communicate this process to our project participants and the public? To our staff?
- 3) Does the process refer people to our staff members to make the reports? If so, who are they? Do they feel comfortable in this role? Have them outline their role and their process.
- 4) What barriers do you see in this process?

If they do not have anything, SAY: That's okay. We're going to brainstorm together to come up with something that we can get in place.

If they do have something, SAY: That's wonderful, because it gives us a good starting point for our discussion. We will look at your process in light of the various barriers that we identified yesterday to see if these barriers can be minimized further, or if this process is as strong as it possibly can be. Think back to the privilege session. We discussed that often groups who hold privilege and power in a community are oblivious to the challenges faced by more vulnerable groups. If we, as CARE staff with

privilege/power, have designed the process, we may have overlooked some issues that more vulnerable groups may face with our process.

Small Group Discussion (30 minutes):

Divide group into smaller groups of 4 or 5 staff.

Explain to each group that they are being tasked with developing a new external reporting strategy OR strengthening their current one, that will be shared with project participants. This new strategy must include at least one measure to minimize each barrier that was identified yesterday (refer them back to the flipchart). It must also include a plan to share the process widely with project participants so that it is well known. They will have 30 minutes to devise this new process and communication plan, and then each group will have five minutes to present their process to the group. Explain that there will be prizes for:

- The most realistic process
- The most creative or innovative process
- The best presentation

The winners will be decided on by a vote by the group (and do it by the loudest amount of cheering for each presentation).

Group Presentations (45 minutes)

Have each group to present. Highlight commonalities, innovative ideas. Ask for comments from the group after each presentation. When each group is done, hold the vote for the categories listed above.

SAY: We now need to take the best of these ideas and incorporate them fully into a new process/your current process. What needs to make it into this consolidated process?

Put everything on a flip chart.

ASK: for volunteers to form a committee to take this work forward-finalizing the process, getting approval from the SMT, implementing it in program locations.

REMEMBER: This workshop will be done in all sub-offices and they too will have ideas for this process. The committee will work with reps from these sub-offices to make sure that all the ideas are incorporated into a country-wide plan.

Session Nine: Internal Reporting Mechanisms (1 hour and 30 minutes)

Session Objectives:

- To identify the key components of an internal reporting system and devise an action plan to put them in place/or strengthen the plan that currently is in place
- To ensure that our internal reporting system is meeting the needs of staff who may need to use it
- To ensure all staff know about CAREline and how and when to use it

Materials You Will Need:

- CAREline handouts
- Participant feedback forms

Barriers to Reporting-Large Group Discussion (20 minutes)

SAY: We've discussed the way in which people outside of the organization can report concerns of SEA to CARE. Now we are going to discuss the way in which staff can raise concerns of SEA internally.

SAY: Think back to the PSEA Maze activity that we did yesterday. What were some of the challenges that you as the staff member faced in deciding whether or not to report your suspicions? Feel free to also add challenges or barriers that didn't come up in the Maze, but that you may be concerned about after our discussions from the past two days.

EXPECT THESE ANSWERS:

- Fear of reprisals
- Not having proof
- Personal security concerns (death threats, etc)
- Confidentiality
- Disciplinary action if you don't report
-

SAY: Just as we need to make our external reporting system as accessible for project participants as possible, we need to do the same with our reporting system for staff.

ASK: Given these barriers, what do YOU need to know is in place for you to feel comfortable raising a concern about SEA?

HINT: If no one volunteers answers, break them into pairs for a short discussion, then bring it back to the large group.

Expect:

- System that includes option for anonymous reporting
- System that protects them from reprisals
- System that maintains their confidentiality
- System that is clear on when to report, and what to report (ie: rumours vs facts)

Country-based System-Large Group Discussion (20 minutes)

ASK:

- What do you currently have in place right now?
- Does this meet your needs?
- What is missing?
- How can you incorporate these missing components?
- Does everyone know about it? If not, how can we communicate it better?
- What needs to happen to take this forward?

CAREline-Large Group Discussion (15 minutes)

DO: Pass out CARELine handouts to all participants

SAY: Just as you have a Chad-based system, CARE Canada/CARE USA have created a procedure as well, for any type of whistle-blowing for staff. It's called CARELine, and anyone can use it.

- 1) You can report online, or by phone
- 2) It is a third party who will receive your email or phone call
- 3) You may give your name, or you may remain anonymous
- 4) The report can be made in the language you are most comfortable with
- 5) All reports will be followed up with an investigation, conducted by CC HR or IO departments, or a combination of both. All efforts will be made to ensure the confidentiality of the person who makes the report. However, you should be aware that you may be called on to take part in an investigation. This will likely include an interview with an investigator, and a written, signed statement.
- 6) This supplements your in-country procedure in case, despite all efforts to make it accessible, you still feel uncomfortable using the Chad-based system.

FAQs-Large Group Discussion (20 minutes)

ASK: So we're clear on our systems, but when should you actually use them?

Correct Answer: Any time you have proof, or a suspicion, that SEA may be occurring. YOU DO NOT NEED PROOF.

ASK: What happens if you suspect something, or have proof of something, and you do not report it?

Correct Answer: Aside from the multitude of implications that we discussed in the Maze activity yesterday, if it is discovered that you had some knowledge or suspicion of inappropriate behaviour, and you did not raise it through the proper channels, YOU may be subject to disciplinary procedures up to, and including dismissal.

ASK: What happens if you report something based on suspicions only, and the investigation doesn't turn up any proof. Will you be subject to disciplinary procedures?

Correct Answer: NO! We appreciate, and expect, that all staff are actively working to eliminate and prevent SEA within CARE and that you are doing so in good faith. AND, the Code of Conduct, and our Policy on PSEA, require you to do this. Therefore, you are fulfilling your responsibilities as a CARE staff member. However we expect the person making the report to have the highest level of professionalism with regards to confidentiality. This means no gossip, no rumour-spreading and no unnecessary talking with others outside of the complaint. Doing so may hinder the investigation, may tarnish a colleague's reputation unnecessarily and may put you at risk.

ASK: What happens if you think that you have been subjected to sexual harassment, exploitation or abuse by a CARE colleague? Will you be subject to disciplinary action?

Correct Answer: NO! Victims of this are never subject to disciplinary action. This type of offense always involves unequal power distribution. We hope that we have the systems in place for you to report this, and to feel fully supported by CARE to get the assistance that you require in this situation.

Remaining Questions and Thank You (15 minutes)

SAY: Does anyone have any questions remaining that we haven't answered throughout the past two days? I may not be able to answer them, but I'd like to get you answers to them so I'll take them back to CARE Canada/CI and seek advice from the relevant people.

SAY: That brings us to the end of our workshop. We've covered a lot of content in the last two days. Raising awareness about this issue among our staff is a really crucial component in eradicating SEA across all of our work. I'd like to stress the importance of following up on the actions that we've pulled together in terms of the internal and external reporting systems, and the ways that these can be communicated to all staff and project participants, and I'd like to thank you for your full participation and engagement in these sessions. I am here until XX, and welcome the opportunity to discuss further any concerns you may have about this issue, on a one-on-one basis.

ASK: Participants to fill out feedback forms.

DO: Take a picture of the participants holding their flip charts that serve as their action points. Tell them we'll share this with our CARE Canada country offices and the CC HQ staff, as it shows this office's commitment to eradicating SEA.

Consistent with Our Core Value of Integrity,

we care about:

fraud

discrimination

exploitation

misappropriations

sexual harassment

other wrongful conduct

REPORT WRONGFUL CONDUCT

Three options for reporting:

- 1 Speak to the appropriate manager or Human Resources**
- 2 Log on to <http://www.care.ethicspoint.com>**
- 3 Call + (Check the website above for country-specific lines)**



Reports will be kept confidential to the greatest extent possible, and may be submitted anonymously. This feature should not be used to communicate general grievances against supervisors unless related to a violation of an existing policy.

Participant Feedback Form

Print and distribute to each participant to fill out

1. What information in this session did you find to be the most useful?

2. Please list anything that you found wasn't useful:

3. Are you confident that you know when, and how, to report a suspected case of sexual exploitation and abuse? If your answer is no, please explain what is still unclear:

4. What further support do you require from CARE to help you better understand our approach to preventing sexual exploitation and abuse?