Girl Shine Caregiver Curriculum

Girl Shine
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Introduction

What is the Girl Shine Caregiver Curriculum?

The dedicated Girl Shine Caregiver Curriculum has been designed to be implemented with both female and male caregivers of unmarried adolescent girls. It provides complementary support to the Girl Shine Life Skills Curriculum and is a critical component of the overall Girl Shine program.

The Girl Shine Caregiver Curriculum:

• Addresses broader issues of gender inequality within the family structure, which impact adolescent girls’ experience of GBV inside and outside of home.
• Challenges and changes norms and attitudes within the family structure so in the long term adolescent girls are more protected and treated more equitably.
• Addresses power dynamics between female and male caregivers and adolescent girls, acknowledging and giving space to women to share their own experience of the limitations they face within the family structure while also ensuring that the needs of adolescent girls remain at the center of the intervention.
• Is designed to improve female and male caregivers’ understanding of the specific needs of girls and how to provide a supportive environment for girls during this period of transition.
• Addresses harmful attitudes held by women and men about adolescent girls, while building upon the positive attitudes that women and men may already hold.

The Girl Shine Caregiver Curriculum has been developed based on feedback from:

• IRC country teams
• Women’s Protection and Empowerment Technical Advisors
• Women who have participated in previous caregiver components of programs targeting adolescent girls
• Research findings from the COMPASS impact evaluation conducted between 2014 and 2017 in Pakistan, DRC, and Ethiopia

The Curriculum has been adapted from a number of existing curricula and resources that have been implemented by the IRC’s Women’s Protection and Empowerment and Child Protection Programs across the world, such as My Safety, My Wellbeing; COMPASS Protecting through Positive Parenting and Caretaking;1 Preventing Violence Against Women and Girls: Engaging Men through Accountable Practice (EMAP);2 Safe Healing and Learning Spaces (SHLS): Parenting Skills Intervention Curriculum for Caregiving of Adolescents;3 and the Male Engagement Toolkit.

The Girl Shine Caregiver Curriculum is a parenting curriculum, in the sense that it does not aim to equip parents and caregivers with positive parenting skills. It has instead been designed to address broader issues around gender equality, especially in relation to the experience of adolescent girls and the root causes of the violence against them. Practitioners looking to implement evidence-based parenting curricula should reach out to relevant Child Protection actors and/or explore existing curricula, such as the ‘Families Make the Difference’ curriculum, available at shls.rescue.org.

The Girl Shine Caregivers Curriculum Facilitators

The Girl Shine Caregivers Curriculum should be conducted by one to two staff facilitators, according to the capacity of the implementing team. Sessions for female caregivers should be carried out by female facilitators, and sessions for male caregivers should be carried out by male facilitators. Mixed sex sessions should include one facilitator from each group, ensuring both have an equal role and voice in the facilitation of the session.

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Staff facilitators should have the following skills and profile to implement the sessions:

- Medium-to-high literacy skills
- Experience in facilitation
- Training on GBV core concepts
- Strong understanding of gender equality
- If possible, they should also have previous experience facilitating discussions and community mobilization activities on themes of gender equality, GBV, and other sensitive topics. It is important to invest in the capacity building of staff facilitators on these concepts before they begin implementing the Girl Shine Caregiver Curriculum.

Mentors/facilitators facilitating the Girl Shine Life Skills Curriculum with adolescent girls should not facilitate the sessions with female and male caregivers, as it could compromise the relationship of trust they have with the girls.

If there is a shortage of female or male staff to implement the Caregiver Curriculum, country teams should think of other options:

- Are there resources available to recruit staff specifically for this intervention?
- Are there other sectors or actors working on similar interventions that can be partnered with and trained to implement this curriculum?
- Are there highly skilled volunteers who have previous experience in similar interventions who could be trained to implement the curriculum? Are there other activities that staff are conducting with women and men that could be substituted with the Caregiver Curriculum for a period of time?

If none of the above options are feasible, country teams should reassess whether they have the capacity to implement the Girl Shine Caregiver Curriculum and refer back to the levels of engagement outlined in Girl Shine Part 1: Chapter 4 for more options on engaging female and male caregivers.

Staff facilitators should receive regular support from their supervisors and should provide feedback on key themes or issues that arise from their work with the groups. This information can help to further tailor sessions for male caregivers based on key priority issues identified by the female caregiver groups if safe and relevant to do so, ensuring that the voices of women and girls at front and center of the sessions. Regular coordination meetings between female and male facilitators and their supervisors could help to ensure this information is being captured and used in a safe and appropriate manner. Information related to individual women or adolescent girls should not be used to shape sessions, as it could cause tension and harm.
Delivering the Sessions

The Girl Shine Caregiver Curriculum includes 14 sessions that have been designed to be used as part of a comprehensive curriculum to bring about meaningful change. However, in contexts where this is not possible, standalone sessions or a selected number of sessions can be used to address a particular theme or topic with either female or male caregivers. For more information on levels of engagement and how to decide which approach is more suited to context, refer to Girl Shine Part 1: Chapter 4.

Sessions should be done in parallel to the curriculum being offered to adolescent girls. For example, the sessions on relationships, puberty, and safety should be done with caregivers before they are done with girls, to ensure that caregivers are able to provide a supportive environment to girls once they start being introduced to new concepts.

Based on lessons learned from the field, the sessions have been developed to be carried out separately for female and male caregivers, with the option of bringing caregivers together for the final session if women consent and believe it will be beneficial. It is crucial that ALL women agree to this following a discussion of potential risks and benefits. If not all female caregivers agree and are comfortable with meeting together with male caregivers, the final session should be carried out separately for female and male caregivers.

Facilitators should receive all relevant training before delivering the sessions, to enable them to deal with some of the challenges and resistance they may face from female and male caregivers, and also to help mitigate reinforcement of the traditional social and gender norms that place limits on adolescent girls. Training should include GBV core concepts and gender equality. Facilitators should also be trained on key approaches to working with adolescent girls, so that they are able to put girls at the center of the conversation with caregivers.4

Session Features

- **Say**: This is what the facilitator should say out loud to the caregivers. Usually, the facilitator is introducing a new topic, idea, providing information, or sharing their own experience.

- **Explain**: This is detailed information that the facilitator is expected to provide to caregivers. This builds upon the “SAY” instruction to provide examples and in-depth information to ensure that the message and information is clear and that the caregivers understand.

- **Ask**: These are guiding questions the facilitators will ask the caregivers in order to get them thinking about the session topic. After asking a question, always allow time for the caregivers to answer. It is not necessary to ask every single question to caregivers - for instance, if time is running out or if they fully understand the point being conveyed.

- **Do**: These are activities the facilitator will lead with caregivers. Follow the instructions, as they will keep the session organized. Activities may involve having caregivers work in groups or participate in movement activities. Be prepared, and ensure the activities are interactive and accessible to all caregivers.

- **Note**: This prompt gives guidance to the facilitator on a specific activity or on addressing common challenges/ issues they may face in the activity.

Structure of the Sessions

The session content is detailed and scripted to help facilitators navigate the sessions. Each session will last approximately two hours (rough time estimates are provided for each section below, but these may vary), with estimated timings for each activity provided within each session.

Sessions will include:

1. **Welcome & Review (10 minutes)**: This is an opportunity to review any questions arising from the previous session or related to any new skills practiced. It is also an opportunity to provide an overview of the current session, and a chance to introduce a small icebreaker or energizer.

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4 The IRC has training resources on GBV Core Concepts, Engaging Men in Accountable Practice (EMAP), and the Girl Shine Training Manual that can be used to train facilitators of the Girl Shine Caregiver Curriculum. Alternatively, other GBV and CP actors in the area may have similar resources that can support this training. Please check GBV Responders for more information https://gbvresponders.org/
2. **Let’s Explore (10 minutes):** During Let’s Explore, facilitators present session information by teaching new concepts.

3. **Activities (70 minutes):** Activities give caregivers the opportunity to explore the session information in more depth through skills practice or deeper discussion. Some activities may take longer than 90 minutes, depending on how active the group discussion is.

4. **Closing Check-In (10 minutes):** The Closing Check-In is an opportunity to see if there is anything caregivers want to discuss, as well as giving them the opportunity to participate in a bonding activity.

5. **Takeaway (5 minutes):** The Takeaway encourages caregivers to practice new skills at home with their family or community, as appropriate.

Also allow time for a break in the session (15 minutes). It is strongly recommended that refreshments for caregivers are provided, if possible.
Facilitation Techniques

Facilitators of the Girl Shine Caregiver Curriculum should have previous experience facilitating discussions around violence against women and girls and gender norms, and should be staff members of the implementing organization.

Things to Remember

- Avoid lecturing or preaching.
- Recognize that important and powerful learning is not necessarily easy or comfortable.
- Make sure caregivers are allowed to work through some difficult feelings without the facilitator “rescuing” or overly reassuring them.
- Encourage caregivers to share their ideas and feelings.
- Adapt the content and speed of the training to the time availability of the caregivers.
- As a facilitator, continuously self-reflect on personal behavior, attitudes, and beliefs (especially when it comes to gender and attitudes towards GBV).

Facilitation Dos and Don’ts

DO
- Respect the knowledge and experience of caregivers.
- Build tolerance and patience for caregivers’ views.
- Actively involve everyone in the session.
- Present each theme or issue clearly.
- Encourage people to ask questions.
- Plan your sessions thoroughly.
- Read through the whole curriculum before starting any of the sessions.
- Prepare the list of materials before the sessions.
- Give caregivers a break halfway through the session (15 minutes) or do an energizer.
- Work out timing and a schedule, and stick to it.
- Use familiar words, terms, and examples.
- Be flexible; adapt timing to meet the needs of the caregivers.
- Always hang flipcharts where everyone can see them.
- Always summarize important points raised at the end of the sessions.
- Challenge individual behaviors/comments/attitudes that are harmful to women and girls.

DON’T
- Don’t leave all planning to the last minute.
- Don’t use unfamiliar words that no one understands.
- Don’t use lots of written materials, flipcharts, and handouts if some of the participants are illiterate.
- Don’t allow any one person to dominate the discussions or intimidate others.
- Don’t be assertive about personal points of view – listen to others.
- Don’t ignore harmful comments made about women/girls.
- Don’t ignore/dismiss any of the caregivers.
- Don’t become angry towards, insult, or disrespect any of the caregivers or community members.

IRC Lebanon (2016) Male Engagement Toolkit
- Don’t wear any items which might show your political/religious background in contexts where this may be sensitive.
- Don’t support any harmful comment or action, including by laughing.
- Don’t ever agree with or accept victim blaming.
Addressing Safety

Reporting & Referral
This will depend to some extent on the program’s organization or structure, as well as on applicable mandatory reporting laws in the country of implementation. The specific reporting and referral pathways should be carefully designed to ensure that principles of survivor-centered approach, informed consent, confidentiality, and best interest of the child are followed. Facilitators of the curriculum should not act as caseworkers, as they may not have case management expertise, and case work may conflict with their role as facilitator.

It is important to ensure that facilitators are trained to be able to identify risks adolescent girls may be experiencing (for example, due to disclosures of violence) and which cases need to be reported to their supervisor or require mandatory reporting.7

Throughout the sessions, caregivers in both the women’s and the men’s curriculum groups will be talking, discussing, and exploring violence against adolescent girls and women. This is a highly sensitive topic, and it is likely that issues related to safety will arise, including caregivers either committing violence or reporting violence used against them. It is important that facilitators and their supervisor address safety at all Steps.

Be Prepared
Facilitators should be knowledgeable about existing GBV programs and referral pathways, and know how to handle disclosures of GBV. They should receive ongoing support from supervisors and also know how to deal with disclosures where caregivers or adolescent girls may be at imminent risk of harm.

Safety Issues Women Face: It is important that women understand what services are available to them (GBV case management, health services, etc.), either at the safe space or through referrals. These services should be explained to women throughout the duration of the curriculum implementation, and Information Education Communication (IEC) materials and service notes provided where they exist. Facilitators can invite caseworkers or other female service providers to attend the sessions and give information to women on the services they and the adolescent girls in their care can access. Women may be coming to the sessions with their own experience of violence. It is important to follow the guidance for group disclosures outlined below and to also remind women that the violence they experience is not their fault and they are not to blame. Women should be encouraged to talk to a caseworker, and facilitators should make those links when women request this service.

Safety Issues Men Face
There may be safety issues that men also face. While this may not be as common and may not always be related to their gender, it is important that facilitators are aware of services that men can access, and go to the sessions equipped with this information in case a safety risk is identified.

Group Disclosures of Violence Experienced
Maintaining strong confidentiality and boundaries around disclosures of violence from both men and women is essential to supporting women’s safety. If a female caregiver shares her experience of violence during a group discussion, thank her for sharing and immediately remind all other participants of the need to keep all information discussed in the group confidential. Offer the caregiver who made the disclosure the opportunity to talk one-on-one at the end of the session, when she can be provided with information about services available, and, if she wishes to do so, be referred to them. Avoid extensively discussing an individual experience of violence with the whole group, as other participants might hold and share harmful attitudes towards the survivor (such as victim blaming). If appropriate, remind the group that a survivor is never to blame for the violence she faces. Make sure to follow up with the survivor at the end of the session and have sufficient time to listen to her and provide her with information about services.

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6 IRC, Engaging Men through Accountable Practice (EMAP) http://gbvresponders.org/prevention/emap-tools-resources/
7 For further information, refer to the Caring for Child Survivors Guidelines: http://gbvresponders.org/response/caring-child-survivors
Disclosures should never be discussed with anyone in the community, or even within your team (with the exception of a supervisor when additional support is required). At all times, make sure that the safety of the survivor is first priority. **Remember:** Any disclosure of violence should be taken seriously. The individual’s story and concerns must be kept confidential and shared only with those directly responsible for providing services to GBV survivors, and even then only after receiving fully informed consent from the survivor herself. Even if the woman discusses it with other members of the discussion group, facilitators must adhere to the rules of confidentiality.

**Group Disclosures of Violence Committed**

It is likely that some female and male caregivers in the group will have used violence against adolescent girls. Disclosures of violence committed against women may also arise. The group should never be a forum to simply tell stories about the use of violence or the abuse of power, as it could reinforce harmful norms and make perpetrators feel justified in their use of violence. Instead, discussions of violence committed should always focus on that action’s harmful consequences, and how men and women (who may be committing violence against adolescent girls) can make safer, healthier choices about their own behavior.

If violence committed against adolescent girls is disclosed, it is important for facilitators to engage female and male caregivers as follows:

- Remind caregivers of the action’s harmful consequences.
- Guide the group to discuss alternative solutions and positive discipline techniques, and ask caregivers if they can think of alternative ways of disciplining girls that does not involve physical punishment.
- If the violence committed puts girls in imminent danger or is related to sexual abuse or other forms of GBV, it is important to raise this issue with a supervisor immediately. The supervisor will be able to support in determining the best interest of the child and whether relevant actors need to be notified.

**Challenging Harm**

It is very important that the facilitator be prepared to challenge harmful attitudes that will be brought up during the female and male caregiver groups. Facilitators will hear thoughts and ideas that justify or excuse violence against adolescent girls. Examples of harmful attitudes and beliefs are: “If a girl is walking alone, it is her fault if she is raped,” or “All girls must be married by the age of 15 or there will be no husbands interested in marrying them.” Facilitators should have undergone training on GBV core concepts and have a strong understanding of gender equality to be able to successfully implement the curriculum and respond to these harmful attitudes. See **Appendix 2: Step to Challenging Harm** for more information.

**Common Resistance Responses**

There are types of emotional reactions and responses when people feel their beliefs are being threatened or challenged, for example, when asked to think differently about gender and violence. These are referred to as “Common Resistance Responses.” Facilitators should be familiar with Common Resistance Responses so they can be prepared to identify and challenge them, both within themselves and among caregivers.

Common Resistance Responses occur when long held beliefs are challenged or are thought to be threatened. While they can be difficult to address, they are also positive because they present opportunities for growth and learning. Facilitators need to challenge such reactions and offer alternative viewpoints in line with the Girl Shine principles. While this can be hard, it is a vital part of helping caregivers work toward positive change. In order to do this, it is essential that the facilitator support the caregivers to identify these harmful viewpoints and to ensure they are discussed.

Facilitators should expect some caregivers to have such reactions, as they based on common prejudices and myths that exist in society. They are based on the exact ideas and beliefs that the intervention seeks to challenge, so it is essential that they are seen as learning opportunities and moments of growth. See **Appendix 1** for a list of Common Resistance Responses.

If a caregiver challenges a facilitator directly, one positive way to address this is by bouncing the challenge back to the whole group as a question. This can lead to a productive discussion. But remember, there is a fine line between creating a friendly, accepting, and open climate for discussion, and allowing harmful remarks to pass by unchallenged.
If a caregiver expresses a discriminatory view as part of the process of exploring his or her own internalized ideas and prejudices, ask the group what other people think about the viewpoint, clearly expressing how the viewpoint is harmful to women and girls. At the same time, affirm that many people are socialized to think this way and that the intervention provides an opportunity to rethink these ideas. Make sure to hold the caregiver accountable for their view, while simultaneously acknowledging that they are not the only person who feels that way.

It is important not to lecture someone about their views or shame them for expressing their beliefs. There will, however, be times when it is necessary to say to a caregiver, “I think that idea is harmful to girls and/or women and as a man I disagree with it,” or “I think that is an example of how we, as women, are taught to blame ourselves and each other for the violence that is done to us—and I don’t think that we are to blame.” When harmful beliefs or attitudes are expressed, the Steps to Challenging Harm in Appendix 2 can help to address them, and create a learning moment where harm is challenged and accountability is demonstrated.
Preparing for the Sessions

It is important that facilitators prepare for sessions in advance. They should anticipate the types of challenges they may face or questions that may arise. They should think about how they will respond in those situations and seek support on topics they don’t feel comfortable with.

Get to Know Caregivers

- During curriculum delivery, spend time doing a series of trust building activities, or spend more time focusing on the story circle if caregivers don’t feel comfortable discussing the content or if they are mistrusting of the program.
- Move at a pace that caregivers feel comfortable with, and be flexible at the beginning.
- While the curriculum content has been designed for 14 sessions, it may be useful to plan for 16 sessions to provide more space for trust building.

Feedback

- It is important to regularly collect and take action based on feedback from caregivers, where relevant and appropriate. One of the ways to collect feedback is to check in with caregivers at the end of the session and ask them some of the following questions:
  1. What did you like best or least about the session?
  2. What questions would you have liked to ask but did not have the opportunity to ask?
  3. How was this session helpful or unhelpful?
  4. Do you have any other comments or suggestions for improving this session?
- Check Appendix A2: Ensuring Engagement through Girl Shine Curriculum in Girl Shine Part 1 for some ideas that can be adapted on how to collect feedback.

Materials

- Gather all necessary materials for the Girl Shine Caregiver Curriculum sessions in advance.
- Use Appendix 3: Lists of Materials for Girl Shine Caregivers Curriculum for this purpose. You may need to adapt some of the materials to the context, or substitute them with local alternatives that are more readily available or more appropriate for the activity.

Takeaway

- The Takeaway section of the session provides an opportunity for caregivers to action specific tasks before the next meeting.
- There is an Action Plan (Appendix 6) that can be given to literate caregivers to help them document their actions and provide feedback in the following session. The action plan provides caregivers with the opportunity to track their actions and change process.

Terminology

- **Daughter**: When “daughter” is referred to throughout the curriculum, it is in reference to female and male parents’ and caregivers’ adolescent daughters, but also all adolescent girls that are in their care. “Daughter” can be replaced with a more relevant term depending on the group.
- **Female & Male Caregivers**: “Female and male caregivers” refers to both parents and also other caregivers adolescent girls may have beyond their biological parents. This can be replaced with a more relevant term depending on the group.
- **Contextualization**: There are a number of role-plays, stories, and scenarios included in the curriculum that may need to be contextualized to the local context. This instruction highlights where these points are (although there may also be other areas that need to be contextualized).
Monitoring:

- An Attitudes and Beliefs Check-In Tool has been developed for female and male caregivers. It can be implemented at key points during the implementation of the curriculum (beginning, midway (optional), and end of the curriculum).
- This can be done as a standalone session, or it can be added to the beginning or the end of an existing session. Caregivers should be informed in advance so they know to make extra time for this component if necessary. It is recommended that this tool is done individually with caregivers, using an interviewer to record their responses (especially in cases where caregivers are not literate).
- This can be found in the M&E Package (B Appendices) in Part 1 of Girl Shine.
SESSION 1

Introduction To The Girl Shine Program

- **Objectives:**
  1. Build trust with caregivers
  2. Introduce caregivers to the Girl Shine Caregiver Curriculum
  3. Reflect on the hopes and dreams caregivers have for their daughters

- **Timing:** Before the start/or parallel to the Girl Shine Life Skills Curriculum with adolescent girls

- **Materials:** Ball, stickers, Asset Cards (Appendix A18 of Girl Shine Part 1), post-it notes, pens, tape, flip chart paper, markers

- **Duration:** 2 hours

I. Welcome & Review (15 minutes)

- **Do:** Welcome caregivers to the first session of the Girl Shine Caregiver Curriculum.
- **Do:** Introduce yourself and your organization and thank the group for coming and for their willingness to participate.

**Explain:** The reason we have brought you all together is to:
- Draw upon our collective experience and knowledge to understand how to support adolescent girls to achieve their hopes and dreams and how to keep them safe, happy, and healthy.
- Learn information and skills to help strengthen relationships with our daughters and family in general.

- **Do:** Get caregivers to talk to their neighbor, introduce themselves, and share one thing about their daughter they are proud of. Then ask caregivers to introduce their neighbor to the wider group. It is ok if they forget things, their neighbor can assist them.
- **Do:** Give information about the safe space (if you are providing activities for women). Let them know that you are available to answer any questions they have after the session each week, and that if the women would like to speak privately, they should please find you (or any staff member who will be able to assist) after the session.

**Group Agreements**

- **Do:** Get the group to suggest some agreements and add the following if they don’t mention them:
  1. We agree that the main purpose of these sessions is to learn how we can support adolescent girls. While some of the information we hear and the discussions we have might relate to all of our children, our priority here is to talk about adolescent girls.
  2. Personal stories shared in the group are not to be shared outside the group.
  3. We respect and listen to all.
  4. We support and encourage each other.
2. Let’s Explore (20 minutes)

**Say:** To help us achieve the goal of supporting girls to lead healthy and happy lives and achieve their dreams, we feel it is critical to involve you, as important decision-makers in the lives of girls and who help shape the lives of girls.

- Explain to caregivers how many sessions you would like them to be part of. Explain that we need caregivers to commit to participating in as many sessions as possible. This is because each session will address a different topic and each topic has important information that caregivers can benefit from. If we want to support girls to lead healthy and happy lives and to achieve their dreams, it is important to participate in as much of the program as possible.
- Understand their availability - weekly, monthly, etc. Ask them how many hours they would like to meet for each session.

**Note:** If you plan to use a Memorandum of Understanding (MoU) with caregivers, explain the purpose and what is included in the MoU. See if there is anything they would like to add to the MoU. If you don’t have an MoU, ask caregivers to make a verbal commitment, and include it in the group agreements.
- Explain that if caregivers are interested, we can organize a mixed session with male caregivers at the end of the curriculum, but only if all women are interested and agree to this. The reason why the sessions are separate is because our experiences as women and men are different in relation to caregiving, and we want to make sure the sessions are relevant to your experience as women.
- Give caregivers a brief overview of the sessions you plan to cover with them (there is no need to explain the sessions that will be done with men, only discuss the sessions you will do with women). Write the session titles out on flip chart paper and put them up on the wall.

**Do:** Give each caregiver five stickers and ask them to place stickers next to the topics they think will be most interesting. When they have finished, you can ask why they chose or didn’t choose particular topics.

**Ask:** Would you like to ask any questions, provide feedback, or do you have any suggestions? Are you comfortable with what is being proposed?

**Do:** Get caregivers to share what they want to gain from the curriculum.

| Session 1 – Introduction to the Girl Shine Program | Session 9 – Parenting for Equality |
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3. Activities

**Activity 1: My Hopes and Dreams for My Daughter (25 minutes)**

- **Do:** Print out the assets list in Appendix A18 of Part 1 of Girl Shine – using the ones relevant to your context (select approximately 10 assets, focused on information related to Safety, Health & Hygiene, and Skills).

- **Do:** On flip chart paper, put age categories up (for example, 8, 10, 14, 16, 18), or draw pictures of girls, starting with a very young one to an older adolescent. One by one, read the assets out to the group and ask them to decide at which age a girl should have received the information or skills that are listed on the card. They should make a decision as a group (or a majority decision).

- **Do:** Once finished, ask caregivers to look at where the assets are placed. If you notice that the cards are listed mainly in later adolescence:
  - **Ask:** Why don’t you think girls should receive this information earlier?
  - **Do:** If you notice that cards are listed in early adolescence, reinforce the point that it is important for girls to receive this information as early as possible to help ensure their safety and well-being.

- **Explain:** If girls have access to this type of information, it can help to protect them from harm. They can learn very important things that will help them make informed decisions and manage their safety. The earlier they receive the information, the more helpful it will be. Through Girl Shine, girls will (or are) learning about many things that will be useful to them in their daily life. This includes information about health, how to communicate well with their caregivers, how to stay safe, and how to make good decisions about their future.

- **Ask:** Does anyone have any questions or is there anything that you are concerned about girls learning?

- **Note:** Be sure to address the concerns caregivers have. If their concern is particularly related to information on adolescent sexual and reproductive health (ASRH), you can set up an additional session or have an extended session to explain the content in more detail. Refer to Appendix A14: Introducing Caregivers to ASRH Topics in Girl Shine Part 1, for further guidance.

**Activity 2: Understanding Sex & Gender (20 minutes)**

- **Explain:** We are here to learn from each other and to talk about issues related to our own experiences and the experience of adolescent girls. While we may already have a lot of information and knowledge about these topics, we may also be introduced to new information. One thing we will discuss in many sessions is how our experiences are different, depending on whether we are women, men, girls, or boys. So for us to understand this in a bit more detail, I want to tell you a story:

**Contextualization**

- **Say:** Sara is married to Patrick and is pregnant. Patrick and Sara also have a baby boy who is one year old. Sara gives their son milk from her breast some days.

- **Ask:** Can Patrick also get pregnant and breastfeed? Why not? (Because he does not have the organs to carry a baby in his stomach.)

- **Say:** Patrick goes to work every day and comes home at 7 p.m.

- **Ask:** Can Sara also go to work? (Ask why yes or why no.)

- **Say:** Sara does go to work, two days a week. When she goes to work, a family member looks after the baby.

- **Ask:** Is the family member male or female? (Either can look after a baby.)

- **Say:** Sara cooks dinner for the family, their favorite thing to eat is rice and vegetables.

- **Ask:** Can Patrick also cook? (Ask why yes or why no.)
Say: Patrick does cook, especially on the days that Sara goes to work. Patrick prepares dinner, because Sara cooks dinner on the other days.

Say: With a small child at home and with two caregivers working, the household chores are sometimes forgotten. On the weekend, Sara likes to make sure these chores are done.

Ask: Who can take care of chores in the house?

Say: Sara and Patrick split the chores between them. This way, it takes less time to do.

Ask: Did you notice that there were some things only Sara could do and Patrick couldn’t, and there were other things they were both able to do? What were these things?

Explain: The things that only males and females can do are related to their sex, but the things they can both do are related to their gender.

- “Sex” refers to the physical body and the biological differences between females and males. Each of us is a female or male because we were born with female or male body parts and functions. For instance, women can get pregnant and breastfeed. Men can grow a beard.

- “Gender” refers to family, social, or community expectations of girls and women and boys and men. Most of the time it has nothing to do with having a female or a male body. It refers to the social status, the opportunities, and the restrictions that are faced by girls/women and boys/men, as well as certain activities that girls/women and boys/men are each supposed to do within a community.

Ask: Is this something you have heard about before, or are these new ideas? What do you think about the information presented?

Ask: Can you think of any examples of expectations based on someone’s gender?

Activity 3: Our Hopes & Dreams Circle (10 minutes)

Do: Get caregivers to make a circle.

Say: We are all here because we care about the safety and happiness of our daughters. I am going to pass the ball to everyone in the circle, and each person will tell the group what they would like their daughter to learn or achieve or what their hopes and dreams are for her.

Note: Some caregivers may ask about their sons or younger children, too. Explain that as we are focusing on the girls who are participating in the Girl Shine Life Skills Curriculum, we are focusing on what we want for them. Acknowledge that caregivers of course have hopes and dreams for their other children, too, but for the purpose of Girl Shine, we are focusing only on adolescent girls.

Ask: How did it feel to share your hopes and dreams for your daughters?

Note: if some of the hopes and dreams caregivers mention were related to traditional gendered roles, for example, finding a good husband to take care of, becoming a good mother, etc., acknowledge the importance of these to caregivers, but also ask them if they can think of things that they want for their daughters that are not based on gender. (Remind them of the first activity.)

Explain: Adolescence is a time when a lot of things change in a girl’s life, and so it is a very important time. As this is a time of change, girls may feel scared or ashamed about what they are experiencing, but this change is a healthy and normal part of growing up. What happens in her adolescence will influence her life as an adult woman, and we know that we want our daughters to lead happy and healthy lives. We understand that having girls of this age can also be challenging for caregivers, and that female and male caregivers experience the challenges differently. So we want to be able to support each other to give our daughters the opportunity to transition into adulthood in a healthy and safe way. We may worry more about girls compared to boys, and this can sometimes mean we limit girls in their movement and opportunities as they get older. We want to explore this more and see how we can provide a supportive environment for girls and give them opportunities to be valued members of our community.
4. Check-in (10 minutes)

For the first closing check-in, you can ask caregivers how they would like to close the group. Maybe they would like to take turns to tell a funny anecdote, story, etc., or perhaps they would like to do some breathing or relaxation exercises, sing a song, or any other suggestion they have. They can keep the same format for the rest of the sessions or have new suggestions each time. They can nominate someone to lead the closing check-in every time, or they can rotate leaders.

5. Takeaway (5 minutes)

Discuss with your daughter what she is looking forward to learning in the life skills sessions. When she comes home from the session, ask her what made her happy this week and what activity she enjoyed.
SESSION 2
Stress Management

Objectives:
1. Caregivers understand the different types of stress and causes of stress.
2. Caregivers learn techniques and skills to help support them when they are experiencing stress.

Materials: Flip chart paper, markers

Duration: 2 hours

Facilitator Note:
This session may trigger some responses or disclosures from caregivers. Make sure to remind them of the group agreements at the beginning of the session, check in with them at the end, and provide information about case management and other services they may benefit from.

1. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session's Takeaway? What was the outcome?

2. Let's Explore (15 minutes)

Say: Today we are going to talk about stresses that we face as female caregivers. Even though our priority here is to understand how we can better support adolescent girls' safety and well-being, it is also important that we also take care of ourselves. If we are healthy and strong, both emotionally and physically, we will be better able to support our family. Being emotionally healthy means finding ways to deal with our problems that do not cause harm to ourselves or to others.

Ask: Has anyone heard of the word “stress” before? What do you think happens to someone when they are stressed?

Explain: When we are stressed, we can feel tension or pressure, usually because of challenges we face. When faced with situations where we feel pressure, people's bodies sometimes behave in a way that is different from how it normally behaves. People might feel, think, or behave differently than they normally do. Stress is not always bad. There are three different types of stress: positive stress, tolerable stress, and toxic stress. These types of stress are experienced by children and adults.

- **Positive stress** is a normal and important part of being healthy. Positive stress is when a stressful situation may lead to a positive outcome or is seen as an opportunity. Examples of positive stress may be planning for something important or taking children to be vaccinated. When you are experiencing positive stress, you may experience brief increases in your heart rate and mild increase in hormone levels (short bursts of energy).

- **Tolerable stress** is caused by more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. But we can cope and recover from tolerable stress with appropriate support and skills.

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• **Toxic stress** can occur when an individual experiences strong, frequent, and/or long-lasting difficulties—such as physical or emotional abuse, exposure to violence, and/or the build-up of burdens related to economic hardship. This can lead to health problems or feeling constantly sad, nervous, or worried.

**Say:** No matter how we feel or what type of stress we face, it is important to realize that dealing with our stress in a violent or aggressive way towards others is not an appropriate way to handle how we are feeling. Sometimes people may think it is acceptable or normal to behave in this way, especially towards our family. We may have experienced aggression and violence in our own families and might think this is normal, but children have the right to live in a safe environment where they do not experience violence. Responding with violence is a choice and something we have control over.

### 3. Activities

#### Activity 1: Understanding Stress Discussion (30 minutes)

**Ask:**
- What are the things that happen to us or around us that cause stress?
- What do we experience or feel when we are stressed? (For example, sadness, sickness, aggressiveness, tiredness/exhaustion, anger/hatred, depression, menstruation becomes irregular, skin irritation, etc.)
- Would anyone like to share some techniques they use to manage stress? (For example, don’t sleep or eat (or sleep and eat too much), shout at or beat children, set clear schedule, become obsessive about things like cleaning, talk to someone, exercise, be rude to loved ones.)

**Say:** So many of you suggested good techniques, but as we know, there are times when people may use harmful ways to deal with stress. For example, some people yell at others or physically hurt others, some change their eating habits, some people ignore everyone else or refuse to talk at all.

**Ask:** Why could some of these techniques be harmful? (They could physically or emotionally hurt someone else, they can physically hurt you or make a stressful situation worse.)

**Ask:** Do we express our frustrations towards specific individuals within the family (for example, female or male members of the family)?

**Note:** If they say that they usually express their frustrations towards female family members, ask them what the reasons for this are.

**Explain:** In many societies, boys may be encouraged to become aggressive and dominant, while girls are encouraged to be passive and compliant. This can lead to more violence and aggression towards girls and women, especially if they do not fit these expectations. Sometimes we express our frustrations towards family members who we have power over. If we are in a situation where we are unable to express ourselves to our husbands or other male members of the family, or if their stress is directed towards us, we may express our stress and frustration towards other female members of the family or younger children.

**Ask:** Does this sound familiar to you?

**Ask:** How do you think our stress affects our children?

**Explain:** A caregiver's stress affects the entire family. When you feel calm it is more likely that your children, spouse, and others you live with will also feel calm. When you feel stressed, it is more likely your family will feel tense. Children can sense when their caregivers are stressed. They also listen to what caregivers are saying when they discuss adult issues, and this creates stress and insecurity for children. The impact of expressing stress, anger, and frustration towards children has a significant effect on them.

Expressing our feelings is healthy, important, and completely normal. What we need to think about, however, is the way in which we express these feelings, and if the way we express them causes harm to our family. Sometimes we may use techniques to deal with our stress (such as shouting and hitting) that can be harmful to those around us and to ourselves. It is important to find healthy ways of expressing and...
managing these feelings that do not harm anyone. It is important to remember that responding in a violent or aggressive way is a choice, something you have control over. That’s why it is important to choose different ways of expressing your stress that don’t involve violence or aggression.

**Activity 2: Strategies for Stress Management (35 minutes)**

*Say:* Now that we have understood what stress is and how it can affect us and impact our families, especially those that we may direct our frustrations towards, let’s think about some of the things we can do to manage this. You mentioned many techniques already and now we will look at some that might be new for you.

*Say:* Let’s practice some skills!

**Relaxation Techniques to Cope with Stress**

*Say:* Research shows that relaxing our bodies and our minds is one effective way to reduce negative feelings, such as sadness and anger. It is also a way to reduce worry and general stress.

*Say:* One way to relax our bodies is to breathe very deeply and slowly. We want to inhale through our nose and then breathe out through our mouth. When we breathe in, we want our stomach to go out. This is a different kind of breathing, so it will feel strange at first. Let’s try it together (if caregivers feel comfortable):

- Close your eyes and put your hand on your stomach.
- Breathe in very slowly and try to pull the air all the way into your stomach so that your stomach pokes out.
- Now breathe out VERY slowly through your mouth. Feel your stomach go back down.
- While you breathe out, also try to relax all of the muscles in your body.
- It might help to count to three slowly while you are breathing in, and then again while you are breathing out.
- Now repeat that five times. (Give them time. Wait until everyone is finished.)
- Now open your eyes. How do you feel? (Get their feedback.)
- If you practice this just a few minutes every day, you should feel more relaxed. You can stop to do this just for a couple of minutes when you feel stressed, to help calm your body and mind.
- You may even want to practice this with your children!

**Think Positive Thoughts: Positive Self-Talk**

*Explain:* Sometimes people say things to us or something happens that makes us feel angry, sad, nervous, or worried. We might feel hopeless or bad about ourselves and we may start thinking negative thoughts about ourselves and this can make us feel even worse. This kind of negative thinking can really have an impact on the way we feel and also the way others around us feel. Sometimes people express this negative thinking to people around them in a harmful way, for example, through violence or aggression. This can have harmful long-term effects on their family and on themselves.

*Ask:

- Does anyone have any examples of negative thinking patterns that they experienced or others experienced that they would like to share?
- How did you (or they) manage this?

*Explain:* Responding with violence and anger towards our daughters (or sons) because we are stressed or having negative thoughts is a choice we make. Sometimes people say that they couldn’t control themselves or they acted because they were not thinking calmly, but we are able to control our actions and we can choose other ways to express how we are feeling that don’t harm others.

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Do: Share the following Steps with caregivers (use pictures if possible):

**Acknowledge your thoughts.**
- To avoid passively giving in to negative thinking, learn to identify your thoughts as they occur to you. Say them out loud or write them down. The goal here is not to try and eliminate them, but simply to see them for what they are – just thoughts. You can do this by picturing your thoughts as headlines in a newspaper, or imagining placing a telephone call to yourself to relay each thought, or creating some other mental device to bring your negative thoughts into focus.

Do: Give participants a few moments to identify some negative thoughts they may have individually.

**Challenge your thoughts.**
- When you identify a negative thought that occurs to you frequently, argue with it. Challenge the accuracy of your thoughts. For example, when thoughts such as “I am useless” arise, counter them with more realistic thoughts such as “My kids need me” or “My friends value me.” Each time you challenge a negative thought (“Everything I do is wrong”) with facts (“I helped my daughter today” or “My neighbor thanked me for my good advice”), your negative thoughts lose more of their power.

Do: Give participants a few moments to try this out individually.

**Interrupt your thoughts.**
- Again, use your imagination to create a device to help you stop your negative thoughts as soon as you recognize them. Some people visualize a stop light or stop sign, or imagine hearing a buzzer or alarm.

Do: Get participants to decide what their interruption device will be.

**Walk away from your thoughts.**
- Sometimes the best approach is to change the subject or create a diversion or distraction. Take a walk, speak to a friend, or tackle a chore. Whatever provides you with some relief – even temporarily – will allow your brain to break the cycle of negative thinking.

Ask: Do you think this is a realistic technique you can use? Why or why not?

Do: Read the following scenario to the group and ask them in pairs to discuss how Maria could respond in a better way.

Maria comes home after a long day at the market and starts to cook dinner for the family and complete the rest of the household chores. She is exhausted and she didn’t make as much money at the market as she had expected, and is feeling useless and hopeless. One of Maria’s daughters runs into the kitchen. She is very upset and wants to tell Maria something. But Maria, who has many things to finish, shouts at her daughter and tells her to “get out!”

Explain: Having positive thoughts can have a positive impact on our own well-being and state of mind. This can help to create a happy and healthy environment. It can also help you deal with your own stress. Everyone has the right to live in an environment that is safe and free from aggression and violence, and every child has the right to grow up safe from harm and should feel loved and protected. But sometimes, we experience very difficult situations, and positive thinking might be hard for us to do. It is important to identify your support network and who can help you in these difficult times. Case/social workers are available if women want to discuss this in more detail.

Do: Get caregivers to take a few minutes to reflect on what they do well as caregivers. Get them to talk about what they like about themselves - for example, they are smart, caring, hardworking, etc.

**Take Time to Take Care of Yourself.**

Say: We have to take care of ourselves (eat healthy, smile and laugh, do sports/physical activities). If we are happy, have energy, and take care of ourselves, our children will also feel the benefits of this. By taking care of ourselves, our children will also learn to take care of themselves.
Do:

- Brainstorm with the whole group the impact that harmful coping strategies can have on the family (for example, responding to stress with violence and aggression).
- Brainstorm positive coping mechanisms they can use that do not involve being violent or aggressive, and also include where they can go to get help if they need it - friends, safe space, community center, health clinic, etc.

4. Check-in (10 minutes)

Use the closing activity caregivers chose from the previous session. If someone was nominated, see if they would like to nominate a different person to lead at the next session.

5. Takeaway (5 minutes)

Practice one of the skills you learned today (relaxation, positive talk, or self-care) and share with the group during the next session the effect using this skill has had on your stress levels or treatment of family members (particularly adolescent girls).
SESSION 3
My Experience As A Caregiver

- **Objectives:**
  1. Caregivers reflect on their experience of caregiving and how this has been shaped by internal and external factors.
  2. Caregivers have the opportunity to think about the aspirations and dreams they have for adolescent girls.

- **Materials:** Paper, colored pens, flip chart paper, markers, post-it notes, 1 large box, peanuts

- **Duration:** 2 hours

- **Facilitator Note:**
  This session may be sensitive and bring up some past experiences for women. Be sure to remind them of the group agreements and check to see whether they want to have additional group agreements for this session.
  Be prepared with information about services that women can access if they need further support.

1. **Welcome & Review (10 minutes)**

   **Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

   **Say:** Today we are going to talk more about our own experiences as caregivers and how this may be different from men’s experience.

2. **Let’s Explore (20 minutes)**

   **Ask:** Can anyone think of any ways in which our experience as women of raising and caring for children and household responsibilities is different than men’s? For example, are there certain tasks that women are responsible for and other tasks men are responsible for?

   **Explain:** Within the family, women, girls, boys, and men may have different responsibilities. Some examples of situations are listed below.

   **Contextualization** (This should be based on the family structure of the caregivers you are working with.)
   a. There is a primary caregiver, while the other caregiver goes to work;
   b. Both caregivers work and share the caregiving responsibilities;
   c. One caregiver is expected to do the caregiving responsibilities and earn an income while the other caregiver is just responsible for earning an income;
   d. There is one caregiver present, and children (especially adolescent girls) are expected to take on additional responsibilities.

   **Ask:**
   - Do any of these situations sound familiar to you? Which ones?
   - Are there any situations described that you don’t agree with or where the responsibilities could be different?

   **Note:** If caregivers don’t mention c or d, probe further.
Ask:
- If both caregivers are working, who do you think should be responsible for caregiving? Is this different from who actually does it in real life situations? Why?
- If there is only one caregiver present and children need to take on additional responsibilities, how should this be decided? Are girls expected to take on more responsibilities than boys?

Note: Women might say that it is not a man’s role to help with the household responsibilities, that they don’t think they would do a good job, or they don’t want their help. Facilitators should probe as to why women feel this way and whether in some situations it could be helpful for men to support in these tasks.

Explain: Sometimes society can place different expectations or limitations on the roles that women, girls, boys, and men play inside and outside of the home. These act like a set of rules.
- These rules set limitations on a person and on how they can behave, act, or what they can achieve. For example, it may not be considered ‘normal’ for a man to cook for the family while the woman goes to work.
- But when the situation is difficult, women and men may see a shift in their roles. For example a woman may need to be the main provider for the family in situations where this was seen traditionally as a man’s role. But while the responsibilities of women may increase, sometimes they are not supported with the responsibilities they already had.
- While some women may be able to negotiate responsibilities with their partners, some are unable to because they have limited decision-making power in the household.
- Because of the experience of women in this situation, it is possible that the same expectations are then shifted to adolescent girls, or girls are expected to take on additional burdens that their mothers inherit.

Ask:
- Does this sound familiar to anyone?
- Does anyone have experience dealing with this situation?

3. Activities

Activity 1: Act Like a Woman, Act Like A Man\(^\text{11}\) (40 minutes)

Say: We are going to do an activity that will help us understand in more detail the expectations society has of women and men and how this can influence us as caregivers.

Ask: Who can remind us of the difference between sex and gender (that we discussed in the first session)?

Explain: Sex refers to the physical body and the biological differences between females and males. Gender refers to the social status, opportunities, and restrictions that are faced by girls, women, boys, and men. As we have already discussed, men may be seen as being in charge of the house and earning income, while women are seen as primary caregivers. Boys might be considered more active and loud, while girls might be considered quiet and obedient. But we know that some girls are not quiet, and some boys are quiet. Some women are the head of the household, some men take care of the children. But these expectations can affect the lives of women, girls, boys, and men on a daily basis, as well as the relationships between them. They can also affect the family environment in a negative way.

Do:
- Place a large box with an image of a woman on it in front of the group where everyone can see it. Ask participants to sit around the box. Place a pile of peanuts next to the box.
- Tell the women that you want to know what they have been taught about being a woman and a girl in their community. Each of the peanuts in the center symbolizes these expectations, so when they want to share their opinions, they should take a peanut, explain what it means, and place it in the box.

Note: As the facilitator, you should also write down the expectation on a post-it note and place it in the box with the peanut.

\(^\text{11}\) IRC Lebanon (2016) Male Engagement Toolkit.
Do: To help participants think about their ideas more concretely, use the following questions:

- What kind of toys do little girls play with?
- What are women and girls supposed to wear?
- How are women supposed to act in relationships/marriage?
- What kinds of tasks do women and girls do in the home?
- What kinds of tasks do women and girls do in the community?

Do: After everyone has had a chance to place an idea in the box, review some of the ideas.

Ask: How did you learn to do these things? Who taught you when you were younger?

Explain: These are society’s expectations of who women and girls should be, how they should act, how they should feel, and what they should say. They are taught to us from the moment we are born, by many different people and through experiences.

Do: Facilitate a discussion based around the questions below.

Ask: Are the ideas about what it means to be a woman that are listed in this box helpful or harmful to women and girls?

Note: Emphasize that women and girls may enjoy or take pride in some of the characteristics/actions in the box (cooking, caretaking, etc.) and be limited and harmed by others (being submissive, passive, etc.).

Ask: What happens to women and girls who Step outside of the box? (For example, they can be raped, beaten, shunned from community.)

Ask: What do people say about them? d

Note: Use examples that the group has generated to demonstrate what this means. (For example, women who have sex with more than one man, women who assume leadership positions, etc. Write responses on post-it notes and stick them outside of the box.)

Ask:

- How does this make women and girls feel?
- What do women and girls do to try and not be called those things or be physically harmed?
- What do the ideas both inside and outside of the box teach people about what it means to be female?
- Is it only men who think this way? Are women also conditioned to think this way about their peers?
- What attitudes do we hold towards girls in particular? How do we think about them and treat them?

Note: Explain to women that sometimes, because we grew up with these rules placed on us, we also expect our daughters to have the same rules and limits placed on them.

Say: As women, we can empower our daughters to achieve their full potential by supporting them to reach their goals.

Explain: We are taught to think that there is a right and a wrong way to be a woman or a girl. Women are taught to think about themselves in these ways by their families and communities. These messages begin the day we are born and continue throughout our lives. These ideas control and restrict the lives of women and girls—they set rules for women and girls to follow, and there are dangerous consequences to being seen as not following the rules.

Ask: What are the advantages and disadvantages of staying inside the box?

Note: The consequences for women of Stepping out of the box are generally much more severe than for men, but men are affected negatively as well by gender roles.
Activity 2: Visioning for the Future (20 minutes)

Say: We have now discussed how some of the rules placed on women, girls, boys, and men can be harmful, while also understanding that we may value some of these rules. Now I want you to think about your own experience growing up. When you were adolescent girls, a similar age to your daughters, what were the things or who were the people that influenced you?

Do: Give caregivers some paper and colored pencils and explain that they are going to draw a picture of themselves when they were girls.

Note: This activity may be triggering. Do not force caregivers to draw if they don’t want to. Ask them to think of a way in which they would like to participate in the activity that makes them feel comfortable, for example closing their eyes and imagining, writing a story, etc.

Say: When you are drawing your picture, I want you to think about the following:

- What were your dreams and aspirations at this age?
- Who were some of the people who made decisions in your life at this age?
- Was there anyone there to encourage you to follow your dreams or who supported you to reach your goals?
- Did you face any challenges or barriers from decision-makers?
- What was the outcome? Did you manage to achieve what you set out to?

Do: Once they have finished, ask if one or two volunteers want to share their drawings with the group.

Say: Now I want you to take a few minutes to think about your own daughters. Do you know what their goals and aspirations are? Do you think they are likely to face barriers in reaching these? Who or what are the barriers?

Note: Give them a few minutes to think about this.

Ask: What can we do to support them? (Acknowledge that some things may be out of our control.) They can discuss this in pairs if they prefer.

Note: Examples could include: taking time to listen to girls, encouraging them to think outside of the gender box, not ridiculing them if they show an interest in something that is traditionally perceived to be a boys’ role, etc.

Do: Write their answers on a flip chart.

4. Check-in (10 minutes)

Use the closing activity caregivers chose from the previous session. Check to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Discuss with your daughter(s) the hopes you have for her and ask what her hopes are for herself. Then share a story with your daughter about what it was like for you growing up and what was important to you at that age.
SESSION 4
Adolescent Girl Development

Objectives:
1. Caregivers gain information on the physical and emotional changes girls go through during adolescence.
2. They will learn how to support girls’ physical and emotional well-being during this time.

Materials: Flip chart paper, markers, dignity kits (if available), materials for menstrual hygiene demonstration (for example, sanitary pads, reusable cloth, etc.), Health & Hygiene Resource Sheet and Internal Organs Diagram, Menstrual Cycle, Menstrual Hygiene, and Menstrual Management Posters from Girl Shine Life Skills Curriculum.

Duration: 2 hours

Timing: Before the start of the Girl Shine Life Skills Health & Hygiene Module

Facilitator Note:
- Facilitators may face some resistance to giving information to girls on ASRH. It is important that facilitators refer to Appendix A14 in Girl Shine Part 1 on introducing ASRH topics to caregivers.
- As this is a sensitive topic, it is important to remind caregivers of the group agreements and ask if they would like to have any additional agreements specifically for this session.

I. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

Say: Today we are going to talk about the social, physical and emotional changes that girls experience during adolescence. At this time, they also become capable of reproduction - we call this puberty. Some of you may have older adolescent daughters who may have already gone through many physical changes, while others may have younger adolescent girls who may not have gone through many changes yet. This session will give us an opportunity to learn new information and skills that will help us support girls in the various stages of adolescence.

2. Let’s Explore (10 minutes)

Ask:
- Can anyone remember what it was like when they went through puberty?
- How did you feel? Did you have a support network?
- Who could you turn to for advice and support?

Explain: This stage of life can be both exciting and scary. Adolescent girls are transitioning into adults. It is a time of great change, opportunity, and new learning for both girls and their caregivers. They will have many questions and will wonder if their experiences are “normal.” It is important that caregivers prepare young girls little by little so they will understand puberty and feel comfortable about the changes happening to their bodies. Caregivers can be a source of support and strength as girls go through this stage of life. Talking to girls about your experiences can help them prepare for the changes that happen during puberty. It also lets them know that you are there to support them.

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12 Adapted IRC, SHLS Parenting Curriculum for Adolescents - http://shls.rescue.org/shls-toolkit/parenting-skills/
13 Puberty is a process of hormonal and physical change where a girl or boy becomes capable of reproduction and can last between one to three years. It happens during the period of adolescence, where girls and boys go through social and emotional growth and this period lasts from the age of 10-19.
Say: Not knowing about the changes girls go through, especially related to menstruation, can make girls feel confused, scared, and overwhelmed.

Note: For those who have daughters who are older and are already menstruating, ask them to share how they supported their daughters and what they can still continue to do to support their daughters.

Ask:
- What are some of the reasons why caregivers might not talk to girls about puberty?
- What can we do to make this discussion easier? (Prepare caregivers with factual information, have trained staff or mentors provide information, start conversations about easier topics such as emotional changes, and then move on to more potentially sensitive information.)

3. Activities

Activity 1: Changes Girls Experience (15 minutes)

Ask: Have any of you noticed a change in your daughter’s behavior since she reached adolescence (10-19 years old)? For example, one day she may be very happy and social, and the next day she may just want to spend time on her own.

Explain: As part of growing up, adolescent girls become more self-aware and self-reflective than younger children, and they begin to be able to think more critically and analyze things. Adolescent girls can become very focused on themselves and their new abilities. This is because their brains and bodies are developing and changing rapidly.

Do: Ask participants to split into pairs and discuss what changes in behavior they think girls go through during puberty (identifying whether these are changes they experience in early or late adolescence).

Do: Once they have finished, write the following on a flip chart:

Early Adolescence (10-14)
- Improved abilities to use speech to express themselves;
- More likely to express feelings by action than by words;
- Close friendships gain importance;
- Less attention shown to caregivers, with occasional rudeness;
- Tendency to return to childish behavior.

Late Adolescence (15-19)
- Complaints that caregivers interfere with independence;
- Extremely concerned with appearance and with one’s own body (because it is changing);
- Strong emphasis on the new peer group;
- Ability to think ideas through;
- Ability to express ideas in words;
- Greater emotional stability;
- Ability to make independent decisions;
- Greater concern for others.

Say: It is common that girls will be displaying behaviors that are new or can be seen as problematic. Caregivers may not agree with or like the way girls are behaving. It is important to remember that adolescence is a critical time between childhood and adulthood, and this can be a challenging and difficult time for girls and also caregivers. It is important to try to be understanding of the changes girls are experiencing, while also identifying ways in which we can manage their behavior.

Note: It is important to give the following information if safe to do so in your context. If not, think of ways in which the following information would be suitable to present.
Say: During adolescence girls and boys become interested in intimate relationships. It is something very common that happens at this age.

Ask: Was this something you noticed when you were also growing up? Is this something you feel comfortable talking to girls about?

Explain: Talking to girls about sex or relationships can be quite difficult and something we are not used to doing. They may be shy to discuss these things with us, and we may also feel shy in giving information or listening to girls who want to share information with us on these topics. But it is important we try to be open with girls so that they feel they have someone they can turn to if they experience any difficulties when it comes to relationships.

Ask: What could happen if girls don’t feel comfortable talking to their caregivers about these issues? (They may turn to other people who give them incorrect information or bad advice, they might feel isolated and alone when they have a problem and not know who to turn to, which can lead to more harm.)

Ask: How can we ensure that girls are safe and supported in a relationship they might engage in at this time, especially when it is new and they may not have much information about relationships? (Open communication and non-judgmental approach, normalize the topic so it doesn’t feel taboo, make time to check in with girls on things that might be concerning them.)

Activity 2: Menstruation (35 minutes)

Ask:
- Did you have information about menstruation before you experienced your first menses?
- Who told you about menstruation and helped you manage it?

Say: Menstruation may seem simple to you now, but remember when it was new and unfamiliar? Many girls do not have access to information about puberty and menstruation. Sometimes people they talk to (for example, friends) may not have the right information and may say things about menstruation that are not true. These are called myths.

Say:
- We are going to play a game now about some common period myths that you can dispel for girls. I’m going to read some statements about menstruation.
- Please stand up if you think the statement is true. Remain seated if you think the statement is a myth.

Note: An alternative activity if caregivers don’t feel comfortable doing stand-up/sit down is: Ask caregivers to move to the left side of the room if statement is true and right side if it is a myth. Paste a cross sign “✗” on the left side of the room and a tick mark “✓” on the right side of the room so that the caregivers can recall the instructions as the statements are read out one by one.

Do:
- Read the statements below one by one, or invite caregivers to share their own beliefs about menstruation.
- Wait for the caregivers to stand up or sit down.
- Take a few responses from the caregivers about their reasons for taking that position, and then explain the correct answer after each statement.
- Allow discussion after each as needed:

Contextualization (Update with locally relevant myths.)

1. The bleeding during periods is the discharge of “bad and dirty blood” from the body. (False)
2. Bathing should be avoided during menstruation. (False)
3. When menstruating, girls are can continue with their daily activities as normal. (True)
4. Menstruation makes pregnancy possible. (True)
5. Once a girl starts menstruating, she should get married. (False)
6. Exercise causes the loss of more menstrual blood. (False)
Note: Some caregivers might not realize that some of these myths are in fact myths. They may need further information. Refer to the Resource Sheet in the Health & Hygiene Module of the Girl Shine Life Skills Curriculum.

Do: Using the Internal Organs and Menstrual Cycle Poster, explain the following to caregivers:

Explain:

- Menstruation is the normal, healthy shedding of blood and tissue from the uterus that exits the body through the vagina. The blood and tissue that is shed is not dirty, but a normal and healthy process that women and girls experience.
- Show the Internal Organs Poster and highlight the different organs: Every month (or once every 21-35 days), one of the eggs leaves one of the ovaries and travels through the fallopian tube. When the egg leaves the ovary, this is called ovulation.
- At the same time, changes in our body's hormones (natural chemicals that our body makes) prepare the uterus (the part where babies grow inside our body) for pregnancy. A soft spongy lining gets formed in the uterus.
- If an egg and male's sperm meet to form a baby, the lining will provide nutrition. If an egg isn’t fertilized by a male's sperm (from sexual intercourse), the uterine lining will begin to peel away, and the egg and the lining will pass through the uterus out of the body.
- The blood that is released from the broken lining flows out through the vagina. This bleeding is the menstrual period and this whole cycle is called menstruation.
- Menstruation often poses some challenges for most women and girls. Some of these challenges include: how they can interact with the community, stay clean, and endure some of the side effects of menstruation.
- There are many ways for you and adolescent girls to manage the monthly cycle in a way that is hygienic, dignified, and supportive.
- Just because a girl is experiencing menstruation does not mean that she is ready to get married. Her body is still not fully grown, and pregnancy before she is an adult could be harmful to her and the baby. She is also not emotionally ready to take on the responsibilities of marriage and children before she is an adult.

Ask:

- How does your community view menstruation?
- Are girls and women required to stay at home during their period? How do they manage it?
- What issues or challenges are there for women and girls when they are menstruating?

Explain:

- Public or even private stigma. Women and girls who are menstruating may be shunned from their communities. If a community has negative views about menstruation, some women and girls can feel ashamed or feel they cannot leave the house. They can be restricted from cooking, touching others, or livestock. This can have a significant impact on a woman’s or girl’s sense of self and well-being, and further isolate them from the community.

Ask: Is this something we can or want to change?

Note: Women may be resistant to this idea and say that this is part of the culture. If so, probe with the following question to try to get women to think about what they can do in the existing circumstances to support girls and each other.

Ask: What are the things we can do to support adolescent girls and each other when faced with such challenges?

Explain: Women and girls might feel ashamed about something that is a natural part of being female. Menstruation is a sign that we are healthy. It is not a disease or sickness. It is important that we explain this to girls and try to support them during this time, as well as support each other.
Ask: Now that we know it is possible to get pregnant once you start menstruating, how can caregivers explain the risk of pregnancy to girls?

Note: For locations where this question may face some resistance, you can ask caregivers, “Who explains the risk of pregnancy and what sex is to girls when they are married/getting married?”

Do: Get caregivers to practice in pairs how they would explain the risk of pregnancy and what sex is and ask a few volunteers to share their answers with the group.

Ask: Do we know any methods of contraception that can be used to prevent pregnancies?

Note: For locations where this question may face some resistance, you can ask caregivers, “Do we know any methods of contraception that can be used to prevent pregnancies? What have you heard about them?”

Explain: A person who intends to have sex but does not want a pregnancy can use a contraceptive. (Refer to the resources in Girl Shine Part 2 on Contraceptive Methods. Pages 143-147).

Most contraceptive methods are for use by women and girls. Only a few methods are used by men. There are many methods to choose from, and all methods are safe and effective. Using contraceptives allows many people to enjoy their intimacy without having to worry about unwanted pregnancy. Male and female condoms in particular allow people to enjoy sex with less worry about Sexually Transmitted Infections. No contraceptive method is perfect, and every method has its own characteristics. Some methods vary in their effectiveness at preventing pregnancy. Some methods have side effects, and some require a visit to a health clinic.

There are discreet methods (such as injectables or IUDs) that can be used discreetly and would require fewer visits to the health facility. Women and girls often try different methods to figure out which one works best for them. A health care provider can offer more information about the benefits, disadvantages, efficacy, and side effects of different methods.

Ask: How can we explain this information to girls?

Do: Get caregivers to practice in pairs how they would explain this information, and ask a few volunteers to share their answers with the group.

Say: Think about a way for girls to let you know when they need to talk about something privately, whether it is related to menstruation or something else. Some ways to do this may include:

- A code word
- A request to take a walk
- A special time of the day where you talk to her one-on-one

Activity 3: Managing Menstruation (20 minutes)

Say: While we know that menstruation is a normal and healthy part of being female, we still need to take care of ourselves to stay clean and also manage any discomfort we are experiencing.

Ask: What are some of the things that girls or women experience when they are menstruating? (For example, being tired, having cramps, having no symptoms, being isolated, not having adequate means to stay clean, etc.)

Explain: Some women and girls may experience the following:

- **Abdominal pain from light to severe.** The shedding of the uterine wall, which is the source of monthly bleeding, causes this. To help ease the pain, you can use a hot water bottle or hot cloth and place it on the abdomen. Light exercise and pain killers can also help.

- **Emotional changes.** Some women and girls feel more irritable during menstruation. However, this is not universal. Individual women and girls respond differently.

14 Sexually transmitted infections (STIs) are passed from one person to another through unprotected sex or genital contact. Some examples of STIs are HIV/AIDS and Chlamydia.
• **Not having the proper sanitary products to keep clothes clean.** Many girls do not have access to sanitary napkins or pads that can keep blood from staining their clothes. This is often a primary reason that girls do not leave the house, including missing school, during their time of the month. That doesn’t need to happen. There are sanitary pads, washable cloths, and other means to protect clothing.

**Say:** Women and girls do not need to stay at home during menstruation unless they feel so unwell that it disrupts their daily activities. There are tools to help women and girls stay clean and happy as they go through menstruation.

**Ask:** Which feminine products and practices can women and girls use for managing menstruation? How well do they work?

**Note:** You can bring materials to the session, if available, and do a demonstration on how to prepare sanitary products from locally available materials.

**Do:** Show the women the Menstrual Hygiene & Menstrual Management Posters from Girl Shine Life Skills Curriculum.

**Explain:** There are different materials women and girls can use during menstruation. It is important that we ensure adolescent girls and women have access to these materials when menstruating. For girls in particular, it can really impact their school attendance, confidence, and self-esteem. Girls can become withdrawn and isolated if not given the right support during this critical time.

• **Clean pieces of cloth:** These are cut to fit in the panty area by sewing several layers of cotton cloth on top of each other. These must be clean. The used cloth should be washed separately with water and soap, then dried in the sun.

• **Pads or sanitary towels:** These are designed to fit the panty area close to the body. They have strips of tape that keep them attached to the panties. Pads are disposable and should be discarded after being used once. They must be disposed of in a pit latrine, buried, or burned after use. They should not be left in the garbage pile or flushed down the toilet.

• **During menstruation it is important to stay clean and healthy.** Unhygienic management can result in reproductive tract and urinary tract infections. These are some things you can do:

  1. Bathe with soap and water at least once a day.
  2. Wash underpants with soap and water to avoid stains.
  3. Change the pad or cloth regularly to avoid soiling clothes and bad odor.
  4. Wash hands after changing sanitary pads or cloth.

**Note:** Observe how everyone is feeling. Does anyone seem especially uncomfortable with the subject matter? Has anyone spoken out or left? If there seems to be significant discomfort, start a discussion around that. Try to encourage discussion around the reasons for feeling uncomfortable and see how they want to continue.

**Ask:**

• Was any of this information new to you?

• What are the things we can support girls with as they go through these changes?

**Explain:**

• Prepare in advance for menstruation by making sure girls have access to menstrual products.

• Help them to know how to take care of their bodies and how to stay clean during menstruation.

• Be close to them so they feel comfortable to talk to you about anything they are worried about.

• Let them know that what they are experiencing is normal and nothing to be worried about.

• Allow them to continue enjoying their childhood, just because they have their period does not mean they are fully developed adults yet. They still have many changes they need to go through before they are fully developed and mature.

• Girls are not ready to get married because they have started menstruating. They are still growing and developing and this continues well beyond their teenage years.
Ask:

- Is there anything you would like more information on to help support you in providing this information to girls?
- During the Girl Shine Life Skills Curriculum for girls, we would like to show them some of the posters and provide them with information on menstruation. Does anyone have any concerns about this?

Note: If women have concerns, explain the importance of the information and ask them to think of ways in which girls can receive this information that women feel comfortable with.

Say: It is better for girls to talk with a safe family member, rather than getting wrong information from peers or other adults. We can connect you to health providers in your communities if you have more questions or if your daughter is having ongoing health issues. I am available after the session to talk more if you have any questions or concerns.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (10 minutes)

If available, provide mothers with dignity kits that include sanitary products, underwear, and hand soap. They can share these with their daughters and to explain to them what they learned in the session today.

Say: Talking about these things may be scary and embarrassing for your daughters/female family members, particularly when puberty first starts. Before the next session, show your daughter the contents of the dignity kit, and talk to her about how to use them to stay healthy and happy during menstruation.
SESSION 5
Positive Discipline

Objectives:
1. Caregivers understand the importance of giving girls equal voice in the household, as compared to boys.
2. Caregivers learn new strategies and techniques to support positive discipline practices.

Materials: Flip chart paper, markers, sticks/rocks, 2 buckets

Duration: 2 hours

1. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

2. Let’s Explore (10 minutes)

Ask:
- In your home, what are the rules or expectations for how children are supposed to behave? (Ask volunteers to share some examples).
- Are there differences in the rules and expectations for girls and boys? (Ask volunteers to share some examples.)

3. Activities

Activity 1: When & How Do We Discipline Girls? (20 minutes)

Say: Adolescence can be a difficult time, and many caregivers express their difficulty with managing behaviors of adolescent girls and boys. Discipline methods that may have been effective when they were younger may not be as effective as they are growing and developing.

Do: Split participants into groups and ask them to discuss the following:
- How have adolescent girls’ and boys’ behavior changed over time?
- Have your discipline strategies changed as they have got older?

After a few minutes, ask them to share some of their ideas with the group.

Do: Stand in a circle and have two buckets. (If you don’t have buckets, you can assign two places on the floor). Designate one for “boys” and the other for “girls.” Distribute rocks/sticks to participants. Tell them you are going to ask some questions, and they should put a stick in the “girl” bucket or “boy” bucket, depending on their answer.

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Adapted from IRC, SHLS Parenting Curriculum for Adolescents - http://shls.rescue.org/shls-toolkit/parenting-skills/
Ask:
• What are some of the reasons for disciplining boys? (For example, if they don’t do as they are told, if they get into trouble at school, etc.)
• What are some of the reasons for disciplining girls? (If they disobey their caregivers, if they don’t do their chores, etc.)

Do: When they have finished, see which bucket has the most sticks/rocks.

Ask: What are the similarities or differences you notice in the way we discipline girls and boys?

Ask: Do you think girls and boys have the same expectations placed on them about how they should behave and when they should be disciplined?

Explain: Sometimes, caregivers don’t recognize that their daughters’ behavior might be a part of normal adolescent development. Sometimes caregivers may react with frustration or anger and hit their child. Sometimes, we might make allowances for certain types of behavior from male children, as it is expected that they will be aggressive, dominant, or challenging. However, we may be stricter with girls who display these types of behaviors, as we expect girls to fit into their gender box. We may also become stricter with girls once they reach adolescence, because we perceive them as women and have certain expectations of how they should behave. But they are still girls, growing and developing, just like boys.

Ask: What are some of the methods we use to discipline boys and girls?

Note: Highlight the positive practices that caregivers mention.

Do: If caregivers mention hitting as a method of discipline:

Ask: Do you think physical punishment like hitting can have a negative or harmful effect on children, including adolescents? How?

Explain:
• Physical punishment can have an effect on their brain development and cause them pain and harm.
• Hitting/physical punishment teaches children that it is OK to hit when they’re angry.
• Rather than teaching children and adolescents how to change their behavior, hitting makes them fearful of their caregivers and merely teaches them to avoid getting caught.
• For children who are acting out to get attention, hitting them gives them the attention they are seeking and may encourage them to act out even more.
• Hitting reinforces the belief that use of physical force is justified, and they might end up being violent towards others (especially younger siblings) or accept violence as part of their life (especially as adults).

Ask: Do you think you might respond differently if, before reacting to your children, you were to stop and think about how violence can have a long-lasting negative impact on their development?

Ask: Which techniques do you feel could be better to positively discipline adolescent girls (and boys)?

Note: Throughout the session, remind caregivers about the discussion in the first session, and about their “hopes and dreams for their daughters,” to reiterate that it is important to change practices that that do not help adolescent girls develop critical thinking skills and responsible and respectful behavior.

Activity 2: Positive Discipline Techniques (50 minutes)

Say: We have discussed some ideas around how we can discipline girls (and boys) using non-violent methods. Let’s go into some more detail and think about techniques that can be useful, especially for adolescent girls.

Encouragement and Praise

Ask: What do you understand about the word “praise”?
Say: Praise is telling your child that you like something that she is doing. Effective praise is specific, and tells your daughter what she did well or what you appreciate about her, with a positive tone of voice and expressions.

Ask: What are some examples you can think of?

Do: After caregivers have responded, share the following answers, if needed:

- Well done!
- You are so smart!
- You are brave/bold/creative!
- You are kind and thoughtful!
- Thank you for helping!
- I believe in you!
- You can do it!
- I will always be there for you, no matter what!
- You are special!
- I appreciate you so much!

Say: I want you to reflect on your own for a minute, and think about how often you encourage or praise your daughters.

Ask: Why should we praise adolescent girls?

Explain:

- Praise shows love and affection.
- It helps your daughters feel good about themselves. When you praise your daughters, they learn that you value them as a people and you value their responsible, respectful actions. This is important for girls, who as a whole can be undervalued by society. Praise can significantly impact their self-confidence and encourage them to be successful at school and in the future.
- Praising helps adolescents’ brains build healthy social and emotional connections! They often face a lot of criticisms all day for all the things they did wrong. Encouraging and praising the good things is very powerful!
- As we discussed in the last activity, sometimes we expect girls to behave in a way that keeps them in their gender box. We should think about encouraging girls all the time, but especially when they challenge gender expectations, i.e. with their friends or at school. For example, if they speak up in class or at home, or if they get involved in sports, we should encourage them, instead of punishing them. This encouragement will help girls increase their confidence and allow them to believe in themselves and in the future they want for themselves.

Talking Together as a Family

Ask: When do you spend time together as a whole family? (For example, dinner time, after religious services, etc.)

Ask: Could this be a good time to talk together as a whole family (or before/after)?

Explain:

- Spending time together as a family and talking together can be helpful because it can strengthen each family member’s sense of belonging. This can be especially helpful during times of crisis. It can also give girls, women, boys, and men the opportunity to express their points of view, frustrations and concerns in a positive way.
- This can help to build positive relationships and promote equality among family members.
- It is important that adolescent girls and younger female children are given a voice equal to their brothers and are able to participate in discussions when talking together as a whole family. Their ideas and suggestions should be considered just as important as those of boys.
• It can be a good opportunity to start ensuring girls and boys have equal decision-making power in matters that affect them and in other situations related to the family.

**Ask:**

• What do you think about the suggestion of spending time together and talking as a whole family?
• Is this something you feel is realistic for your family? If not, what alternatives can you suggest?
• How can you discuss this idea with male decision-makers in the house?

**Note:** It is important to give space for women to think about how they can take action on some of the ideas they are learning. Encourage them to share ideas and advice about what has worked for them to influence male decision-makers.

**Do:** Get participants to practice in pairs how they would suggest spending time together as a family to male decision-makers in the house.

**Ask:** It can be hard to find time to all be together and talk as a whole family. Why is it important to create time to do this?

**Do:** After caregivers have responded, share the following answers, if needed:

• Strengthens the sense of belonging to a family
• Makes adolescent girls and boys feel valued and loved
• Creates and maintains positive caregiver-child relationships
• Create spaces for adolescent girls and boys to express their points of view, frustrations, and concerns in a positive way - this makes them feel listened to
• Promotes equality among female and male family members and restores some balance of power

**Ask:** When could be a good time to meet together as a family?

**Some suggestions**

• At a regular day and time in the week
• When everyone is calm and peaceful
• Right after having dinner together
• Friday after mosque or Sunday after church (adapt as necessary)
• On a day when everyone is home

**Do:** Split participants into small groups and ask them to think about what kinds of topics can be discussed when meeting as a whole family. Ask volunteers to share some of their ideas with the group after a few minutes.

**Do:** If needed, add the following:

**Step 1:** Start with something positive about the family. Give everyone a chance to share any positive comments/experiences they have had with other family members. For example, if a brother received help with his homework from his sister, he can tell the family.

**Step 2:** Talk about anything that was discussed the last time you met altogether that needed to be followed up. For example, if you decided on solutions to a problem the last time you talked, you can discuss whether that solution is working or not.

**Step 3:** Give everyone a chance to say what they would like to talk about. All conflicts and issues will not be solved, but this will provide an opportunity to give space to anybody to share their thoughts and listen. Listening does not mean that we agree, but is an opportunity to better understand each other’s perspectives.

**Step 4:** Have fun, laugh together, play games.
Setting Family Agreements

Ask:
- Does anyone have family agreements or rules in the home?
- Who decides what these rules or agreements are?
- Do girls have the opportunity to participate in creating these agreements or rules? What about boys?

Say: Many times we assume that adolescents know the rules of the house and community. Family rules or agreements are more likely to be followed if they are co-created between adolescent girls and boys and caregivers. Family rules need to be age-appropriate and followed by everyone in the family - girls and boys equally. Agreements are not just for adolescents, but for adults too.

Do: Split participants into small groups and ask them to discuss how they would set up an agreement in the family. Ask them to share some ideas with the group.

Do: Explain the four Steps to set up an agreement:

Step 1: The adolescent girl expresses her point of view. The caregiver listens in order to understand the problem before talking.

Step 2: Caregivers share their points of view.

Step 3: If the points of view and expectations are very different, both caregivers and adolescents can discuss possible solutions acceptable to all. Negotiation and compromise are essential for this Step.

Step 4: Caregivers and girls choose one solution that they can try during a short period of time. This option will be the basis of their agreement. The solution should be clear, well understood by the adolescent girl and caregivers, and include a specific timeframe.

Ask:
- Does this sound like something you think could work in your house?
- What challenges do you think you might face?
- Does anyone have suggestions on how to overcome these challenges?

Explain: All agreements should have an effective follow-up to help adolescents respect their commitments.

Explain: The follow-up of agreements is more effective when:
- Comments are simple, short and respectful. For example, “I note that you have not done your homework before you went out to play. Can you do it now, please?”
- If the adolescent contests or argues back, ask them, “What was decided in our agreement?”
- If the adolescent is still not fulfilling the agreement, use non-verbal language like showing your watch, touching the shoulder, and so on. The calmer you stay, the more effective you will be. Shouting at and criticizing the adolescent will not solve the problem. You will only reinforce the conflict.
- If you find that your adolescent is repeatedly not following through with agreements, then you may choose to issue a consequence that is logical, such as limiting spending time with friends until they can complete their home commitments.
- When the adolescent finally respects their commitment, thank them for their cooperation.

Some additional suggestions
- Remind them of the agreement before the deadline.
- Adolescents’ priorities are not the same as caregivers’ priorities. They don’t think like adults.
- Stay firm on the agreement – don’t give up and don’t change the agreement half way through.

Ask: Do you think this technique could be effective in your house? Why? Why not?
**Say:** Here are some examples of clear agreements:

- All homework must be done (or you cannot go out with your friends).
- Everyone will be treated equally and with respect in our house. We will use kind words with each other, (if this is not respected, you will apologize and help that family member with their chores).
- Everyone is expected to support with chores equally, (if you choose not to complete your chores then you will have to do an extra chore the next day).

**Do:** Have participants turn to their neighbor and practice creating family rules. They can reference the above rules or create their own. Make sure that caregivers first consult the adolescent girls on what family agreements they think are important.

**Supporting Good Decision-Making**

**Explain:**

- When family rules are set up and agreed on, you do not need to threaten, yell, or use harsh physical discipline because your adolescent broke the rules or made a mistake. This is a normal part of being an adolescent. This is part of the learning process.
- Mistakes are opportunities for learning, so it is important to keep calm and help your adolescent learn from her mistakes.
- Remember the empathetic communication skills we learned previously.
- It is important that you give your children a chance to learn from their mistakes. If they make the same mistake again, you can give them a logical consequence.

**Say:** Let us brainstorm a few ideas for some logical consequences for the following rule violations:

- Not completing homework
- Not finishing chores
- Being unkind or violent to other family members

After caregivers have responded, share the following examples, if needed:

- All homework must be done before you go to sleep. If you do not complete your homework, you will not be allowed to spend time with your friends.
- Everyone will be treated with respect in our house. We will use kind words with each other. If you are unkind or violent towards family members, you must apologize to the family member. You could also do the chores for the family member you were unkind to.
- Everyone is expected to do their chores. If you choose not to complete your chores, then you will have to do an extra chore the next day. If there is a reason why you cannot do your chores, you can discuss with me so we can find a solution.

**Say:** Let us practice! Read the following scenario and ask participants in pairs to practice a role-play. Ask a few to share their role-plays with the group.

**Contextualization**

**Scenario:** A caregiver tells her daughter that the girl has broken an agreement. The girl explains why she broke the agreement. The caregiver reminds the girl why it is important to fulfil her agreement. The girl explains how she will fulfil the agreement. The caregiver praises the girl and says that they will see how the girl fulfils her agreement the following week.

**Note:** Facilitator can use the suggested response to help guide feedback for the role-plays:

**Suggested response:**

Caregiver: Maya, I noticed that you did not complete your family chore.

Maya: I know, I was really busy yesterday with my homework and I forgot about it.
Caregiver: I know you are working very hard in school, Maya, and I am really proud of you for that. It is important for our household that everyone does their part. How can you remember to do your chores?

Maya: Well, I suppose I can do it as soon as I come home from school and then do my homework.

Caregiver: OK, Maya, that sounds good. Should we give that a try for the rest of this week and see how it goes? If you still can’t manage because you have too much homework, let’s see how we can change the number chores you have.

Maya: Yes, that would be good.

☐ Do: Discuss the role-play:
- Ask the person playing the “child” how they felt about the conversation.
- Ask the person playing the “caregiver” how they felt about the conversation.

≡ Say: Sometimes, specifically in relation to chores, we may overburden girls with chores and not equally distribute them among the family. This is because we can sometimes see chores to be the job of a girl (think about the gender box). While it is very important for girls to do chores, to help them learn responsibility and to support the family, they also need free time. Free time allows them to rest, be creative, and focus on other things, like homework. This is critical to their development.

❓ Ask: Do you think this is realistic and something you can try to do with your family? What might be some of the barriers we face? What suggestions do you have for overcoming some of these barriers?

4. Check-in (10 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Open a discussion with your partner on what you learned during the session, and discuss which techniques you think might work in your household. A next Step would be to hold a family meeting and set joint agreements with your daughters and sons. If possible, use this opportunity to fairly distribute some chores between the girls and boys (so girls don’t have to carry the burden of the chores). Also, personally commit to using non-violent techniques for discipline.
SESSION 6
Power In The Home

- **Objectives:**
  1. Female caregivers will explore the idea of power in the home.
  2. Female caregivers learn strategies to make decisions that are important in their lives.

- **Materials:** Flip chart, markers

- **Duration:** 2 hours

**Facilitator Note:**
This session may lead to disclosures of GBV the women have experienced, or violence committed against adolescent girls. Facilitators should be prepared in advance with how they will deal with this. Check in with your supervisor on the best interest of the child, in case anything arises that may need to be followed up on, and read through the guidance provided in the introduction of the Girl Shine Caregivers Curriculum.

Be prepared with information on GBV services for women.

Be sure to remind caregivers of the group agreements, and check to see whether they want to have additional group agreements for this session.

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I. **Welcome & Review (10 minutes)**

**Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

**Say:** Today we are going to talk about power. In particular, we’ll talk about power in the home and how this relates to our relationships with men and children (especially adolescent girls).

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2. **Let’s Explore (15 minutes)**

**Ask:** What do you think we mean by power?

**Explain:** Power is the ability to control and access resources, opportunities, privileges, and decision-making processes. This does not mean that power is always negative. We all have some kind of power in the community, but we all choose whether to use this power for good or for bad.

Forms of power are:
- “Power with”: when we join others without bias or discrimination to positively improve our own and others’ lives.
- “Power over”: when our words or actions make it difficult, frightening, or even dangerous for others to use their own power.

**Ask:**
- Who do you think has power in our community?
- Can you think of times when you felt powerful or not powerful? (Sharing is voluntary.)
- Who do you think has power inside the home? Is it women, girls, boys, or men? Or a combination?
Say: As a community, we generally tend to assign women and girls a lower status than men and boys—and this results in women and girls being treated differently than men and boys, and having different day-to-day lives than men and boys.

Ask:
- How does power influence the choices that we have as women, or that men, boys, or girls have?
- What happens when power is abused? What are some forms of power abuse or power inequality you see in your environment?

Say: I am going to read you some scenarios and I want you to tell me if the power described is good or bad.

Scenario 1: A woman needs to feed her children but does not have enough money. A merchant says that he will forgive her credit at the store if she gives him a sexual favor in the backroom.

Scenario 2: A young man stands up in the bus and allows an elderly woman to take his seat.

Scenario 3: Men march with women to demand an end to domestic violence.

Scenario 4: After a flood, families from the dominant ethnic group help rebuild the school that is primarily used by children from the minority group.

Scenario 5: A wealthy man builds a public library and playground for the community to use.

In the event that exploitation or abuse is disclosed as being perpetrated by an NGO/UN/humanitarian agency, this should be documented separately and reported to your supervisor. You could approach the individual(s) after the session to let them know that you need to share this information with your supervisor, but will consult with them before you take any steps.

3. Activities

Activity 1: Who Decides What? (25 minutes)

Say: The power we have or do not have influences the decisions we are able to make or not make. To help us understand this further, we are going to start by reviewing what kind of decisions we make in our home.

Do: Place the flipchart in the middle of the group. Explain that you are going to go through areas of decision-making we might encounter in our life. For each area you mention, participants should discuss and agree on who makes decisions about this issue in the majority of cases (there will be always be exceptions, but you have to come to a decision quickly on each point and not spend too much time discussing specific cases). You will mark on the flipchart who makes the decision, whether it is men, women, or men and women together.

Contextualization

Ask: [This is a generic list, including a range of different areas of decision, but it can be adapted to the context.]
- Who decides the number of children to have in a family?
- Who decides how to spend family income?
- Who decides when to ask for a loan?
- Who chooses which economic activity to engage in?
- Who makes decisions about children’s health, such as when to bring a child to the clinic, what vaccinations to get?

Adapted from Concern Worldwide (2016) BRACED - Women’s Life Skills Curriculum
• Who makes decisions about women's health care, such as attending ante-natal care, delivering in a health facility, going to the clinic when sick?
• Who decides what to cook for family meals?
• Who makes decisions about children’s education?
• Who decides when children should get married and to whom?
• Who decides when to visit family and friends?
• Who decides which community activities (such as meetings, committees, etc.) to participate in?
• Who decides which NGO activities (for example, homestead gardening groups, volunteer health worker programs, etc.) to participate in?

Example 1 - Who decides? Flipchart

Say: Through this activity, we have seen that there is a difference in the types of decisions that men make alone without consulting women in the house or community, and that women make alone without consulting men in the house or the community.

Ask: What do you think are the barriers or obstacles that women face when making decisions? What makes it difficult for women to make decisions? What stops women from making decisions?

If women are struggling to identify barriers, you can use some of the relevant points on the list below to facilitate the discussion:
• Low level of education
• Illiteracy
• Norms and traditions
• Lack of experience in negotiations and decision-making
• Heavy workload, lack of time
• Lack of experience in or information on issues to be decided upon
• Feeling that it is impossible to change things or make a difference (hopelessness)
• Lack of self-confidence, feeling shy
• Feeling that it is not a woman’s role or responsibility
• Fear of the consequences of a wrong decision
• Men’s negative attitudes (father, brother, husband, etc.)
• Fear of punishment for speaking out (by husband, father, mother-in-law, etc.)
Say:
We have seen that there are many barriers that can prevent women from making decisions that affect them and their family. Some of these barriers are more difficult to remove and require both men and women in the community to make changes. However, there are barriers that we can try to remove ourselves, using the power that we have.

Ask: Does anyone have examples of how they (or someone they know) have managed to overcome barriers to decision-making in the home?

Activity 2: Mary’s Story (25 minutes)

Do: Read the following story to the group:

Mary’s father says he has some very important matters to discuss with her and her mother. He tells Mary that because she is now 18 years old, he has arranged her marriage to a rich man. This man is the son of a good friend of the family and has a good reputation. Mary’s mother tries to ask questions about the man, but Mary’s father simply says the marriage is arranged and it will be a good one. Mary feels afraid because he is much older than she is and she has heard horrible stories about men beating their wives. She asks her mother to speak to her father and convince him to stop the marriage, but her mother tells her that it is up to her father and she cannot do anything to change his mind.

Ask:
• Does this kind of situation happen in this community?
• Who has power in this scenario?
• What kind of power does the father have? What kind of power does the mother have?
• Does Mary have any power?
• How does power relate to having choices?
• What are the expectations of Mary’s mother? Of Mary?
• What ideas from the gender box do we see in this scenario?

Do: Break participants into small groups and ask them to discuss the following:

Say: Imagine you are a friend of Mary’s mother and she tells you about the situation. She is upset that her husband won’t even talk with her about who will be marrying her daughter.

Ask:
• How would you support Mary’s mother?
• What have you done to support other women when they have wanted to change things or do things differently?
• If you were Mary’s mother, what would you want to do so that your daughter was better supported?
• What do you need your friends/family (or other trusted people) to do to help you do that?

Do: After 10 minutes, ask for volunteers to share their discussion with the larger group.

Explain: Those with more power in the home and community are usually the ones who make the rules for how things run and what people do. In order for things to become more equal, we have to re-think the ideas that we have about women and men and develop new kinds of power that is shared – power with rather than power over.

Activity 3: Decision-Making Power (25 minutes)

Ask:
• Can men and women share decision-making more equally?
• What would happen if women asked their husbands to share tasks or say they want to be involved in making more decisions in the household?
• Does anyone have ideas or experience on how to negotiate for more decision-making power with men?
Say: There are certain Steps you can take to negotiate for more decision-making power:

1. Check whether the person that currently holds the decision-making power is ready to talk.

Ask: How do you know if someone is ready to talk? (Think about their body language, do they look relaxed or do they look distracted, busy with other tasks, etc.)

2. Be prepared! If they are ready to talk, make sure you have prepared what you want to discuss and what you are asking for.

Ask: How can you prepare what you want to say? (Make sure you are explaining what you want to happen, and the reason why. If you are presenting a problem, try to also think about your preferred solution to the problem.)

3. If the outcome is not what you wanted, think about a better time to have the discussion, or think about who else you can turn to for support.

4. If this still doesn’t work, think about other options/solutions. Is there anyone else who can negotiate on your behalf?

Ask: Do you think this is something you can realistically try? What do you think will be the outcome?

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Ask women to think about how they can negotiate for more decision-making power in the household. One way might be to use the decision-making Steps discussed today. Another option could be to talk to men in the household about the types of decisions men make and the decisions women make, and see if they can come to an agreement on involving women in more decisions.
SESSION 7
The Family Environment

- Objectives:
  1. Caregivers recognize the importance of a healthy family environment.
  2. Caregivers will learn tips and techniques to help them contribute towards a healthy family environment.

- Materials: Flip chart paper, markers, colored pencils/pens, A4 paper.

- Duration: 2 hours

Facilitator Note:
This session may be sensitive and bring up some difficult experiences for caregivers. Be sure to remind caregivers of the group agreements and check to see whether they want to have additional group agreements for this session. Be prepared with information on services that women can access if they need further support.

I. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

2. Let’s Explore (20 minutes)

Say: Today we are going to talk about the family environment. By this we mean the conditions and experiences we have within our family structure. We already started the discussion in the last session on stress and the impact this has on the family. Today we will go into more detail about how a healthy and safe family environment is essential for our own well-being and that of our girls and boys.

Ask: When we imagine a family environment, what are the things we think of?

Explain: The family environment can include a number of things:
- Physical environment – for example, a house or a specific physical space;
- Emotional environment – for example, stressful, tense, happy, relaxed, safe space, open communication;
- Learning environment – for example, stimulating/stunting, modelling good/bad behavior, encouraging/discouraging communication and ideas.

Ask:
- What makes a family environment unsafe, tense, or stressful? (Physical or verbal violence directed at children or between a couple – for example, fighting, yelling, arguing, harsh punishments, etc.)
- What can happen if the family environment is not safe and is a tense and stressful place?
- While we discussed in the previous session what the impact of stress is on us, what do we think the impact of stress in the home is on girls and boys?

Explain: Small children who are exposed to a stressful home environment and violence in the home experience added emotional stress, which leads to toxic stress, which can impact the development of their brains. It can also lead to behavior problems, sleep problems, emotional distress, fear of being alone, immature behavior, and problems with toilet training and language development.

Ask: Were you aware of the consequences of living in a stressful home for small children?
Explain: As they grow, children who are exposed to a stressful home environment and violence may continue to show signs of problems. Children and young adolescents may have more trouble with school work and show poor concentration and focus. As they grow, they may suffer from depression, suicidal tendencies, and bed-wetting. Others feel socially isolated, unable to make friends easily, and may also show signs of aggressive behavior.¹⁷

Ask: Were you aware of the consequences for adolescents?

Say: There may be some things we cannot control, such as the setting or structure in which we live, but there are things we can do to make those spaces nurturing, safe, and supportive to our family. As caregivers, we have power over our children and we have control over whether we choose to use violence with our children or not. If we want our children to grow up healthy, we should choose to be non-violent.

Ask: Does anyone have any examples of how they make their family environment more nurturing, supportive, and safe?

Say: It is important to look at the relationship between the couple in the family environment (for example, the husband/wife, intimate partner, other significant decision-maker, etc.)

Note: Women may say they have no control over their family environment, and it is men who influence the experience in the environment. Encourage women to think about their one-to-one interactions with their children and also how they can negotiate for more decision-making power.

3. Activities

Activity 1: Healthy Relationships (25 minutes)

Say: I want us individually to think about what a “healthy relationship” looks like.

Ask: What do we understand by the term “healthy relationships”? (They are relationships based on respect, trust, and honesty. They are relationships that makes us feel good and happy and where we have shared power with our partner.)

Do: Distribute pens and paper and ask participants to draw a picture that represents a healthy relationship. It can be between a caregiver/daughter, husband/wife, boyfriend/girlfriend or other forms of intimate partnerships, and it doesn’t need to be reflective of the women themselves or their current situation.

After a few minutes...

Ask: Now looking at your pictures. What does your picture tell you about the things that make a healthy, safe relationship between two people?

Do: Write down caregivers’ answers on flip chart paper and add the following, if not mentioned:

- Talking to each other in kind ways without shouting or calling names
- Women having shared power and decision-making with men on raising children, educating children, and how to spend the family’s money, as well as all other issues that affect the family.
- Listening to each other and showing empathy
- Being able to express feelings with each other
- Respecting each other as people and supporting each other’s goals, hopes, and dreams

Ask:
- Do the things we mentioned reflect our actual experience as caregivers?

Say: Women may be experiencing anger, stress, or even violence from their husbands/boyfriends. In turn, they may express their anger or frustration towards their children, in particular adolescent girls, because of girls’ position within the family. Violence is a choice, and we should choose to use non-violent approaches towards children and seek support for the situations we are facing. At the same time, we should find coping mechanisms that do not involve aggression towards children, as this creates an unsafe environment for children in the home and might influence their long-term development.

Note: Remind caregivers of the services available to them. If they would like more information, explain that they can see you after the session.

Activity 2: Steps Towards a Healthy Family Environment (40 minutes)

Do: Read the following story to the caregivers, then split them into groups and give each group a question to think about. They will report their reflections back to the group.

Jihan (14 years old) usually helps her mother, Amira, with the chores at home, but recently Jihan has not been doing her chores. One day, Amira comes home and Jihan has not prepared dinner. Amira is very annoyed. She asks Jihan why she hasn’t cooked dinner; Jihan tells Amira that she has to finish her school work as she has exams. Amira is annoyed at Jihan and tells her that she is being disrespectful.

Say: I want you to take a few minutes to think about what happened. (Repeat the story if necessary.) And then in your groups, answer the following questions:

Group 1: What emotions was Amira experiencing? What emotions was Jihan experiencing? How can Amira express this to Jihan? How can Jihan express this to Amira?

Note: Facilitators should get women to try to think from the perspective of both Amira and Jihan.

Group 2: How can Amira improve her communication with Jihan?

Note: Facilitators should get women to think about practical things they can say and do in these situations.

Explain: When dealing with a similar situation experienced by Amira and Jihan, we should consider the following:

Be empathic: Put yourself in the other person’s shoes and think about how they will feel about what you are telling them. How would you feel if the roles were reversed? Give others time to ask questions and explain themselves.

Think about your body language: Make eye contact and try to sit or stand in a relaxed way. Do not use confrontational language or aggressive body language.

Listen: When we are stressed, we tend to listen less well. It is important to give the person your full attention.

Stay calm and focused: Communication becomes easier when we are calm. Take some deep breaths and try to maintain an air of calmness. Others are more likely to remain calm if you do.

Use “I statements”: If the situation is tense, using “I statements” can help to focus on the effects of the actions of a person, instead of the actions themselves. It may be easier for family members to communicate when an action is not singled out for blame, and young adults and adolescents in particular may be more receptive to hearing how their actions have affected others when the language used is not accusatory. Some examples of “I statements” include:

» I’m feeling annoyed right now.
» I’ve had a bad day.
» I feel disrespected when someone raises their voice at me.
» I feel very sad when I hear rude words because they hurt my feelings.

Do: Practice! Ask participants to spend a few minutes doing role-play focused on how Amira could deal with this situation, thinking about “I statements” and body language. Ask a few participants to share their role-play with the group.

Adapted from Skills You Need - https://www.skillsyouneed.com
4. Check-in (5 minutes)

- Remind caregivers of the information on existing services. Explain you will be available to talk after the session if they would like additional information.
- Given the nature of the topic, do the following closing activity with caregivers. (You can then also do the closing ritual the group usually does after the activities.)
- **Tone Train:** A closing activity that allows expression without verbalization. It brings the group together and gives a sense of satisfaction and release and allows everyone to express themselves using their voice.

   - **Do:**
     1. Group forms a circle.
     2. First person makes a sound that expresses how they are feeling right now.
     3. Group copies that sound.
     4. Next person adds their sound. Group copies that sound, then goes back to the beginning and does all the sounds.
     5. Continue until the group has created a sound train with one sound from each person.

5. Takeaway (5 minutes)

   Practice the techniques we learned today with adolescent girls. Specifically think about using “I statements” and share feedback on whether this technique was helpful or not.
SESSION 8
Exploring Our Relationships With Adolescent Girls

- **Objectives:**
  1. Caregivers will learn communication techniques that can contribute towards healthier relationships with their daughters.
  2. Caregivers will explore the concept of empathy and learn techniques to increase empathy towards their daughters.

- **Timing:** Before the start, or in parallel to, the adolescent girls’ participation in the Girl Shine Life Skills Curriculum sessions on relationships with caregivers

- **Materials:** Flip chart paper, pens, A4 paper, markers

- **Duration:** 2 hours

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1. **Welcome & Review (10 minutes)**

   - **Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

   - **Say:** A few sessions ago, we discussed what it means to have a healthy family environment, and one of the things we discussed was the emotional environment. One of the key factors we discussed with regard to creating a healthy family environment was good communication. Today we are going to talk in more detail about how we communicate with adolescent girls and how we can strengthen our relationships with them during this challenging time of transition.

2. **Let’s Explore (15 minutes)**

   - **Ask:** What are some of the challenges or issues caregivers face with adolescent girls they care for?

   - **Say:** Sometimes the issues you have with girls may be due to things beyond your control, and may also not always be the girls’ fault. Living in difficult situations, caregivers face many pressures and stress which may affect the way they treat their children. It is also important to remember the impact this difficult situation is also having on them. It is important to listen and communicate with girls as they are growing. This helps build a healthy and nurturing family environment. Relationship-building takes some time, and it is normal to experience difficulties starting conversations that are different from our usual patterns or routine, but we can do so with continuous and persistent efforts.

   - **Ask:** Who is responsible for developing a healthy relationship with girls? *(Both the male and female caregivers.)*

   - **Note:** For caregivers who say it is the female caregiver’s role, ask them why. Remind them of the gender roles and the gender box discussed previously, and how this can limit us. If there is anyone who believes that it is both caregivers’ responsibility, ask them to explain why - thus providing a different perspective.

   - **Ask:** Why is it important to build the relationship between you and your daughter?
Explain:

- Especially during times of uncertainty or displacement, it is important to try as much as possible to continue building relationships with all your children.
- Your relationship with adolescent girls in particular may change. You may expect them to take on more responsibility. Due to the changes they experience during puberty, other people may also treat them differently. New environments, like during displacement, can also mean that they have more limited freedom than before and fewer opportunities than their male siblings.
- And while this is a stressful time for the entire family, and building relationships may not seem like a priority, it is essential if you want to ensure they are healthy, happy, and safe.
- Doing so will help your daughters be more open to discussing their concerns, needs, and worries with you. Trying to put yourself in their shoes opens space for dialogue and will alert you to any potential risks or issues they may be facing. This will help you to provide support to them if needed.

3. Activities

Activity 1: Communicating with Girls (25 minutes)

Ask:

- How much time do you currently spend talking to your children about their lives or things that are important to them? Is this different for your female and male children? (Let them reflect on the answer; they can share if they want to.)
- How easy is it to talk to girls about sensitive topics related to health, relationships with their friends and/or boys, or how they are feeling? Do girls feel comfortable approaching their female and male caregivers if something is bothering them?
- Can you think of any strategies that might make girls feel comfortable approaching their caregivers if they have something sensitive they want to discuss?

Do: Remind caregivers of the strategies discussed during the session on puberty.

Explain: Think about a way for girls to let you know when they need to talk about something privately, whether it is related to menstruation or something else. Some ways to do this may include:

- A code word
- A request to take a walk
- A special time of the day where you talk to her one-on-one

Do: Read the following scenarios to the group. After each scenario, ask volunteers to come forward to act out the scenario and how they would respond in each situation.

Contextualization

Scenario 1: Betty is going through puberty and is experiencing many changes. One of the things her mother Alice noticed is that Betty is talking less to her family and is becoming distant. Betty often gets angry at her siblings or doesn’t talk to her caregivers. Alice is becoming increasingly annoyed with Betty’s behavior and doesn’t know how to manage her, but is also worried that something might be wrong. What would you advise Alice?

Scenario 2: Asha has been feeling very sad lately and Dana, her female caregiver, is worried about her. One day, Dana overheard a conversation between Asha and a friend of hers about a boy that had upset Asha. Dana is concerned that Asha may be having a relationship with this boy and might be having some problems. How would you handle this situation?
**Scenario 3:** Ruth is growing up and her caregivers have noticed that her behavior is changing. Ruth begins to challenge and question her caregivers much more than she did before. One day, her mother asks her to fetch water. Instead of doing what her mother says, like she normally does, she asks her mother why she never asks her brothers to fetch the water. Ruth says she has a lot of homework since going into a higher class and she wants her brothers to take more responsibility around the house. How would you handle this situation?

**Say:** Here are some additional tips that you can use to improve communication with your daughters.

**Explain:** (Write the following on the flip chart:)

### Communication Tips

- Encourage them to express their opinions. Even if you don’t agree with them, make them feel that their opinion is being considered.
- Imagine how they are feeling and what is on their mind. Remember how you felt when you were that age.
- Show a genuine interest in their thoughts and concerns. They are at a sensitive stage and some find it hard to express themselves.
- Give them your time and attention. Even if your own life is chaotic, it is important to try to make time for your daughter, especially during this sensitive stage in her life.
- Don’t judge them harshly, as this can close down communication. Use “I statements,” for example, “I feel sad because you broke my trust,” instead of saying, “You are bad for lying to me.”
- Allow them to be sad. Don’t expect them to always be tough. Encourage healthy expression of their emotions.
- Encourage and allow them opportunities to be helpful. If you want them to assist with chores in the house, make sure they realize how helpful it is to you, as they will be more likely to want to support in this way.
- Don’t impose your opinions. Instead, ask them what they think should be done in a specific situation.
- Encourage them to form solutions on their own, by asking questions and encouraging them to think through the possible positive and negative consequences of any situation.

**Activity 2: Effective Communication Takes Time (40 minutes)**

**Say:** We are going to talk about how to respect and understand others’ thoughts, feelings, and views. Some people use the word “empathy” to describe this respect and care.

**Note:** It is not necessary to use the word empathy, as long as its main concept and rationale is communicated. You could choose, for example, to use the phrase “respect and understanding others’ thoughts, views, and feelings.”

**Ask:** Does anyone know what we mean by empathy?

**Explain:** When I think of “empathy,” I think of working to understand the situation from the perspective of another, seeing with the eyes of another, hearing with the ears of another, and feeling with the heart of another. Empathy is the ability of one person to walk in the shoes of another person and feel what that is like. Often times, when we are facing difficulties ourselves, it is hard to consider someone else’s feelings and act with care, but empathy is an important skill that can help us to improve our relationships with girls we care for.

**Say:** Empathy, simply, is the ability to understand and act with care towards our daughters.

**Blame vs. Empathy**

**Contextualization**

**Say:** I want to read you a story about Jane and Leila:

*Jane is 11 years old and lately she has been coming back from school in a very bad mood. She yells at her siblings and refuses to talk to her mother, Leila. One day after school, she comes home and throws her*
things on the floor. Her mother asks her what’s wrong. Jane tells her mother that she doesn’t want to go to school anymore! She says that some of the girls in class have begun to tease her now that she started menstruating, and they haven’t. They tell her she is dirty and they don’t want to play with her anymore. This has made Jane feel really upset and isolated.

Ask: How do you think Jane is feeling?

Say: Now I am going to read some of the potential responses from Leila. After each response, I would like you to move to the front of the room if you think that Leila was blaming Jane, and to the back of the room if you think Leila was being understanding/empathetic to Jane’s situation and her feelings.

1. Leila exclaimed, “Don’t be so silly! These things happen all the time and you are being too sensitive. Focus on your studies and just ignore them!” (Pause to give caregivers time to move to the front or back of the room.)

2. Leila said in a stern voice, “You must have done something to provoke these girls. I can’t understand why anyone would do this to you. Why do these things always happen to you?” (Pause for five seconds.)

3. Leila said in a concerned voice, “I can see/understand that you are upset. I am so sorry that this happened to you; this is not your fault. School is very important, so what can we do to try to solve this problem?” (Pause for five seconds.)

Ask: Which of the responses given by Leila did you prefer? Why? Which responses would you like to hear if you were Jane?

Ask: Why is empathy necessary in order to be a caregiver of an adolescent girl?

Do: Have caregivers discuss; add to their list if any of the following is missing:

• Being empathetic helps ensure your daughters get their needs met and they feel safe.
• Caregivers can have empathy for each other and themselves, and this teaches children to care for themselves and others. Children are great imitators of our behavior, so when we respond to them with respect and empathy, they learn to treat others with respect and empathy.
• When we respond empathetically to our daughters, we are communicating that they are important and they matter. We are supporting their healthy social and emotional development.
• Being empathetic allows our daughters to openly share and discuss their problems and the risks they are facing, without the fear of being blamed.

Say: I’m going to share with you a simple technique to help you improve your empathy, to understand your daughters’ feelings better, and be able to be responsive to them.

This technique has four Steps:

• **Step 1 - Identify the feeling:** Try to identify or label what someone is feeling. When caregivers honor a feeling, they first identify it or label it. For example, “Mariam, you look like you are afraid right now - are you?”

• **Step 2 - Determine the reason:** Understand why they are feeling that way. “Would you like to tell me why you are scared?” Mariam can tell you, or she may choose not to right now. You can say to Mariam, “Feel free to come and talk to me when you are ready.”

• **Step 3 - Honor the feeling:** Honor the child’s feelings. Mariam might have had a disagreement with a friend or been rejected by her peers at school. Don’t dismiss that reason. Acknowledge and respect the “why.” If you make your daughter think that her feelings are not important, she might not talk to you anymore about the things bothering her. “I understand that this makes you feel sad/upset/tired.”

• **Step 4 - Take action:** Deal with those feelings with your daughter. You can brainstorm with her what, if anything, needs to be done. Sometimes the situation may require the caregiver and the girl to come up with possible actions that may help remedy the situation. Sometimes the situation doesn’t need an action other than just comforting your daughter or sharing in her joy. “Let’s sit down together and discuss how to address this problem.”

Say: Now we are going to practice the four Steps of empathetic communication.
Do: Ask caregivers, in pairs, to practice the Steps of empathetic communication, using the example of Jane and Leila.

Note: They can change the story and replace it with other problems they may encounter. They can also switch roles so each caregiver has the opportunity to be Jane and Leila.

Ask: Were these new skills for you, or have you used these before?

Ask: Do you feel this is something you can practically use in your interactions with your daughters? If not, what alternatives do you suggest?

Note: Let them know that this may not come to them naturally, since it may be new and we may be used to different ways of dealing with these situations. However, since they have a vision to support girls and help them to achieve their goals, the use of this technique will lead them towards their vision.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or whether someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Explain to caregivers this week's home assignment is to practice the four Steps of empathetic communication with their daughters. They should provide feedback as to which ones they used and whether or not they were effective in the next session.
SESSION 9
Parenting For Equality

Objectives:
1. Caregivers will explore further the idea of gender roles and how they relate to adolescent girls.
2. Caregivers will learn about how they can contribute to upholding the rights of girls.

Materials: Flip chart paper, markers, A4 paper, pens, tape, activity Clock (Appendix 5)

Duration: 2 hours

1. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

Say: Today we are going to talk about parenting techniques that we use, and identify any differences in the way we parent adolescent girls compared to adolescent boys and younger children.

2. Let’s Explore (10 minutes)

Ask:
- In your home, what are the rules or expectations for how children are supposed to behave? (Ask volunteers to share some examples.)
- Are there differences in the rules and expectations for girls and boys? (Ask volunteers to share some examples.)
- Are there expectations of how you, as a woman, should behave? (Ask volunteers to share some examples.)
- Are there expectations of how men should behave? (Ask volunteers to share some examples.)

Note: If caregivers only have female children, ask them how they treat them differently based on age.

Ask: Why do we have different rules or expectations for girls and boys, especially during adolescence?

Explain:
- Adolescence is a critical period in which the way we treat girls and boys significantly changes from how we treated them when they were younger children.
- When they reach the age of puberty, many things change for them, especially for girls. Caregivers and society sometimes have different expectations of girls than of boys. They might expect girls to leave school, get married, and focus on having a family.
- Because of these expectations, girls are not given the same opportunities as boys. They may be made to stay home, not allowed to play with friends anymore, and even removed from school, as it is not seen as important to educate them.
- Long before they reach this age, we start to prepare girls and boys for their “gender roles.” For example, girls may be given more household tasks than boys, or boys are expected to go out to work. The rules and expectations we place on girls and boys are, in many cases, based on what we previously discussed – the gender box. For example, boys are told not to cry, not to fear, not to be forgiving, and instead to be assertive and strong. Girls on the other hand are asked not to be demanding, but to be forgiving, accommodating, and nurturing.
• This can influence the way we treat girls, and the opportunities, expectations, and rules we place on girls and boys.

Ask: Can anyone think of examples of how they were treated differently from their male family members growing up?

3. Activities

Activity 1: Girls’ & Boys’ Experience of the Family Environment (20 minutes)

Do: Place tape or string down the length of the room.

Say: I will read a number of statements, and you will decide whether you agree or disagree with them.

Say: Those who agree will stand at one end of the line and those who disagree will stand on the other end of the line. Those who are not sure can stand somewhere along the line, according to how much they agree or disagree with statement.

Note: For caregivers who demonstrate negative attitudes and beliefs about the roles of girls, women, boys, and men, ask them why they agree or disagree with a statement. Ask someone who opposes their point of view to share why they agree or disagree with the statement, to provide a different perspective.

• Girls are just as smart as boys.
• Girls, not boys, are responsible for taking care of their younger siblings.
• Girls should do as their brothers tell them (no matter whether they are younger or older).
• Girls and boys should equally support their family with household responsibilities.
• Boys should have more freedom than girls.
• Girls are responsible for the honor of the family.
• Girls and boys should be treated equally.
• Boys are less emotional than girls.
• It is more important for boys to go to school than girls when families have limited money for school fees.
• Girls should be given the same amount of free time as boys to play and study.
• A girl’s role is to stay in the home.
• Girls and boys deserve equal opportunities.
• Boys are more naturally confident and dominant than girls.
• Boys can date and have girlfriends, but girls should protect their honor.

Ask:
• What difference did you notice about how we perceive or treat girls and boys?
• How do you think this impacts and influences girls and boys?

Explain:
• Girls usually have fewer opportunities and are expected to take on more responsibilities in the home (leaving them less time for studying, for example).
• Because girls are expected to be nurturing and not demanding, they are sometimes not allowed to express what is important to them.
• Sometimes caregivers might express their frustrations more towards girls than boys, because girls are expected to be forgiving and accepting.
• They may also expect girls to take on more responsibilities and help more within the home, due to the belief that this is the role of a girl.
Activity 2: Gender Roles in My Home (35 minutes)

Do: Break into two groups and give each group an Activity Clock (found in Appendix 5). Assign them the following task:

Group 1: What do girls do during the different hours of the day listed on the clock?

Group 2: What do boys do during the different hours of the day listed on the clock?

Note: They may not agree exactly on all points, but ask them to decide on the most common things.

Do: After 10 minutes, bring the groups back together and ask them to share their timelines.

Ask:
- What do you notice about these timelines?
- Who has the longer list of tasks to do each day? Why?

How are tasks assigned to girls and boys? Are they consulted? What choice do they have in accepting these tasks or not? Should girls be consulted on the tasks that are assigned to them?

Note: Clarify any differences between girls and boys.

Explain:
- Girls often do not have a choice about the activities and tasks that they are expected to do each day, and they tend to take on more tasks than boys. This means girls have less time than boys to focus on homework, develop life skills, and simply to have time to be children.
- Ensuring girls have the opportunity to develop life skills is essential. As girls may not have as much free time as their male siblings, they may not have the opportunity to learn skills that are important to their development. These skills include being able to make healthy decisions, solve problems, take care of themselves, and protect themselves from harm. Without these life skills, girls will find it more difficult to deal with the pressure that comes with adulthood, and may not have the capabilities to take care of themselves or those around them.
- While it is necessary for children to help in the home, especially in difficult settings, chores can be more equally distributed among girls and boys. That way, girls, too, have the opportunity for the free time that boys may be more likely to experience.

Ask:
- How can boys benefit from taking on more responsibility in the home? (Boys will learn essential skills for taking care of themselves and their family. They will also learn to support their sisters and treat them as equals. They will learn to think about the well-being of others, which will help them to build healthy and happy relationships as adults.)
- How can we make sure that household responsibilities are distributed more equally?
- What challenges do we think we will face?

Note: Caregivers may say that men and boys might be resistant to this idea. Get them to think of ways they can address this in their family.

Do: Ask caregivers, in pairs, to discuss how they can introduce the idea of shared decision-making into the family.

Explain: Here are some tips on how to introduce shared decision making into the family with regard to household responsibilities:
- Step 1: Discuss your suggestions with male decision-makers in the house.

Note: Ask caregivers to recall the communication techniques discussed during the session on a healthy family environment.

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Adapted from IRC, Engaging Men through Accountable Practice (EMAP): http://gbvresponders.org/prevention/emap-tools-resources/
• **Step 2:** Ask girls what tasks they would like more support with. Make sure you listen to their opinions and ideas and address the ones that are realistic.
  » Listen with full attention (eye contact, open body language, not distracted).
  » Explain why you want to have this discussion. (For example, “I think it would be good to discuss how we can make more time for you to do other activities/spend time on your homework.”)
  » Reflect back what you think your daughter is saying. (For example, “You are saying you would like more time, especially in the evenings, to focus on school work.”)
  » Ask them how they would like to address this. (For example, “So what would you suggest we do to help give you more time?”)

• **Step 3:** Ask boys to think about the future they wish for their sisters. Do they want them to succeed in school and be successful in their lives? Then explain to boys that this means they need equal time for school, homework, and activities.

  *Note:* Remind caregivers to “I statements” and other communication techniques that can help them with this process.

• **Step 4:** Give girls encouragement and praise when they are supporting each other and you to make them feel valued.
  » I am so proud of the way you are doing your homework so carefully.
  » Thank you for helping me at the market today.
  » You did such a great job helping your sister/brother today.
  » You did such a great job helping me prepare dinner today.

• **Step 5:** Check in with girls and boys regularly to see how the new distribution of chores is working.

  *Do:* Split women into three groups. Each group will practice a role-play based on the scenarios below.

  *Note:* Encourage them to incorporate the suggestions and tips discussed.

**Scenario 1:** You are telling your husband that you would like your sons to take on more responsibility in the house.

**Scenario 2:** You are asking your daughter what kind of support she needs so she can have more time to do the things that are important to her.

**Scenario 3:** You are talking to your son (or male family member) about taking on more responsibility in the house and supporting your daughter.

Ask: How did you find this activity? Do you think you can practice some of these things at home with your family?

**Activity 3: Equal Opportunities for Girls & Boys (20 minutes)**

Ask: What do we mean when we talk about “our rights”?

Explain: Our rights are what every girl, woman, boy, and man deserves, no matter who they are or where they live, so that all can live in a world that is fair and just. We are protected by many of these rights through laws or agreements that our own countries or the countries hosting us have signed on to.

Ask: Can anyone think of any rights that we have as women?

**Contextualization**

- Right to be treated equally to men and without discrimination and free from violence
- Right to work
- Right to free education
- Right to live with freedom and safety
- Right to say and think what we want
Ask: Does anyone know what the rights of girls and boys are? (Write down their answers on a flip chart.)

Contextualization

Explain: Girls and boys, like us, are protected by a number of rights, and as their caregivers, it is our responsibility to make sure their rights are protected.

Some of the rights that girls and boys are protected by and that are our responsibility to uphold in this country are:

- Female and male caregivers are responsible for the upbringing and development of their children, and they must do what is best for the child at all times (both for girls and boys). For example, they must not cause harm to a child.
- Girls and boys have the right to a good quality education. Caregivers should encourage them to go to school to the highest level they can.
- Both caregivers are responsible for the upbringing and development of the child.
- Girls and boys have the right to give their opinion, and caregivers should listen to them and take them seriously.
- Girls and boys have the right to privacy.

Girls and boys have the right to health, education, equality, non-discrimination, and to live free from violence and exploitation (including child marriage).

Girls and boys have the right to be protected from being hurt and mistreated, in body or mind.

- Girls and boys have the right to play and rest.
- Girls and boys have the right to protection from work that harms them, including because it is bad for their health and education. If they do work, they have the right to be safe and paid fairly.
- Girls and boys should not be punished in a cruel or harmful way.
- Girls and boys have the right to know about their rights, and caregivers should discuss these rights with them.

Ask:

- What do we think about the rights I mentioned?
- Do we think that we give these rights equally to girls and boys?
- Do we think these rights apply equally to boys and girls? (Probe: What about education?)
- What can we do to ensure girls also have access to these rights?

Say: It is important to remember that these rights apply to adolescent girls as much as they apply to boys. When making decisions on a girl’s role in the family or determining her future, it is important we are considering the rights that she has. It is the responsibility of a caregiver to ensure girls are accessing their rights.

Note: Women might say that they have no control over the rights that their children have, as their own rights are violated. It is important to get caregivers to go through the list and identify where they can work on strengthening access to some of these rights for girls. Emphasize that even if they cannot address all of the rights, they do have some power to address some things for their daughters.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.
5. Takeaway (5 minutes)

Talk to your family about sharing household responsibilities, and the associated benefits for girls and boys and the family as a whole. You don’t need to go through all the Steps. Do the ones you feel most comfortable with as a starting point, and share feedback during the next session as to how that went.
SESSION 10

Safety

- **Objectives:**
  1. Caregivers will discuss safety issues that women and girls face inside and outside of the home.
  2. Caregivers will explore practical ways to ensure the safety of adolescent girls, themselves, and their family.

- **Timing:** Before the Safety Session with male caregivers.

- **Materials:** Flip chart paper, markers (in at least four different colors), post-it notes, pens

- **Duration:** 2 hours

**Note:**

Gender-based violence is often considered a taboo subject and not openly discussed, despite being experienced by many adolescent girls and women. This topic may make some participants feel uncomfortable, and may also remind some of them of their own personal experiences.

Be prepared with information about case management services available to women and girls. Also be aware of any violence disclosed, especially against adolescent girls. This may need to be followed up with your supervisor, especially if you believe a girl is in immediate harm.

### I. Welcome & Review (10 minutes)

- **Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

- **Say:** Today we are going to talk about the risks women and adolescent girls face in general, as well as some specific potential risks in our community. As this is a sensitive topic, shall we remind ourselves of the group agreements?

- **Ask:** Are there any other agreements related to safety we want to put in place for this session? (For example: Don’t identify specific individuals you know who may have experienced GBV - speak in more general terms. If someone discloses a personal case of GBV, remember this is a confidential space and the case should not be discussed outside of the group, etc.)

### 2. Let’s Explore (15 minutes)

- **Ask:** What do you think about when I say the word “safety”?

- **Say:** When we talk about safety, we mean being free from harm, danger, threats, or risks, both inside and outside the home. Harm, danger, threats, and risks can be caused by a number of things. For example, the environment can make people unsafe if there is an earthquake or storm.

- **Ask:** Can anyone think of other types of harm, danger, threats, or risks that make people unsafe? (For example, war, conflict, lack of money, being homeless, violence, etc.)

- **Say:** For the purpose of this session, we are going to focus on the issue of violence and the types of violence that make women and girls, in particular, unsafe.

- **Ask:** What do you think are some specific safety risks and threats that women and girls face in the community and at home?
Do: Write their answers on a flip chart.

Explain: Women, girls, boys, and men can all experience harm, danger, threats, or risks, but there are some safety issues that really only affect women and girls. These safety issues are types of violence that women and girls face because of their gender. (Remind them of the gender box.) This type of violence happens to women and girls because of the discrimination they face and because men use their power over women and girls.

Sometimes, women and girls accept this violence because they may not realize that it is actually a type of violence. It may be something very common in the community, and therefore it is perceived as normal and acceptable for this to happen. Sometimes, women may be violent towards girls, or have certain expectations of girls because they themselves based on their own experiences. (For example, marrying girls early because this is what happens in the community, or girls having to leave school earlier than boys.)

Ask: Would you agree that women and girls deserve to have less power and safety than men and boys? (Women and girls deserve to have the same power and safety that men and boys have. Women and girls are as capable, smart, and important as men and boys and deserve to be treated equally).

Say: This is a safe space, and if anyone is feeling uncomfortable at any point during the session, it is OK to voice this. There is also a caseworker available to talk to, and I can give you more information about this at the end of the session, or you can come and see me afterwards.

3. Activities

Activity 1: Types of Violence (25 minutes)

Say: We talked about safety and the fact that girls and women face different forms of violence because they are women and girls. We call this gender-based violence – or GBV. Any form of violence is harmful and not acceptable; this includes all forms of gender-based violence.

Do: Draw an outline of a woman on a large piece of flip chart paper. Give caregivers post-it notes.

Say: I want you to take a few moments to think about violence, risk, harm, or dangers that women and girls experience. Write your answer and come and place it on the flip chart paper. If you are unable to write, you can draw, or get support from another caregiver or facilitator. Come and place the post-it close to where this woman/girl may experience this violence.

Note: You may need to give some examples to help participants make the distinction between GBV and other forms of violence. You can say to participants “Before you write down your answers, think to yourself: do men or boys experience these things as often as women and girls do?” If they need further guidance, you can give them some examples such as: early marriage, rape, sexual comments, etc.

Do: When they have finished, gather everyone around the outline and summarize what participants have written. Get the participants to explain which "type" of violence they have written. (For example, if they say hitting, pinching, etc., ask them how they would categorize this – e.g. "physical violence.")
Then explain the following, filling in the gaps of information they have missed:

**Physical**
(hurts the body)

- hitting
- punching
- slapping
- throwing things at her
- pulling hair
- throwing her to the ground
- hurting her with sticks, chains, bars
- locking her in the house

- neglecting her
- withholding medical care from her
- giving her medical interventions without her consent or understanding
- women and girls carrying an unfair burden of household work
- punishing her for bringing "shame" on the family (honor crimes)
- not allowing her to wash herself or her clothes

**Emotional**
(hurts the feelings and self-esteem)

- telling her she is stupid, ugly, useless
- threatening her with abandonment
- threatening to get another wife
- making her beg for essentials
- making her beg for money
- making her eat with animals or off the floor
- telling her no one cares about her
- telling her no one will believe her
- making her keep harmful secrets
- humiliating her
- humiliating her in front of others
- telling her she is a bad mother

- threatening to kill her
- threatening to kill or hurt others (children, family members, anyone who helps her)
- stopping her from seeing her friends and family
- making her afraid all the time
- threatening to withhold food
- disregarding her privacy and dignity
- using abusive language
- talking about her private business without her consent
- persuading her to stay with an abusive husband
- telling her the violence is her fault

**Economic**
.controls access to money, property, or resources

- taking control of her money
- not supporting her or her children
- denial of opportunities for education or income-generating activities
- not telling her how much money is in the household
- excluding her from decisions about how to use resources
- denial of inheritance rights
- denial of property rights
- making her responsible for children without the means to be so (for example, telling her she must pay their school fees when she has little or no opportunity to generate income)

- making her responsible for others’ debts
- paying her less for similar work
- refusing to employ women
- giving women jobs that are below their potential and capability and denying them any promotion
- misusing her resources
- taking the profit from her labor without her permission
- withholding money and other resources
- giving preference to other wives and children
- denial of children born outside marriage
Sexual violence can include rape, but also includes any form of undesired sexual contact. Rape is when a girl or woman is forced to have sex against her will, including penetration of any part of the body (mouth, vagina, anus) with a body part or object.

Other types of sexual violence include:
- attempted rape
- sexual harassment
- stalking
- making comments about her body and her sexuality
- sexual humiliation by saying things to others that would create a “bad” reputation
- sexualized name-calling
- making someone watch pornography
- making someone act out pornography
- abusing women through sex work
- forced nakedness
- forced childbearing
- forced sex in front of others
- enabling others to sexually abuse her
- selling or buying women and girls to/from others for sexual exploitation
- early marriage
- forced marriage
- any sexual activity with children
- refusal to allow women to choose their own partners
- sexual exploitation and abuse
- grooming
- incest
- forcing a widow to marry her brother-in-law
- knowingly transmitting an STI
- refusing to allow her to use contraception

**Ask:** How do we know if sexual contact is desired or not?

**Say:** If someone says “Yes” to something due to pressure or threats, this is undesired sexual contact.

**Ask:** Did any of these types of violence surprise you?

**Ask:** Do you think it is still considered violence if the person who does it is a husband or intimate partner?

**Explain:** If the person who chooses to be violent is a husband/intimate partner, this is still violence, with one person trying to use their power and control over their partner. Violence can be a one-time incident or ongoing. It can be big or small. It can be planned or unexpected. There are many different ways that violence can manifest. All forms of violence are harmful and not ok. Sometimes people think they “deserve” the violence that is happening to them, maybe because they think they did something wrong. Violence is never a solution to any problem, and there is no situation where violence is a justified response. Violence is used by men to maintain control of women. It is not because men lose control of their emotions.

**Ask:** If someone experiences sexual violence, what should they do?

**Explain:** If a women/girl experiences physical or sexual violence, she should tell someone she trusts to help her seek medical attention, if required. This should happen no later than within three days/72 hours, in order to help prevent health-related consequences.

Give participants the contact information for the safe space and explain case management services that are available there or in the community.

**Activity 2: Safety Mapping (20 minutes)**

**Say:** Now we are going to think in a bit more detail about the risks women and girls may face in the home and in the community.

**Do:** Split caregivers into groups based on how close they live to each other. Ask them to draw a map of where they live (the places they visit a lot in their daily activities). Have a maximum of five to six women in each group so that they can all easily access the map.
Say: Imagine you are on top of a big hill, seeing your community from above. Where are the places you visit, the roads you walk on, etc.? Go through the following steps with participants:

1. Ask them all to put their homes on the map.
2. Next, ask them to think about what places they see when they leave their homes, and ask them to add these things one by one to the map.
3. Where are the areas in the community where women might not feel safe? (This might include their home.) Ask them to put an X on those places.
4. Where are the areas in the community where girls might not feel safe? (This can include the home.) Ask them to put an X on those places (in a different color).
5. Finally, ask them to mark the places that are safe (in a different color) by circling them or putting a tick.

Do: Bring participants back to the wider group when they finished and ask them to present their maps.

Ask:
- What did you learn about the different safety issues where you live?
- Were there any differences between women and girls in relation to the risks they face?

Explain: If anyone has individual safety concerns, they can be connected to a caseworker who can help them develop a more detailed safety map and plan. If anyone would like more information about case management services, please talk to me at the end of the session.

Activity 3: Safety Plan (25 minutes)

Do: Get participants to do the following activity individually. This will allow them to think about safety in the home, something they may not feel comfortable disclosing in front of a group.

Say: Let's try to develop a safety plan for ourselves and our daughters based on the risks we identified.

Note: If participants identify risks related to other children (for example, sons) or female members of the family (for example, sister, aunt, etc.), they can also include strategies for them in the safety plan.

Note: The facilitator is requested to push for realistic solutions. For example, if women do not have a cell phone, the facilitator should be aware that calling the police might not be possible.

Do: Explain the following steps, one by one, to participants, leaving time in between steps for them to work on that part of their plan. If they can, ask participants to write their answers down on a piece of paper. If they cannot, see if they can express this through drawing, or just simply ask them to mentally concentrate on the risk.

Write the words in bold on flip chart paper.

1. For the first risk identified, ask them to think about when there is risk (i.e. at what time).
2. Then ask them to think about where the risk is.
3. Then ask them to think about who the people are or the places where they can get support.
4. Then ask them to think about how these people can provide them with support.
5. Then ask them if there is any way you as the facilitator can support them.

Do: Once you have been through the first risk with them, give them time to complete the other risks they identified. If there is not enough time, you can tell them they can complete it during the next session or at home (if it is safe to do so).

Note: This is the opportunity for participants to identify ways of dealing with specific risks, especially for those who feel they have no decision-making power to address risks in the household. They should be encouraged to think of strategies they can use that will help them if they or their children face violence.

Explain: This safety plan is just one of the means that could be helpful. Each person has their own way of trying to ensure their own safety, and this plan is here to support or add to the existing safety strategies each person has.
Ask: Is it ever the fault of the woman or girl if she experiences violence?

Say: It is important to know that even if a woman or girl is exposed to harm, this doesn’t mean it was her fault. The person who causes harm to another has the choice to do it or not. There are ways to resolve issues, disagreements, and challenges that do not involve the use of violence. It is the right of women and girls to live a life free from violence.

Note: If caregivers have identified general safety issues, ask them if they mind if this is shared with camp management or committees, so action can be taken. If sensitive issues about specific individuals have been identified, refer them to your supervisor (with consent from the reporting caregiver).

Do: Remind participants of the available services, especially case management, and provide them with the relevant contact information. Explain you will be available at the end of the session to take more questions and do referrals if needed.

4. Check-in (10 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Ask caregivers to complete their safety plans before the next session. If it is safe to do so, they can write it down. If not, they can simply think about it. They must be sure to highlight any risks they know of that girls in particular face. Ask them to talk to their daughters about safety and to ask their daughters what risks girls are facing in the home or the community that caregivers may not have known about.
SESSION II
Violence Targeted At Adolescent Girls

Objectives:
1. Caregivers have a stronger understanding of types of violence girls face.
2. Caregivers are aware of the effects of these types of violence on girls.

Materials: Flip chart paper, markers

Duration: 2 hours (Add additional time if doing the FGM activity.)

Note:
This session may be quite sensitive, so it is important to check in with caregivers to see how they are feeling as you move through each activity.

1. Welcome & Review (5 minutes)
   - **Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?
   - **Say:** In previous sessions, we have discussed violence against women and girls. Today we are going to talk specifically about the types of violence adolescent girls face, the impact it can have on them, and explore the ways in which we can create a safer environment for girls.

2. Let’s Explore (15 minutes)
   - **Ask:** Can you think of any forms of violence that girls may experience more than women? (Examples include early marriage, FGM, denial of education, etc.)
   - **Say:** Adolescent girls are more at risk of violence than other groups, because of their age and also because they are girls. Girls may be at risk of violence both inside and outside of the home. Sometimes, caregivers’ reaction to that risk of violence can cause them to limit girls’ movements, restrict their access to education or other activities, and blame girls for the violence they are at risk of experiencing.
   - **Ask:** Do you think girls are ever to blame for the violence they experience? (Violence is a choice made by those who are committing it, girls are never to blame for the violence they experience.)

3. Activities

   **Activity 1: Gender-Based Violence Myths & Facts (15 minutes)**
   - **Say:** Sometimes people say things about gender-based violence that are not true. These are called myths. We are going to play a game to find out the truth!
   - **Do:** Read the statements below. If caregivers think the statement is true, they should stand up. If they think the statement is a myth, they should stay sitting. Clarify the answer after each statement. Allow discussion after each statement as needed.
     - When someone apologizes for being violent, it means that he will change and not be violent again. *(Myth)*
     - Sometimes, the only way to deal with a situation is to use physical violence, because the girl or woman needs to be taught a lesson. *(Myth)*
Marrying a girl early means she will not experience sexual (or other forms of) violence. (Myth)

Only poor, uneducated girls experience sexual violence. (Myth)

Sometimes, using physical violence is necessary to make someone realize they did something wrong. (Myth)

There is nothing wrong with physical punishment; this is something normal and has been done for many years. (Myth)

Very young girls do not experience sexual violence - it only happens to older girls and women. (Myth)

Perpetrators of sexual violence are usually strangers to girls and women. (Myth)

Only young and attractive girls and women are raped. (Myth)

If a girl is raped, it must be her fault. She must have done something, said something, or dressed in a way to invite the act. (Myth)

Ask: Were any of the answers a surprise to you? Which ones and why?

Note: If some caregivers agree with the statements read out, ask caregivers who disagree to share their reasoning with the group, to provide a counter perspective.

Say: Perpetrators of violence make a choice to be violent. It does not matter if someone is poor, young, old, etc. Sometimes, society tells us that it is the girl who is to blame for the violence committed against her, and we then react by restricting girls as a way to control this violence. By doing this, we are ignoring the thing that is causing the violence (the root cause).

Activity 2: Effects of Violence on Girls (30 minutes)

Do: Remind women of the different types of violence that were discussed in the previous session.

Do: Divide women into four groups and provide each group with a case study. Read the case study to the group and ask each group to think about the questions under each case study. They will provide a summary to the wider group.

Contextualization

Case Study 1: Tania is 11 years old and she loves school. But recently it has been very difficult for her. She has a new teacher who treats the girls and boys differently. During the break, the boys play outside and the girls stay inside to help clean up. During the class, the teacher only asks the boys to answer the questions, even though Tania always knows the answer. One day, Tania refuses to clean up and tells her teacher she wants to go and play outside. The teacher hits her and tells her that it is not appropriate for girls to play outside and she shouldn’t answer back!

Ask:
- Is this a type of violence? (Yes)
- What are the potential physical and emotional effects of what is happening to Tania?
- Is what happened to Tania her fault? (No, Tania is not to blame. There are other ways of resolving issues that do not require violence.)

Case Study 2: Zara is 12 years old and helps her mother with the household chores. One day, her mother is unwell and asks her to borrow some vegetables from her friend next door. Her friend is not at home, but her friend’s husband, Bilal, is. Zara doesn’t want to go inside, but Bilal insists and assures Zara that he will provide her with the required items. Once inside, the man tries to pin Zara against the wall. She manages to escape. As she is leaving the house, he threatens her and tells her not to tell anyone what happened.

Ask:
- Is this a type of violence? (Yes)
- What are the potential physical, emotional, and social effects of what happened to Zara?
- How likely is it that Zara will share her experience with others? What would stop her from sharing? (Fear of being blamed, not being believed)
Case Study 3: Rebekah was married at the age of 14. A few days after her marriage, her husband started fighting with her. The fights would be for no apparent reason and would include shouting, screaming, hitting, and ridiculing her on her appearance, behavior, etc. Sometimes, he would also fight with her for refusing to cook, clean, or for arguing back. Sometimes Rebekah’s husband would apologize and be nice to her for some days, but would then become angry again and start using physical violence and saying horrible things to Rebekah.

Ask:
- Is this a type if violence? (Yes, early marriage is a form of violence, and girls that marry at a young age are at increased risk of experiencing other forms of GBV.)
- What are the potential physical emotional and social effects of what is happening to Rebekah?
- Is the behavior of Rebekah’s husband normal? (Society may think this is normal and acceptable, but Rebekah has the right to live a life free of violence.)
- Is it OK for Rebekah’s husband to beat her because she refuses to cook, clean, or answers back? (No, there are other ways to resolve issues that do not involve violence.)

Case Study 4: Mariam is 16 years old and she has a boyfriend. Sometimes after Marian has come home from seeing her boyfriend, she has bruises on her body. She is sad and upset sometimes after seeing him. Mariam’s mother tries to talk to her and tell her that she should leave her boyfriend because he is bad for her. Mariam argues with her mother and refuses to talk to her about what is happening in her relationship.

Note: Caregivers may say that girls should not have boyfriends and that this is the solution. It is important for them to think of the ways in which they can support girls who are experiencing violence without shutting down the conversation and forcing girls to be secretive.

Ask:
- Is what Mariam experiencing a type of violence? (Yes)
- What are the potential physical, emotional, and social effects of what is happening to Mariam?
- What can Mariam’s caregiver do to support her in this situation? (Mariam’s caregiver should make it clear to Mariam that she is there to support and listen to her if she needs help or needs to talk. She should check in with Mariam regularly to see whether she is OK and wants to share anything.)

Explain: In each situation, the girls have experienced violence.
- All of the girls may be experiencing stress, injury, feelings of hopelessness, isolation, trauma.
- The girls may experience blame or rejection from their family or the community.
- They may experience depression, poor performance in school, fear or distrust of adults, bullying etc. This can seriously impact their lives as adults.
- As we discussed in the session on adolescent girl development, research tells us that children who experience violence can suffer terrible developmental consequences, and children who are witnesses to violence can experience the same negative consequences.

Ask: What can we do to create a safer environment for girls who may be facing the different types of violence we discussed? (Add the following if participants don’t mention them.)
- Don’t blame girls for violence they experience.
- Create an open and nonjudgmental space for girls to feel comfortable to discuss violence they may be experiencing. This is especially important for girls who may be experiencing violence from boyfriends and partners.
- Respect girls’ rights to a life free from violence, the right to be children, to get an education, to not be forced into marriage, etc.
- Praise girls for being bold and confident, and for standing up for themselves and saying “no” to people who might want to harm them.
- Encourage girls to exercise their right to say “no” firmly.
- Encourage them to communicate assertively, even at the risk of “offending” someone who may be perceived as holding more power.
• Use open communication and show empathy in order to help girls develop positive and healthy relationships.
• Use non-violent strategies to deal with disputes and disagreements in the family.
• Use non-violent discipline methods.

**Activity 3: Early Marriage (25 minutes)**

**Say:** Now we are going to talk in more detail about early marriage. This is something that may be very common in our community, but it is important for us to think about the physical, emotional, and social consequences on adolescent girls and to get your opinions and ideas on this topic.

**Ask:**
- What do you think is a good age for a girl to get married?
- Who normally makes the decision on marriage? Is this someone other than the person you think should be making these decisions?
- What are some of the reasons why a girl marries before she is 18?
- If a girl gets married before she is 18, what could be the physical or emotional impact on her (especially if she gets pregnant before 18)?

**Explain:**
- According to the Convention on the Rights of the Child, “child or early marriage” is defined as marriage that occurs before the age of 18 and is harmful to girls.
- Girls who marry young are often pulled out of school and miss important years of their education. Because of this, they will have limited knowledge, skills, and experience to negotiate adult marital roles.
- Girls married at young ages tend to have larger age differences with their husbands than those who marry later. This can be traumatic for young girls. Often, they have very little information about “adult relationships.”
- Childbearing is frequently expected after marriage, with first births being the riskiest for adolescent mothers. Pregnancy at this time is very dangerous, and doctors recommend that girls finish puberty and adolescence before attempting to have children.

**Do:** Read the following story and ask caregivers how this situation could be dealt with.

**Contextualization**

Yusra lives in your community. She has three children and is raising them on her own. She earns some money by tailoring, but it is not enough to support her children. She tries her best and is determined to keep her children in school, but she has been struggling lately and had to remove her eldest daughter from school. Yusra thinks that maybe it is better that her daughter gets married. This will reduce the financial burden on her. Yusra also believes that it will be better for her daughter, as someone else will be responsible for her. She loves her daughter very much and wants the best for her. Yusra's daughter is 14 years old. Yusra wants your advice.

**Do:** Split caregivers into small groups and ask them to think about how they could advise Yusra. Get them to consider Yusra's situation, taking into consideration the impact that delaying marriage could have on the family and what steps Yusra can take to deal with this. (For example, she may say she has no choice due to financial constraints or to protect her daughter.)

**Note:** They should ask Yusra to think about the pros and cons of the decision to get her daughter married. They should encourage Yusra to think about alternative strategies before marrying her daughter and ask her to think about how she can seek support.

**Explain:**
- Pregnant adolescents face a significantly higher risk of dying in or after childbirth.
- Adolescent mothers are less likely to receive health services due to delays in seeking care, barriers to reaching a facility, and challenges in obtaining specialized care.
- Physically younger girls (below 18) are not as developed as adults. Parts of their body are still growing, and they need to be fully grown to be able to deliver a healthy baby.
For instance, girls who become pregnant at an early age often have difficult deliveries because their pelvis is too small. This could lead to needing an operation to deliver the baby.

Young girls are at greater risk of dangerous fits during pregnancy, exhaustion, infection, injury, and death.

Young girls are also at high risk of delivering babies too early -- before the baby is ready to come out.

Ask:

- What do you think about the information presented? Is any of the information new to you, or did you already have this information?
- Do you think this information could help someone make an informed decision about early marriage? Why/why not?
- Is this a conversation that is easy for caregivers to discuss with each other? Why/why not?
- What can caregivers do if it is the girls themselves that are requesting to get married?
- If you have daughters that are already married, what are some of the things you think they need support with to ensure a safe and healthy married life?

Optional Activity 4: Female Genital Mutilation/Cutting (25 minutes)

**Contextualization**

*Note:* This activity or topic may not be relevant in all locations. Only use it where it is known that FGM is practiced.

*Ask:* What do we mean by “tradition”?

*Explain:* Tradition is a belief or behavior passed down within a group or society with certain meaning, and based in the past.

*Ask:*
- What are some of the traditions we have in our families or in our community?
- Are traditions easy to change?
- Can you think of examples of traditions that you have seen change over time? (For example, what is different for you compared to your parents or grandparents?)
- Are there traditions that are harmful? What are some harmful traditions? (For example, son preference, dowry system, FGM, etc.)

*Say:* Many cultures around the world practice different traditions to celebrate the period of transition between childhood and adulthood. This celebration is very important in many communities, but some traditions can have physical and emotional effects on the person going through the transition.

*Ask:* Has anyone heard of female genital mutilation/cutting?

*Note:* Use the relevant local term (for example, bush school).

*Explain:* Female genital mutilation/cutting is the cutting of a woman’s or girl’s external reproductive genital organs.

*Say:* I am going to read you a story.

*Contextualization*

Amina and Christine are both 11 years old and are in the same class in school. They spend a lot of time together, but during the school holidays, they do not see each other. Their lives take two different directions. Christine goes to bush school (goes through FGM) during the summer, but Amina doesn’t.

*Do:* Split caregivers into small groups and get them to draw two pictures, one of Amina and one of Christine.

*Say:* Let’s draw where they will be in life in 10 years’ time. What will their life look like? What will they be doing? How will their lives be the same or different?
Do: Once they have finished, ask them to share some of their ideas with the group. Then explain how the story ended.

Say: Amina’s and Christine’s lives turned out quite different because of their experience at 11 years old. The experience of bush school meant that Christine missed a lot of school, whereas Amina got to continue with her studies. Christine, because of her experience at bush school, was now considered to be ready for marriage, so she married young. Amina did not get married at an early age. Christine had children quite quickly after she got married. Amina waited until she was older to have children. Christine and Amina both have one thing in common, neither of them will let their daughters go to bush school. Christine now talks about her experience to other people, to try to encourage them to think of other ways to celebrate their daughters who are growing older.

Ask: Who decides if a girl should be cut?

Ask: Have you heard of stories where girls or their caregivers have refused to be cut or let their girls be cut? What happens to these individuals in the community?

Ask: Do you know some of the risks of FGM?

Explain: FGM involves removing and damaging healthy and normal tissue, thereby interfering with the natural functions of girls’ and women’s bodies. FGM can have severe lifelong health consequences, including infections; hemorrhage; severe pain during urination, menstruation, sexual intercourse, and childbirth; psychological trauma; infertility; and in some cases, death.

Ask: Have you heard of any alternative rituals that are used instead of cutting? Are there any that exist in this community?

Explain: Celebrating cultural values is really important, and girls should be able to celebrate transitions to womanhood and learn about their cultural and community values without the harmful effects of FGM.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Discuss the things you learned today with your daughters and ask them how you can create a safer environment for them during this time of transition. Explain and clarify any myths they may have about adolescent girls’ experience of violence. You can share your ideas in the next session.
SESSION 12
Responding To Violence Towards Adolescent Girls

- **Objectives:**
  1. Caregivers explore the concept of blame in relation to the violence adolescent girls experience.
  2. Caregivers explore how to protect girls from violence in ways that don’t cause them further harm.

- **Materials:** Flip chart paper, markers, Comfortable & Uncomfortable Touch Session from the Safety Session of the Girl Shine Life Skills Curriculum

- **Duration:** 2 hours

**Note:**
This session may be very sensitive, and the facilitator may face some resistance from caregivers. It is important to remind caregivers of the group agreements and remind them of GBV services available to women and girls.

1. **Welcome & Review (10 minutes)**
   - **Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?
   - **Say:** In the last session, we talked in more detail about some of the forms of violence that girls in particular may face. Today we are going to discuss how we can help protect girls from these forms of violence.
   - **Ask:** What are some of the things you think we can do to help keep girls safe? (No early marriage, no FGM, no blame, open communication, etc.)

2. **Let’s Explore (20 minutes)**
   - **Note:** This story may be challenging. Women may not be willing to accept supporting a girl who is in a relationship if this is uncommon or hidden in their culture. It is important to get participants to focus on the danger the girl may be in and why it is important to ensure her safety.
   - **Ask:** Who remembers the story of Mariam from last session?
   - **Do:** Remind participants of Mariam’s story: Mariam is 16 years old and has a boyfriend. Sometimes after Marian has come home from seeing her boyfriend, she has bruises on her body. She is sad and upset sometimes after seeing him. Mariam’s caregiver tries to talk to her and tell her that she should leave her boyfriend because he is bad for her. Mariam argues with her caregiver and refuses to talk to her about what is happening in her relationship.
   - **Ask:** Imagine Mariam comes home one day and is covered in bruises and her caregiver sees her. What should Mariam’s caregiver say to her?
   - **Ask:** Can anyone remember the session we had on our relationships with adolescent girls? We discussed empathy. Can anyone remember what empathy means?
   - **Explain:** Empathy, put simply, is the ability to understand and act with care towards our daughters.
   - **Ask:** And why is empathy important, especially when talking to girls about violence?
Explain:
- Being empathic helps ensure girls feel safe.
- Being empathic allows girls (or anyone experiencing violence) to openly share and discuss the problems and risks they are facing without the fear of being blamed.

Ask: Can anyone remember the technique we discussed to improve empathy?

Do: Remind caregivers:

Step 1 - Identify the feeling.

Step 2 - Determine the reason.

Step 3 - Honor the feeling.

Step 4 - Deal with the feelings with the child, and take action.

Explain: Mariam’s caregiver should not blame Mariam for what happened. She should make Mariam feel comfortable and safe to express what happened to her. Mariam’s caregiver should try to talk to Mariam and explain to her that what she is experiencing is a type of violence. She can also tell Mariam what some of the consequences of the violence could be. If Mariam is not ready to seek support, Mariam's caregiver should make it clear to her that she is there to support and listen if she needs help or needs to talk. She should check in with Mariam regularly to see whether she is OK and if wants to share anything.

Ask: Why is it important that Mariam’s caregiver responds in that way?

Explain: It is important that she respond that way so she can fully understand what the risks are and support Mariam to be safe from those risks or threats. By responding in an open and supportive way, Mariam’s caregiver can try to understand why Mariam stays with her boyfriend, as there may be reasons Mariam stays with him. For example, she may feel trapped - if she owes him money, if he is threatening to ruin her reputation, etc. Mariam’s mother can also try to help Mariam develop a safety plan or support her to access services that could help her - for example, case management.

3. Activities

Activity 1: Blame - Stand Up, Sit Down (30 minutes)

Explain: As we have already discussed, sometimes people fully or partly blame girls for the violence they experience. They may tell girls that it is their fault violence happened to them, that they could have done something to stop it or otherwise avoid it.

Say: I am going to read a few scenarios, and we are going to decide who is to blame. I will ask you who is to blame, so follow the instructions.

Scenario 1:

Say: A man forgets his phone on a table in a restaurant. Someone steals the phone.

Stand up if you think the man is to blame. (It is the responsibility of the person who took the phone, because it is a decision that person made.)

Scenario 2:

Say: A girl is walking home late at night after spending time at her friend’s house. She is wearing tight trousers. A man comes and tries to grab her, she manages to run away.

Stand up if you think the girl is to blame. (Caregivers may say that the girl shouldn’t be walking at night or wearing those clothes. It is important to emphasize that sometimes we can try to prevent situations by walking in groups or during the day (for our safety), but a girl is never to blame in this situation. The perpetrator made the decision to approach her, he is responsible! The girl’s clothes or other factors will not prevent someone from committing violence if they have made the decision to do so.)
Scenario 3:

**Say:** A husband and wife are arguing because his wife refused to do as he requested. The husband pushes the wife and she hurts her arm.

Stand up if you think the husband is to blame. (They may say that the wife is being disobedient and should do as the man says. It is important to tell them that under no circumstances is she to blame for being physically assaulted by her husband. There are different ways to solve problems. Men and women should be treated equally - the wife doesn’t need to do everything the husband says, there should be equal decision-making power.)

Scenario 4:

**Say:** A boy is walking home from school. He stops at the shop to buy a soda. When he leaves the shop, a group of boys asks him to give them his soda. The boy says “no,” so the group beats him.

Stand up if you think the boy is to blame. (They may say that the boy should have handed over his soda. It is important to say that even if the boy could have done that, he is not to blame. The group made the decision to behave in this way.)

**Ask:** Is the person experiencing violence ever to blame for what happens to her? (Clarify that it is never the fault of the person who experiences violence (the survivor). Violence is a choice. In many cases, we place the blame on the survivor, expecting the survivor to be responsible for her own safety or thinking she could have done something to prevent it. This means we are taking responsibility away from the person that decided to use violence in the first place.)

**Ask:** Sometimes, when a person experiences violence, they might not want to discuss it with anyone. Why do you think this is? (For example, they don’t know who to trust, they are scared of the news spreading or judgement from people, they think they are to blame, they are scared that others will blame them.)

**Ask:** What can we do to be more supportive of girls (and women) who might want to disclose violence.

**Explain:** The survivor is never to blame for the violence that happens to her. Even if some people may think that the survivor could do something to prevent the violence from happening, it is important to understand that the perpetrator has a choice not to abuse, and the responsibility always lies with the perpetrator.

**Activity 2: Protecting Girls from Violence (30 minutes)**

**Ask:**
- Do we treat girls and boys differently when we are dealing with their safety? (For example, are there some things we allow boys to do but not girls, because we want to keep girls safe?)
- What are the things we let boys do and not girls?
- What do we think the risks for girls would be if they did the same things as boys?

**Explain:** It is important to protect our children from violence. Sometimes, people may think that protection means keeping a girl inside the home and not allowing her to be involved in the community, to go to school, to make friends, etc. But people may not realize that this can lead to another form of harm. It can cause a girl to become isolated, which can affect her when she is older, leaving her with limited skills and information on how to navigate life. But because we realize that there may be certain issues that affect girls more than boys, let’s think of ways we can reduce the risk, without preventing girls from being active members of the community.

**Do:** Split caregivers into two groups. The groups will answer the following questions:

Group 1: How can we protect girls from violence inside the home?

Group 2: How can we protect girls from violence outside of the home?
Note: If women express that violence inside the home is perpetrated by men and that they themselves are experiencing violence, ask them to think of strategies they can use to protect themselves and their children. For example, remove or hide harmful tools that could be used to hurt someone, or move into a room where you can escape or others can hear you. Also remind them of the availability of case management services.

Say:
- In your groups, I want you to think about the things you can do to support girls to stay safe from harm inside or outside the home (depending on the group you have been assigned to).
- Think back to previous sessions where we discussed safety and protection. For those in the “inside of the home” group, think about the impact that corporal punishment can have on children and some of the alternative strategies you can use.
- For the “outside of the home” group, let’s remember that we do not want to make girls feel isolated or put limitations on them. We want them to be active members of the community where they are free from harm.

Do: Once caregivers have finished, ask them to share their ideas with the group.

Add the following:
- Listen to girls and believe what they are telling you.
- Take time to talk with them on a daily basis.
- Know what makes them feel unsafe.
- Pay attention to the clues girls may send that indicator they are experiencing a problem.
- Don’t tolerate violence among any family members, including among siblings.
- Keep adult arguments and issues away from children, and find non-violent ways to deal with these.
- Speak openly about safety issues. Girls will be less likely to come talk to you if the issue is considered to be a secret or shameful. If they feel that their caregivers are comfortable discussing the subject matter, they may be more likely to talk about it.
- Practice the things you talk about. You may think girls understand your message, but until they can incorporate it into their daily lives, it may not be clearly understood. Find opportunities to practice “what if” scenarios. For example, “What if someone says something to you that makes you uncomfortable?”, “What if you need to see a doctor and need help getting there?” etc.
- They also need to know that it is OK to tell someone they trust if they experience any violence.

Note: Be sure to challenge any harmful strategies that are suggested, such as locking girls up, not allowing them to go anywhere, etc.

Ask: We have discussed how you can provide protection to girls to keep them safe from violence, but what can we do so girls can also help themselves stay safe from violence?

Do: Note down their comments and have a discussion on what can be taught to girls/is being taught in the Girl Shine Life Skills Curriculum.

For example:
- Raise awareness with girls of the different types of violence. Explain good touch and bad touch.
- Encourage girls to exercise their right to say “no” firmly.
- Encourage them to communicate assertively, even at the risk of “offending” someone who may be perceived as holding more power.
- Explain to girls that they can come and tell you if they feel threatened, without fear or judgment. Tell them they will not be blamed.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or if someone would like to volunteer a closing activity for the next session.
5. Takeaway (5 minutes)

Talk to your daughters about how they can keep themselves safe. Explain how you plan to protect them by using the ideas you came up with in Activity 2, and get their opinions/feedback on this.
SESSION 13
Our Vision For The Community

Objectives:
1. Caregivers will think about their role in keeping girls safe from violence in the community.
2. Caregivers will develop a plan outlining how they can support girls to stay safe in their community.

Materials: Flip chart paper, markers
Duration: 2 hours

1. Welcome & Review (10 minutes)
   Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

2. Let’s Explore (15 minutes)
   Say: We have discussed how we can help protect our daughters and how we can empower them to manage their own safety (for example, saying “no” and raising awareness about the different types of violence). Now we will discuss what our role is in keeping all girls safe in the wider community.
   Ask: Why is it important to think about our role in keeping all girls safe in the wider community? (There are types of violence that happen to girls outside the home, and we need to engage the wider community in keeping girls safe. We also need to think about our own role in the community in keeping other girls safe.)
   Ask: What do you think about your role in the community in keeping all girls safe? Do you think you have a role in this?
   Ask: What could be some of the challenges you face in involving other community members in keeping girls safe?
   Say: Today we are going to discuss our ideas and suggestions on how we can keep girls safe and engage other community members.

3. Activities
   Activity 1: Violence Against Girls in the Community (30 minutes)
   Say: I will read several statements. After each sentence, you should think about whether the statement is helpful or harmful in preventing violence against girls. If you think the statement is helpful, stand up. If you think the statement is harmful, stay seated.
   Note: Help the group talk out their thoughts and arrive at a decision. Also acknowledge that female caregivers may not be in a position of power to address some of these statements. If this issue arises, ask women what is realistic for them to be able to do in that situation.
   Say:
   • A bystander ignores a fight between a man and his adolescent wife that is taking place in the street in front of their house. (Harmful)
   • Women in the community come together to raise awareness about safety issues in their community. (Helpful)
A medic in the community avoids asking a girl who comes in every week with black and blue marks if she needs help, because she wants to respect the privacy of the family. *(Harmful)*

Someone talks to her neighbors to convince them that they should not marry their daughter too early. *(Helpful)*

A community leader finds out about violence against girls happening in the community and remains silent. *(Harmful)*

A caregiver talks to the Head Teacher about the concerns she has about the treatment of girls in school. *(Helpful)*

**Do:** When the group has finished:

**Ask:**
- Do you feel that it is easy for women to take such actions in the community?
- What could make it easier for women to be able to take more action?
- What do we feel is realistic for us to do in our community?

**Do:** Write down their answers on a flip chart.

**Activity 2: What Can We Do to Prevent Violence Against Girls in the Community?** *(40 minutes)*

**Say:** We have discussed violence against girls in the community and some of the harmful and helpful things we can do to try and provide a safe environment for girls. Let’s think more specifically about the things we know girls face in our community and the things we know we can and cannot do to support them. *(Remind participants of the different things discussed in the Safety session and the session on Violence Targeted against Adolescent Girls.)*

**Ask:** Who would like to share the different types of violence that girls face in our community (either things we have discussed in previous sessions or new suggestions you may have)?

**Do:** Write their answers on the flip chart.

**Do:** Split participants into their groups. In their groups, tell them that we are going to come up with a plan on how to help to keep girls safe in the community.

**Explain:** I know this might be challenging for some of us. But remember, even though we may not be able to solve this issue alone, or feel we don’t have power to deal with this situation, we all have some level of power, and there are things we can all do to ensure girls are safer in our community.

**Say:** For example, let’s start small. Let’s begin with what we can do on an individual level. In your groups, think about what you can do as an individual to help girls be safe from violence.

**Do:** Give participants a few minutes to discuss in their groups, and then ask them to provide their suggestions to the group.

**Note:** Make sure they mention the following points:
- Have a non-blaming approach.
- Be supportive.
- Give girls information about services.
- Provide a safe and trusting space for girls to talk about their safety concerns.
- Support them to access services.
- If possible, speak to male members of the family (immediate and extended) about violence against girls and what they can do to help.

**Say:** Let’s think about the next step now. We have discussed what we can do as individuals. Let’s take a few minutes to think about how we can work as a group to keep girls safe from violence.
Do: Give participants a few minutes to discuss in their groups and then ask them to provide their suggestions to the group.

Note: Probe to see if they feel comfortable raising awareness with people outside of their family on issues related to violence - for example, with community leaders, teachers, other members of the community. Are they able to gather regularly as a women’s group to discuss issues related to violence against girls and women, and be available to girls who need support or want to be active members in their community?

Explain: Even though we alone cannot solve the issue of violence against girls (and women), we have come up with some really great ideas on what we can actually do.

Ask: How can we make sure we do the things we said we would do? (Get participants to nominate people within the group who can follow up on specific points so that the roles and responsibilities are clear.)

Ask: How can we make sure that girls are involved in decision-making and are active participants in the community?

Say: Some examples include:

- Allow them to go out, but accompanied by someone trusted if safety is a concern.
- Let them participate in activities at women/girl spaces if you prefer that they not participate at youth and children spaces.
- Let them go in groups to participate in activities.
- Keep them in school. If there are safety issues, talk to someone at the safe space about how those issues can be addressed.
- Allow them to spend time with their friends in a trusted place. (It is good for them to build social networks.)
- Give them some time at home to complete homework or have free time without doing chores.
- Communicate with girls so they will feel comfortable talking to their caregivers about issues and concerns they have.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Caregivers should go home and discuss their ideas with their daughters to get their feedback and suggestions. If it is safe to do so, they can also discuss and get feedback from male members of their family.
SESSION 14
Moving Forward
(Opportunity For Mixed Sex Groups)

- **Objectives:**
  1. Female and male caregivers will jointly develop an action plan to ensure the safety of adolescent girls in the community.
  2. Caregivers will reflect on their learning from the sessions and make individual pledges to their own daughters/girls they care for.

- **Materials:** Certificates, pens, paper, flip chart paper, markers, colored pens, art materials.

- **Duration:** Extended Session - 2.5 hours

- **Note:**
  This session has been designed to be carried out with female and male caregivers jointly. If this session is being carried out in single-sex groups, follow the guidance under the ADAPTATION headings.

I. Welcome & Review (15 minutes)

- **Do:** If this is a mixed session, do an icebreaker so that caregivers feel comfortable, and do a round of introductions. You could ask the female caregivers to introduce the male caregivers, and the male caregivers to introduce the female caregivers, for example.

- **Do:** Make sure participants suggest some simple group agreements for this session. Make sure agreements are set that emphasize the importance of listening to each other, and make sure there is a balance between how much the women and men speak.

**ADAPTATION:** If this is a single-sex session, ask participants to share one piece of information that stood out for them from the last session? Ask them if they carried out the task from last session’s Takeaway? What was the outcome? Did girls, women, men, and boys in their family provide feedback on their suggestions and ideas?

2. Let’s Explore (20 minutes)

- **Say:** Today is our last session and so we want to think about our commitments to the adolescent girls that we care for and also girls more broadly in our community. We also want to talk about how we can continue to support each other as we move forward with our plans to keep girls safe in our community.

- **Ask:** Can we have some volunteers from the female caregiver group provide a summary for the male caregivers about our plan to keep girls in the community safe?

- **Ask:** Can we have some volunteers from the male caregiver group provide a summary for the female caregivers about our plan to keep girls and women in the community safe?

**ADAPTATION:** If this is a single sex-session, ask participants to remind the group of the main points in their plan.
3. Activities

**Activity 1: Working Together to Keep Girls Safe (35 minutes)**

Say: Now that we have had the opportunity to briefly hear about the plans that female and male caregivers developed, we are going to split into mixed groups to share our ideas and action points in more detail.

Do: Split participants into three groups. Men and women can stay in the groups they were divided into in the previous session. For example, Group 1 from the male caregiver session the previous week can join with Group 1 from the female caregiver session from the previous week.

ADAPTATION: If single-sex group, remain in the group and make sure all participants agree with the plan discussed during the previous session. Then move to the next ADAPTATION.

Say: We are going to see how we can join our plans together, so that we have one plan that we are all working towards.

Ask: Based on plans shared by female and male caregivers, what are the points that we all have in common?

Do: Get participants to discuss in their groups, and once they have finished, ask them to share their ideas with the group. Facilitators should write down the common themes on a flip chart paper.

Note: Facilitators should be aware of whether men are dominating the group discussion and ensure that equal space is given to women to share their ideas and suggestions.

Ask: Based on the plans shared by female and male caregivers, what are the points that we don’t have in common, but think are important to include?

Do: Get participants to discuss in their groups, and once they have finished, ask them to share their ideas with the group. Facilitators should write down the common themes on a flip chart paper.

Note: Facilitators should be aware whether men are dominating the group discussion and ensure that equal space is given to women to share their ideas and suggestions.

Ask: Did the men or women in your group manage to convince you of their ideas? If so, which ones?

ADAPTATION: Clarify with the group that the plan represents all of their ideas, and move on to the next point below.

Say: Now as a whole group, let’s discuss how we can move these plans forward. What needs to happen, when and by who? Can we continue meeting, where, etc.? Let’s also think about how we involve girls in the planning.

ADAPTATION: Make sure that single sex-group identifies how they will involve men or women.

Note: You can use the template below as guidance.

<table>
<thead>
<tr>
<th>Activity (What needs to happen?)</th>
<th>Who is involved?</th>
<th>When should this be done by?</th>
<th>What do we need to make this happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ask:
- Did we include girls in our plan? If not, how can we make sure they are included and at the center of our plan?

Do: Tell participants about the Girl Shine Community Event that the girls are planning and ask participants how they can support girls with this event, and how the ideas and suggestions the girls develop for their event can feed into their own action plan.
Activity 2: The Change That I See (30 minutes)

**Explain:** As today is the last session, we want to reflect on the changes we have experienced since we started participating in these sessions.

**Say:** Let's do something fun and creative to help us summarize our experiences of the sessions!

**Do:** Split participants into four groups, separating male and female caregivers.

**ADAPTATION:** For single sex-groups, they can be randomly assigned to groups (three groups max).

**Say:** You can summarize your experiences in any way you like. This can be through a song, drama, drawing a beautiful piece of art, a poem, etc. - whatever you agree on with the group. Some of the things we are really interested to know about are:

- Have your relationships in the family changed?
- Has the way you distribute household chores changed?
- Has the amount of time you spend doing things as a family, or talking to one another changed?
- Has your relationship with your daughter changed?
- Has the way you view the different roles of your family members changed?
- How do you feel in general about your family environment?

**Say:** Think about whether you have experienced any changes related to the things I listed, and if so, how can you summarize this in a creative way.

**Do:** Give participants some time to think and prepare. Once they have finished, ask them to present this to the group.

**Do:** After they finish, probe further into the questions listed above to gather more information from participants about their experiences and anything else they would like to share.

**Explain:** When you share the positive benefits you have experienced with your friends, community members, or even community leaders, these positive examples can encourage change and are likely to inspire others to support adolescent girls too.

Activity 3: Our Pledge to Our Daughters (20 Minutes)

**Note:** Get caregivers to work with their partners.

**ADAPTATION:** If a single-sex group, participants can work individually and share their pledges with their partner at home and ask their partner if they agree with their pledge.

**Say:** We are going to take some time now to write, draw, or verbally prepare a pledge to our daughters. A pledge is a promise that we want to make to our daughters. This can be one or many things.

**Note:** You can remind caregivers of the Girl Shine principles to help provide them with some ideas.

They can think about:

- How they are going to help girls achieve their dreams and goals.
- How they will change their attitudes towards girls to make them more equitable.
- How they will try to ensure girls have access to the same opportunities as boys, etc.

**Note:** Please go around and help caregivers develop their pledges.

**Do:** Ask them each to share one point from their pledge to their daughters with the group.

**Do:** Ask them to share their pledges with their daughters when they go home.
Closing Activity (15 minutes)

Thank them all for participating, ask them to choose the date for their next meeting, and provide them with certificates.
SESSION 1
Introduction To The Girl Shine Program

- **Objectives:**
  1. Build trust with caregivers.
  2. Introduce caregivers to the Girl Shine Caregiver Curriculum.
  3. Reflect on the hopes and dreams caregivers have for their daughters.

- **Timing:** After the women’s session has taken place.

- **Materials:** Ball, asset cards, stickers, post-it notes, pens, tape, flip chart paper, markers

- **Duration:** 2 hours

1. **Welcome & Review (15 minutes)**

   - **Do:** Welcome caregivers to the first session of the Girl Shine Caregiver Curriculum.
   - **Do:** Introduce yourself and your organization and thank the group for coming and for their willingness to participate.
   - **Explain:** The reason we have brought you all together is to:
     - Draw upon our collective experience and knowledge to understand how to support adolescent girls to achieve their hopes and dreams for the future, and how to keep them safe, happy, and healthy.
     - Learn information and skills together to help strengthen relationships with our daughters and family in general.
   - **Do:** Get caregivers to talk to their neighbor, introduce themselves and share one thing about their daughter that they are proud of. Then ask caregivers to introduce their neighbor to the wider group. It is ok if they forget things, their neighbor can assist them.

2. **Group Agreements**

   - **Do:** Get the group to suggest some agreements and add the following if they don’t mention them:
     1. We agree that the main purpose of these sessions is to learn how we can support adolescent girls. While some of the information we hear and the discussions we have might relate to all of our children, our priority here is to talk about adolescent girls.
     2. Personal stories shared in the group are not to be shared outside the group.
     3. We respect and listen to all.
     4. We support and encourage each other.

2. **Let’s Explore (20 minutes)**

   - **Say:** To help us reach the goal of supporting girls to lead healthy and happy lives and achieve their dreams, we feel it is critical to involve you, as important decision-makers in the lives of girls, and who help shape the lives of girls.
     - Explain to caregivers how many sessions you would like them to be part of. Explain that we need caregivers to commit to participate in as many sessions as possible. This is because each session will address a different topic, and each topic has important information that caregivers can benefit from.
If we want to support girls to lead healthy and happy lives and achieve their dreams, it is important to participate in as much of the program as possible.

- Understand their availability - weekly, monthly, etc. Ask them how many hours they would like to meet for at each session.

**Note:** If you plan to use a MoU with caregivers, explain the purpose and what is included in the MoU. See if there is anything they would like to add to the MoU. If you don’t have an MoU, ask caregivers to make a verbal commitment and include it in the group agreements.

- Explain that the reason the sessions are separate is because our experiences as men and women are different in relation to caregiving, and we want to make sure the sessions are relevant to your experience as men. We might have the opportunity to have a mixed group for the last session, but this will be decided later.

**Do:** Give caregivers a brief overview of the sessions you plan to cover with them. (There is no need to explain the sessions that will be done with women, only discuss the sessions you will do with men.) Write the session titles out on flip chart paper.

**Do:** Give each caregiver five stickers, and ask them to place stickers next to the topics they think will be most interesting. When they have finished, you can ask why they chose or didn’t choose particular topics.

**Ask:** Would you like to ask any questions, provide feedback, or do you have any suggestions? Are you comfortable with what is being proposed?

**Do:** Get caregivers to share what they want to gain from the curriculum.

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### 3. Activities

#### Activity 1: My Hopes & Dreams for My Daughter (25 minutes)

- **Do:** Print out the assets list in Appendix A18 of Part 1 of Girl Shine – using the ones relevant to your context. (Select approximately 10 assets, focused on information related to Safety, Health & Hygiene, and Skills.)

- **Do:** On a wall or flip chart paper, put age categories up (for example, 8, 10, 14, 16, 18) or you can draw pictures of girls, starting with a very young one to an older adolescent. One by one, read the assets out to the group and ask them to decide at which age a girl should have received the information or skills that are listed on the card. They should make a decision as a group (or a majority decision).
**Note:** In some contexts, the information related to ASRH may be sensitive to discuss with men. Be sure to gauge acceptability before including these information cards. Where safe to do so, these cards should be included.

**Do:** Once finished, ask caregivers to look at where the assets are placed. If you notice that the cards are listed mainly in later adolescence:

**Ask:** Why don’t you think girls should receive this information earlier?

**Do:** If you notice that cards are placed in early adolescence, reinforce the point that it is important for girls to receive this information as early as possible to help ensure their safety and well-being.

**Explain:** If girls have access to this type of information, it can help protect them in case they experience harm. They can learn very important things that will help them make informed decisions and manage their safety. The earlier they receive the information, the more helpful it will be for them. Through Girl Shine, girls will (or are) learning about many things that will be useful to them in their daily life. This includes information about health, how to communicate well with their caregivers, how to stay safe, and how to make good decisions about their future.

**Ask:** Does anyone have any questions or is there anything that you are concerned about girls learning?

**Note:** Be sure to address the concerns caregivers have. If their concern is particularly related to information on ASRH, you can set up an additional session or have an extended session to explain the content in more detail if appropriate. Refer to Appendix A14: Introducing Female Caregivers to ASRH Topics in Girl Shine Part 1, for further guidance. This can be adapted for male caregivers.

**Activity 2: Understanding Sex & Gender (20 minutes)**

**Explain:** We are here to learn from each other and talk about issues related to our own experiences and the experience of adolescent girls. While we may already have a lot of information and knowledge about these topics, we may also be introduced to new information. One thing we will discuss in many sessions is how our experiences are different depending on whether we are women, men, girls, or boys. For us to understand this in a bit more detail, I want to tell you a story:

**Contextualization**

**Say:** Sara is married to Patrick and she is pregnant. Patrick and Sara also have a baby boy who is one year old. Sara gives their son milk from her breast some days.

**Ask:** Can Patrick also get pregnant and breastfeeding? Why not? (Because he does not have the organs to carry a baby in his stomach.)

**Say:** Patrick goes to work every day and comes home at 7 p.m.

**Ask:** Can Sara also go to work? (Ask why yes or why no.)

**Say:** Sara does go to work, two days a week. When she goes to work, her family member looks after the baby.

**Ask:** Is the family member male or female? (Either can look after a baby.)

**Say:** Sara cooks dinner for the family; their favorite thing to eat is rice and vegetables.

**Ask:** Can Patrick also cook? (Ask why yes or why no.)

**Say:** Patrick does cook, especially on the days that Sara goes to work. Patrick prepares dinner, because Sara cooks dinner on the other days.

**Say:** With a small child at home and with two caregivers working, the household chores are sometimes forgotten. On the weekend, Sara likes to make sure these chores are done.

**Ask:** Who can take care of chores in the house?

**Say:** Maria and Patrick split the chores between them. This way, they take less time to do.
Ask: Did you notice that there were some things only Sara could do and Patrick couldn’t, and there were other things they were both able to do? What were these things?

Explain: The things that only males and females can do are related to their sex, but the things they can both do are related to their gender.

- “Sex” refers to the physical body and the biological differences between females and males. Each of us is a female or a male because we were born with female or male body parts and functions. Female — breasts, vagina, uterus, menstruation, etc. Males — penis, ejaculation, sperm, etc.
- “Gender” refers to family, social, or community expectations of girls and women and boys and men. Most of the time it has nothing to do with having a female or a male body. It refers to the social status, the opportunities, and the restrictions that girls/women and boys/men face, as well as certain activities that girls/women and boys/men are each supposed to do within a community.

Ask: Is this something you have heard about before, or are these new ideas? What do you think about the information presented?

Ask: Can you think of any examples of expectations based on someone’s gender?

Activity 3: Our Hopes & Dreams Circle (10 minutes)

Do: Get caregivers to make a circle.

Say: We are all here because we care about the safety and happiness of our daughters. I am going to pass the ball to everyone in the circle and each person will tell the group what they would like their daughter to learn or achieve or what their hopes and dreams are for their daughter.

Note: Some caregivers may ask about their sons or younger children, too. Explain that as we are focusing on the girls who are participating in the Girl Shine Life Skills Curriculum, we are focusing on what we want for them. Acknowledge that caregivers of course have hopes and dreams for their other children, too, but for the purpose of Girl Shine, we are focusing only on adolescent girls.

Ask: How did it feel to share your hopes and dreams for your daughters?

Note: If some of the hopes and dreams caregivers mention were related to traditional gendered roles - for example, finding a good husband to take care of, becoming a good mother, etc., acknowledge the importance of these to caregivers, but also ask them if they can think of things in addition to the hopes and dreams they’ve shared that are not based on gender (remind them of the first activity).

Explain: Adolescence is a time when a lot of things change in a girl’s life, and so it is a very important time. As this is a time of change, girls may feel scared or ashamed about what they are experiencing, but this change is a healthy and normal part of growing up. What happens in her adolescence will influence her life as an adult woman, and we know that we want our daughters to lead happy and healthy lives. We understand that having girls of this age can also be challenging for caregivers, and that female and male caregivers experience the challenges differently. We want to be able to support each other to give our daughters the opportunity to transition into adulthood in a healthy and safe way. We may worry more about girls than boys, and this can sometimes mean we limit girls’ movement and opportunities as they get older. We want to explore this more and see how we can provide a supportive environment to girls and give them opportunities to be valued members of our community.

4. Check-in (10 minutes)

For the first closing Check-in activity, you can ask caregivers how they would like to close the group. Maybe they would like to take turns to tell a funny anecdote, story, etc., or perhaps they would like to do some breathing or relaxation exercises, sing a song, or any other suggestion they have. They can keep the same format for the rest of the sessions, or have new suggestions each time. They can nominate someone to lead the closing check-in every time, or they can rotate leaders.
5. Takeaway (5 minutes)

Discuss with your daughter what she is looking forward to learning in the life skills sessions. When she comes home from the session, ask her what made her happy this week and what activity she enjoyed.
SESSION 2
Stress Management

Objectives:
1. Caregivers understand the different types of stress and causes of stress.
2. Caregivers learn techniques and skills to help support them when they are experiencing stressful times.

Materials: Flip chart paper, markers

Duration: 2 hours

Facilitator note:
This session may trigger some responses or disclosures in caregivers. Make sure you are prepared to deal with disclosures of use of violence (refer to guidance under Safety above) and you are ready to face Common Resistance Responses (refer to Appendix 1). Remind participants of the group agreements at the beginning of the session, check in with them at the end, and provide information about available services they may benefit from.

I. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

II. Let’s Explore (15 minutes)

Say: Today we are going to talk about stresses we face as male caregivers. Even though our priority here is to understand how we can better support adolescent girls’ safety and well-being, it is also important that we take care of ourselves. If we are healthy and strong, both emotionally and physically, we will be better able to support our family. Being emotionally healthy means finding ways to deal with our problems that do not cause harm to ourselves or others.

Ask: Has anyone heard of the word “stress” before? What do you think happens to someone when they are stressed?

Explain: When that we are stressed, we can feel tension or pressure, usually because of challenges we face. When faced with situations where we feel pressure, people’s bodies sometimes behave differently than normal. People might feel, think, or behave differently than they normally do. Stress is not always bad. There are three different types of stress: positive stress, tolerable stress, and toxic stress. These types of stress are experienced by children and adults.

- Positive stress is a normal and important part of being healthy. Positive stress is when a stressful situation leads to a positive outcome or is seen as an opportunity. Examples of positive stress may be planning for something important or taking children to be vaccinated. When you are experiencing positive stress, you may experience brief increases in your heart rate and mild increases in hormone levels (short bursts of energy).

- Tolerable stress is caused by more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. But we can cope and recover from tolerable stress with appropriate support and skills.

Adapted from INEE (1969) Safe Healing and Learning Spaces Parenting Curriculum for Adolescents. Parenting Skills Session 2. [https://rescue.app.box.com/s/4ose3c80ne8g8xr12v9hdfwcdzu7isp]
• Toxic stress can occur when an individual experiences strong, frequent, and/or long lasting difficulties—such as physical or emotional abuse, exposure to violence, and/or the buildup of burdens related to economic hardship. This can lead to health problems or feeling sad, nervous, or worried.

**Explain:**
• No matter how we feel or what type of stress we face, it is important to realize that dealing with our stress in a violent or aggressive way towards others is not an appropriate way to handle how we are feeling.
• Sometimes, people think it is acceptable or normal to behave in this way, especially towards our family, and in particular, women and girls. But women and girls have the right to live in a safe environment where they do not experience violence.
• Responding with violence is a choice and something we have control over. What is important to think about is that when boys see their male caregivers being violent, they are influenced to repeat that behavior.
• Male caregivers should be role models to young men and boys, showing them what positive communication looks like, how to listen to others, and how to manage stress. This will help young men and boys learn healthy ways to express themselves, which they may choose over being dominant, angry, or violent.

### 3. Activities

**Activity 1: ‘Understanding Stress’ Discussion (30 minutes)**

**Ask:** (Write the answers on the flip chart.)
• What are the things that happen to us or around us that cause stress?
• What do we experience or feel when we are stressed? (For example, sadness, sickness, aggressiveness, tiredness/exhaustion, anger/hatred, depression, skin irritation, etc.).
• Would anyone like to share some techniques they use to manage stress? (For example, don’t sleep or eat (or sleep and eat too much), shout at or beat children or other family members, set clear schedule, become obsessive about things, talk to someone, exercise, be rude to loved ones).

**Say:** So many of you suggested good techniques, but as we know, there are times when people use harmful ways to deal with stress. For example, some people yell at others or physically hurt others, some change their eating habits, some people ignore everyone else or refuse to talk at all.

**Ask:** Why could some of these techniques be harmful? (*They could physically or emotionally hurt someone else, they can physically hurt you or make a stressful situation worse.*)

**Ask:** Do we express our frustrations towards specific individuals within the family (for example, female or male members of the family)?

**Note:** If they say that they usually express their frustrations towards female family members, ask them what the reasons for this are.

**Explain:** In many societies, men and boys may be encouraged to become aggressive and dominant, while women and girls are encouraged to be passive and compliant. This can lead to more violence and aggression towards girls and women, especially if they do not fit these expectations. Sometimes we may express our frustrations towards people we have power over. If we are in a situation where we are unable to express ourselves to the people who have power over us and that are causing us stress (for example, employers, community members, authorities, etc.), we may express our stress and frustration towards members of our family.

**Ask:** Does this sound familiar to you?

**Ask:** How do you think our stress affects women and children in our families?

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Explain: A caregiver's stress affects the entire family. When you feel calm it is more likely that your children, spouse, and others you live with will also feel calm. When you feel stressed, it is more likely your family will feel tense. Children can sense when their caregivers are stressed. They also listen to what caregivers are saying when they discuss adult issues, and this creates stress and insecurity for the children. Then, the impact of expressing stress, anger, and frustration towards children has an even more significant effect on them.

Expressing our feelings is healthy, important, and completely normal. What we need to think about, however, is the way in which we express these feelings and if the way we express them causes harm to our family. Sometimes we use techniques to deal with our stress (such as shouting and hitting, etc.) that can be harmful to ourselves and those around us. What is important is to find healthy ways of expressing and managing these feelings that do not harm us or those around us. It is important to remember that responding in a violent or aggressive way is a choice, something you have control over. That's why it is important to choose different ways of expressing your stress that don’t involve violence or aggression.

Activity 2: Strategies for Stress Management (35 minutes)

Say: Now that we have understood what stress is and how it can affect us and impact our families, especially those we may direct our frustrations towards, let's think about some of the things we can do to manage this. You mentioned many techniques already, and now we will look at some that might be new for you.

Say: Let's practice some skills!

Relaxation Techniques to Cope with Stress

Say: Research shows that relaxing our bodies and our minds is one effective way to reduce negative feelings, such as sadness and anger. It is also a way to reduce worry and general stress.

Say: One way to relax our bodies is to breathe very deeply and slowly. We want to inhale through our nose and then breathe out through our mouth. When we breathe in, we want our stomach to go out. This is a different kind of breathing, so it will feel strange at first. Let’s try it together (if caregivers feel comfortable).

• Close your eyes and put your hand on your stomach.
• Breathe in very slowly and try to pull the air all the way into your stomach so that your stomach pokes out.
• Now breathe out VERY slowly through your mouth. Feel your stomach go back down.
• While you breathe out, also try to relax all of the muscles in your body.
• It might help to count to three slowly while you are breathing in and then again slowly count to three while you are breathing out.
• Now repeat that five times. (Give them time. Wait until everyone is finished.)
• Now open your eyes. How do you feel? (Get their feedback.)
• If you practice this just a few minutes every day, you should feel more relaxed. You can stop to do this just for a couple of minutes when you feel stressed to help calm your body and mind.
• You may even want to practice this with your children and other members of your family!

Think Positive Thoughts: Positive Self-Talk

Explain: Sometimes people may say things to us or something may happen that makes us feel angry, sad, nervous, or worried. We might feel hopeless or bad about ourselves and we may start thinking negative thoughts about ourselves and this can make us feel even worse. This kind of negative thinking can really have an impact on the way we feel and also the way others around us feel. Sometimes people express this negative thinking to people around them in a harmful way, for example, through violence or aggression. This can have harmful long-term effects on their family and on themselves.

Ask:
• Does anyone have any examples of negative thinking patterns that they experienced or others experienced that they would like to share?
• How did you (or they) manage this?

Explain: Responding with violence and anger towards our daughters (or sons and partners) because we are stressed or having negative thoughts is a choice we make. Sometimes people say that they couldn’t control themselves or they acted that way because they were not thinking calmly, but we are able to control our actions and we can choose other ways to express how we are feeling that doesn’t harm others.

Do: Share the following steps with caregivers (use pictures if possible):

Acknowledge your thoughts.
• To avoid passively giving in to negative thinking, learn to identify your thoughts as they occur to you. Say them out loud or write them down. The goal here is not to try and eliminate them, but simply to see them for what they are – just thoughts. You can do this by picturing your thoughts as headlines in a newspaper, or imagining placing a telephone call to yourself to relay each thought, or creating some other mental device to bring your negative thoughts into focus.

Do: Give participants a few moments to identify individually some negative thoughts they may have.

Challenge your thoughts.
• When you identify a negative thought that occurs to you frequently, argue with it. Challenge the accuracy of your thoughts. For example, when thoughts such as “I am useless” arise, counter them with more realistic thoughts such as, “My kids need me” or “My friends value me.” Each time you challenge negative thoughts (“Everything I do is wrong”) with facts (“I helped my daughter today,” “My neighbor thanked me for my good advice”) your negative thoughts lose more of their power.

Do: Give participants a few moments to try this out individually.

Interrupt your thoughts.
• Again, use your imagination to create a device to help you stop your negative thoughts as soon as you recognize them. Some people visualize a stop light or stop sign, or imagine hearing a buzzer or alarm.

Do: Get participants to decide what their interruption device will be.

Walk away from your thoughts.
• Sometimes the best approach is to change the subject or create a diversion or distraction. Take a walk, speak to a friend, or tackle a chore. Whatever provides you with some relief – even temporarily – will allow your brain to break the cycle of negative thinking.

Ask: Do you think this is a realistic technique you can use? Why or why not?

Do: Read the following scenario to the group and ask them in pairs to discuss how Adam could respond in a better way.

Adam has had a stressful day. He didn’t manage to earn much money today and he had an argument with someone over a job. He got home and was feeling very annoyed and stressed. The children are playing in the house and making a lot of noise. When Maria, Adam’s wife, walks in and asks him how he is, he yells at her and tells her to get out of the room. One of his children comes running into the room and he yells at her too and threatens to hit her!

Explain: Having positive thoughts can have a positive impact on our own well-being and state of mind. This can help to create a happy and healthy environment. It can also help you deal with your own stress. But sometimes we experience very difficult situations and positive thinking is hard for us to do. While it may not be an easy time for us, we must ensure we don’t react in a harmful way towards our family. As men, we have a lot of influence over our partners and children; we must be responsible for our behavior and the way we treat our family and find alternative ways to deal with our stress that doesn’t cause harm to others. Everyone
has the right to live in an environment that is safe and free from aggression and violence, and every child has the right to grow up safe from harm and should feel loved and protected.

Do:
- Get caregivers to take a few minutes to reflect on what they do well as caregivers.
- Get them to talk about what they like about themselves – e.g. they are smart, caring, hardworking, etc.

**Take Time to Stop and Listen**

Say: Sometimes when we are feeling stressed, we might choose to react in ways that can be harmful to others. One thing we can do is commit to not being violent towards family members. If we feel that we are becoming angry or frustrated at something, we can think of alternative ways to handle that situation.

Ask: How do you know when you are beginning to get angry or frustrated?

Say: There are internal sensations and thoughts that we can learn to pay attention to which will help us recognize when we are becoming angry, upset, etc. We can sum these up in three categories – thoughts, feelings, and body sensations.

Do: Brainstorm with the group which thoughts, feelings, and sensations may alert them to the fact that they are getting angry. Add the following if they don’t mention it:

**Thoughts:** Look for thoughts that degrade and objectify and that make it easier to abuse someone else. Also, look for thoughts that reveal rigid attitudes about gender roles, and thoughts that encourage the use of violence. (For example: She’s trying to embarrass me; I’ll show her who’s in charge; She is disrespecting me/my honor.)

**Feelings:** Try to identify the emotion(s) that put individuals most at risk of being violent. For instance, sadness and depression are warning signs for some, whereas embarrassment and shame may be more accurate warning signs for others.

**Body sensations:** Identify body sensations and physical behaviors that serve as warning signs. For example: clenched fists, tight jaw, etc.

Ask: if you identify any of these things in yourself, what can you do? (List all the things men suggest.)

Explain: You can use any of the techniques we discussed - deep breathing can help, taking a break from the situation, going outside and taking a deep breath, coming back when you are ready to deal with the situation calmly are some examples. Also, make sure you try to put yourself in the shoes of the person you are angry with. Instead of arguing, you could try to stop and listen and try to understand the other person’s point of view.

4. **Check-in (10 minutes)**

Use the closing activity caregivers chose from the previous session. If someone was nominated, see if they would like to nominate a different person to lead the next session.

5. **Takeaway (5 minutes)**

Practice one of the skills you learned today (relaxation, positive talk or self-care) and share with the group during the next session the effect using this skill has had on your stress levels or treatment of family members (particularly women and girls).
SESSION 3
My Experience As a Caregiver

- Objectives:
  1. Caregivers reflect on their experience of caregiving and how this has been shaped by internal and external factors.
  2. Caregivers have the opportunity to explore the concept of fatherhood and identify positive qualities they admire in fathers/male caregivers.

- Materials: Post-it notes, pens, ball, 1 large box, peanuts

- Duration: 2 hours

- Facilitator note:
  This session may be sensitive and bring up some past experiences of caregivers. Be sure to remind caregivers of the group agreements and check to see whether they want to have additional group agreements for the session. Be prepared with information of services that men can access if they need further support.

I. Welcome & Review (10 minutes)

- Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?
- Say: Today we are going to talk more about our own experiences as male caregivers.

2. Let’s Explore (20 minutes)

- Ask: Can anyone think of ways in which our experience as men is different from women’s in relation to making decisions in the home, raising and caring for children, or earning an income? For example, are there certain tasks that men are responsible for and other tasks women are responsible for?
- Explain: Within the family, women, girls, boys, and men may have different responsibilities and this is very normal. Some examples of situations may include:

  **Contextualization** (This should be based on the family structure of the caregivers you are working with.)
  
  a. One caregiver is a primary wage earner, while the other person is the primary caregiver;
  b. Both caregivers work and share the caregiving responsibilities;
  c. The primary caregiver is also a wage earner and the other caregiver is just responsible for earning an income without caregiving responsibilities;
  d. There is only one caregiver present and children (especially adolescent girls) are expected to take on additional responsibilities.

- Ask:
  - Do any of these situations sound familiar to you? Which ones?
  - If both caregivers are working, who is responsible for caregiving? Is this different from who actually does it in real life situations? Why?
  - If there is only one caregiver present and children need to take on additional responsibility, how is this decided? Are girls expected to take on more responsibilities than boys?
  - Have you noticed a difference in these roles over time/due to the crisis or conflict?
Note: Highlight that gender roles can change over time, as they have just noted, and they do not have to remain the same.

Note: Men might say that it is the responsibility of women and girls to do the things related to caregiving, and that it wouldn’t be appropriate or acceptable for men to do it. They might also say that women do not want men to support with these things, as women don’t think men can do these tasks. Try to identify men in the room who disagree with this and ensure they are given space to give their opinion.

Explain: Society places different expectations on how men and women are supposed to behave and act and the roles they should play inside and outside of the home. These act like a set of rules.

- These rules set limitations on how a person can behave, act, or what they can achieve. For example, it may not be considered “normal” for a man to express his emotions, or a woman to be the main provider for her family. We can refer to the limitations these rules put on men and women as ‘boxes’ that they confine us to.
- There are times, especially in difficult situations, when we open up the gender boxes and we do not pressure men to stick to their box and be the main providers for the family. In some situations, men might find it difficult to find work. Instead, they can support their families in other ways, taking on responsibilities like taking care of the children or cooking or supporting children with their school work. At the same time, men and women can share the decisions on how to spend the money and how to divide the expenses and the tasks in their families, so that both are part of the family decision-making.
- It is important to open up the gender boxes and to be aware of these limitations, because they limit men, women, and societies as a whole.

Note: As some of these concepts may be new to men, it is important to gauge how they feel about the information you presented. Try to get feedback from a range of men that may have different views and do not express judgement. The activities coming next will give you an opportunity to return to some of the concepts and statements and challenge them gently.

3. Activities

Activity 1: Act Like a Woman, Act Like a Man (30 minutes)

Say: We are going to do an activity that will help us understand in more detail the expectations society has of women and men and how this can influence us as caregivers.

Ask: Who can remind us of the difference between sex and gender (that we discussed in the first session)?

Explain: Sex refers to the physical body and the biological differences between females and males. Gender refers to the social status, opportunities, and restrictions that girls, women, boys, and men face. As we have already discussed, men may be seen as being in charge of the house and earning income, and women are seen as primary caregivers. Boys might be considered more active and loud, while girls might be considered quiet and obedient. But we know that some girls are not quiet, and some boys are quiet. Some women are the head of the household, some men take care of the children. But these expectations can affect the lives of women, girls, boys, and men on a daily basis, including the relationships among them and the family environment, and can be unhelpful or even harmful.

Do:

- Place a large box in front of the group where everyone can see it, with an image of a man on it. Ask participants to sit around the box; place a pile of peanuts next to the box.
- Tell the men that you want to know what they have been taught about being a man and a boy in their community. Each of the peanuts in the center symbolizes these expectations, so when they want to share their opinions, they should take a peanut, explain what it means and place it in the box.

Note: As the facilitator, you should also write down the expectation on a post-it note and place these in the box with the peanut.

IRC Lebanon (2016) Male Engagement Toolkit
Do: To help participants think about their ideas more concretely, you can use the following questions:

- What kind of toys do little boys play with?
- What do people say about boys who cry or who show any kind of emotion apart from anger?
- How are men supposed to act around women?
- How are men supposed to act around other men?
- Who can men talk to if they feel sad or worried?

Do: After everyone has had a chance to place an idea in the box, review some of them.

Ask: How did you learn to do these things? Who taught you when you were younger?

Do: Facilitate a discussion around the following questions:

Ask: Are the ideas about what it means to be a man that are listed in this box helpful or harmful to men and boys?

Note: Emphasize that men and boys may enjoy or take pride in some of the characteristics of the box (being a provider, having great responsibility, etc.) and be limited and harmed by others (having to be strong, unable to express emotions, etc.).

Ask: What happens to men and boys who step outside of the box? What actions can happen (for example, being teased, beaten, bullied)? What are they called by others?

Note: Use examples that the group has generated to demonstrate what this means - i.e. men who cry, men who stay at home to take care of their children, etc. Write responses on post-it notes and stick them outside of the box.

Ask: What do the ideas both inside and outside of the box teach people about what it means to be male?

Note: The box teaches us that there is a right and a wrong way to be a man or a boy. The names and violent behaviors listed outside of the box are punishments for breaking these rules. They are ways of policing behavior and making sure that men “act like real men.” These ways of acting may directly harm women and girls.

Ask: What are the advantages and disadvantages of staying inside the box?

Note: The consequences for women of stepping out of the box are generally much more severe than for men, but men are affected negatively as well by gender roles.

Explain:

- The statements we placed in the box are examples of the rules that put limits on boys and men with regard to how they can behave and act.
- While we may value these rules, we also should think about questioning the ones that we feel could be harmful or limiting to us and members of our family.
- For example, it might not be considered “normal” for a man to express his emotions, or for a woman to be the main provider for her family. There are times, especially when we are facing difficult situations, where men cannot find work and need support in providing for their families. At these times, it is important that we open up the gender boxes and that we do not pressure men to stick to their box, i.e. be the main providers for the family. Instead, they can support their families in other ways (taking on roles which used to be reserved for women, like taking care of the children, cooking, or supporting children with their school work, etc. These are also things that benefit men because they are able to spend quality time with children.
- Sometimes, because we grew up with these rules, we expect our sons and daughters to have the same rules we did – rules that say “this is the place of a girl or a boy in society”. We may also treat the women in our lives in a way that doesn’t give them opportunities to participate in decision-making.
- As men, we can try to empower all of the members of our family to achieve their full potential, especially the female members of our family, who traditionally may not have been given the opportunity to think of opportunities outside of the gender box.
Activity 2: Exploring Fatherhood\textsuperscript{24} (30 minutes)

\textbf{Say:} A male caregiver is one of the most important people in an adolescent girl's life. Caregivers can love, teach, and raise their children in very positive ways. A caregiver offers priceless love for their daughter. Most caregivers know this, and want to be responsible, engaged and loving caregivers to their daughters, especially as they grow up and navigate the challenging period of adolescence.

Sometimes male caregivers get busy with other activities, or do not know how to act in certain situations. We may not have had models of responsible, engaged, and loving caregivers to learn from. For this reason, we wanted to take some time to talk together and learn from each other how to be supportive of our daughters so they can be healthy, safe, and fulfill their dreams.

\textbf{Ask:} What are some of the qualities that you admire in a caregiver?

\textbf{Note:} If very traditional ideas are shared about fatherhood being only about providing economically for the family, or protecting and disciplining them, then ask follow-up questions:

\begin{itemize}
  \item Are there other ways to show you care about your family?
  \item Is fatherhood different now than it was in the past?
\end{itemize}

\textbf{Say:} Men are usually taught that male caregivers should provide material things, while female caregivers should be the ones to care for children. But male caregivers can, and need to, provide care to their children as well, to build a strong family and help girls reach their dreams. There are many ways to do this.

\textbf{Ask:} Can anyone think of ways we can do this, perhaps sharing some examples that highlight what you are already doing? (For example, share decision-making in the house, spend quality time with girls and listen to them, encourage them to think about their dreams and aspirations.)

\textbf{Do:} Get participants to make a circle, passing the ball to each participant, and ask the men to share one hope or dream they have for their daughters.

\textbf{Note:} If they mention hopes and dreams that limit girls, ask them if they would like to think about other hopes or dreams in addition to the ones they have already mentioned.

\textbf{Ask:} How can we support our daughters to achieve their dreams?

4. Check-in (10 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Discuss with your daughter(s) what her hopes are for herself, practice listening to her, and discuss how she feels you can support her.

\textsuperscript{24} Adapted from Save the Children, \textit{REAL Fathers}
SESSION 4

Adolescent Girl Development

Objectives:
1. Caregivers can articulate the key concepts of brain development.
2. Caregivers understand the importance of taking an interest in their daughters’ lives.

Materials: Flip chart paper, markers, A4 paper, pens, tape, Appendix 4: Brain Development Handout (printed in color)

Duration: 2 hours

I. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

II. Let’s Explore (10 minutes)

Explain:
- Today we are going to talk about the development of adolescent girls and how we can support them as they grow up.
- We will discuss the development of adolescent girls’ brains, but also the support we can provide to them during this important time of change.

Ask: What do you think helps support the healthy development of adolescent girls? (Safety, love, care, and encouragement from caregivers and the community.)

III. Activities

Activity 1: Brain Development (35 minutes)

Explain:
- Children’s brains are built over time, and much of their brain development depends on the care they receive from their caregivers.
- When we talk about child development, we mean the biological, social, and psychological changes that happen in children from conception through adulthood. These changes influence children’s physical, social, emotional, and intellectual capacities.

Do: Split participants into groups of three to four, and give each group the handout on brain development. Ask them to look at Image 1 (the brain with neurons) and Image 2 (the brain with “electrical connections” via synapses).

Explain:
- Puberty is the period of time when adolescents experience body changes, including ongoing brain development. Brain change depends on age, experience, and hormonal changes in puberty.

25 Adapted from IRC - SHLS Parenting Curriculum for Adolescents - http://shls.rescue.org/shls-toolkit/parenting-skills/
• So even though all adolescents’ brains develop in roughly the same way at the same time, there are differences among individual adolescents. For example, if your child started puberty early, this might mean that some of your child’s brain changes started early, too. Girls overall tend to experience these changes earlier than boys.

• Adolescent girls, just like boys, have the brain capacity to learn, be smart, and be kind. Their capacity will depend on the ways their development is encouraged by their caregivers and communities.

Do: Ask participants to look at Image 3 (the brain with stronger “electrical connections” thanks to love and encouragement).

Explain:
• Being safe and not experiencing violence, along with love, support, and encouragement are all important for building strong, healthy brains. Healthy brain development enables humans to learn language, think, walk, do tasks, trust others, and manage emotions.
• A healthy brain helps us make good decisions, control impulses, and use good judgment.
• Caregivers can support their adolescent girls’ healthy brain development by being caring, providing a safe home, and modelling good decision-making.

Do: Ask participants to look at Image 4 (the “electrical connections” are destroyed due to toxic stress and violence).

Explain:
• Repeated stress, exposure to traumatic events, and violence can all cause “toxic stress.” Toxic stress is stress that is so severe, it can limit healthy brain development and interfere with children’s ability to make safe and healthy decisions.
• Love, guidance, problem-solving, safety, and emotional support reinforce healthy brain development and provide the foundation that children need to make healthy choices and become responsible family and community members.

Do: Ask participants to look at Image 5 (the “electrical connections” are renewed with loving, nurturing, and predictable adult relationships).

Explain:
• Think about a path that is created and used for going to get water or going to the market. At first, the path may be a little bumpy and hard to stay on. It does not actually become a path until lots and lots of people have walked that same path over and over again.
• The path becomes smoother and easier to see where you are going. Our brains are built in this same way. The more time you spend teaching and showing children kindness and respect, the stronger the connections between the cells – or neurons – in their brains become!
• It is these strong connections that enable your children to be healthy, happy, and responsible family and community members.

Do: Ask participants to look at Image 6 (in color). (The image of the abused child’s brain is of a child who suffered severe abuse and neglect.)

Explain: These pictures of brains are made by doctors with special machines that are able to take a picture of our brain while it is still in our head, just like x-rays can take pictures of our bones beneath our skin.

Ask: What do you notice about these images? What are the differences?

Say: Notice how the nurtured child’s brain has much more activity, while the brain of the child who was subjected to abuse and extreme deprivation shows less activity in the same areas.

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Explain:

- Our brains are not fully formed until we are in our early to mid 20s! Different parts of our brain develop and mature at different rates.
- The parts of our brain that help us control our impulses and use good judgment are the last to mature. This part of the brain helps us to plan, focus attention, remember instructions, and juggle multiple tasks successfully.27

Ask: Can you think of a time when you were an adolescent and you did not make the best decision or acted foolishly?

Do: Have caregivers turn to a partner and discuss the question for a few minutes. Then have a few caregivers share their responses with the rest of the group.

Ask: What kinds of skills do you think your adolescent girls will need to be happy, healthy adults?

Example answers:
- The ability to communicate assertively
- The skills to take care of themselves and those around them
- The responsibility to be an active member of the community
- The ability to learn

Do: Make a list of their responses on the flipchart.

Ask: How can we help our daughters develop these skills?

- Showing an interest in their life
- Being honest and direct about sensitive topics
- Helping adolescent girls make healthy choices
- Respecting adolescent girls’ thoughts and opinions
- Making sure girls are safe from violence
- Making sure all members of the household are safe from violence

Activity 2: Showing an Interest in Your Daughter’s Life (20 minutes)

Ask:
- Do you remember a time when you were an adolescent boy? What kinds of things were happening in your life?
- Do you know about the things happening in your daughter’s life? What is she thinking or feeling?

Ask: What does it look like to show interest in your daughter’s life?

Do: After caregivers have shared their responses, add the following points to the list, if needed:
- Listening without interrupting
- Affirming and validating feelings. For example, “I see why you would be upset about that.”
- Offering support, if needed
- Praising good decisions, actions, and character traits

Do: Read the following scenario to the group and ask them in pairs to practice how they could show an interest in the adolescent girl in the scenario.

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Contextualization
A girl comes home from school one day and she seems to be upset. When her male caregiver asks her what is wrong, the girl says that some boys were teasing her when she was on her way home.

Do: Have a couple of participants share their role-play with the group. Make sure the role-plays include the following main points. If they don’t, the facilitator can play the role of the female caregiver and ask a volunteer to play the adolescent girl in order to show participants how they can convey interest.

Role-Play Key Points:

- Caregiver engages by stopping what they are doing to listen to their daughter.
- Encourages daughter to share more about what happened. (For example, “Oh, I am sorry to hear that! Tell me more about it.”)
- Uses empathic skills, putting yourself in your daughter’s shoes. (For example, “You look like this is really bothering you.”)
- Supports daughter with decision-making or provides support as necessary. (For example, “What can we do to make this situation better?” “What would you like to do?” “What can I help with?”)

Note: Some caregivers may suggest solutions that involve blaming the girl in the scenario or restricting her movement. It is important to emphasize the importance of supporting their daughter and coming to a solution together that doesn’t place limits on girls.

Activity 3: Other Changes Girls Experience (10 minutes)

Ask: What are some changes you are starting to see in your daughters?

You may use the following questions to start a conversation if caregivers are not responding:

- Have you noticed changes in their attitudes and beliefs?
- Have you noticed physical changes?
- Have you noticed changes in their relationships with peers and caregivers?

Explain:

- Adolescence is an amazing and challenging time! Girls are going through so many changes cognitively (in their thinking and learning) and physically.
- Girls, just like boys, usually begin to rely on and identify more with peers during this time.
- This can be a challenging time emotionally, and you may notice that one minute they want your help and the next they would rather be independent.
- Adolescent girls, just like boys, often feel that their experiences are unique and that no one can possibly understand how they are feeling.
- They are changing physically. Chemical messengers in their bodies called hormones are fluctuating. These hormones affect things like our mood, our likes and dislikes, growth and development. This is a great time to talk to your daughters about what they are thinking and feeling during all of these changes.

Activity 4: Education & Brain Development (10 minutes)

Note:

- It is important to be prepared with information on existing education services available before facilitating this activity.
- Understanding some of the barriers that are outside of caregivers’ control is critical (for example, schools demanding ID when caregivers may have left this back in their country of origin).
- Efforts must be made to link caregivers to services and organizations that can help them with legal issues, issues related to supplies and materials, etc., in relation to accessing education.
- Facilitating this activity where there are no education services available to adolescent girls will cause frustration for caregivers.
Ask: There are some adolescent girls who are in school and others who are out of school. What are some of the reasons why girls are out of school? Example answers:

- Not enough schools
- Too many kids in one classroom
- School not relevant for girls
- Girls feeling and being unsafe while traveling to and from school
- Family needs money and girls need to work
- Girls should just get married instead of going to school so she can be taken care of
- Girls are not interested in going to school

Ask: Some caregivers insist their daughters go to school. Why do they believe it is important for girls to get an education?

Explain:

- Adolescence is the second most productive time of brain development, after early childhood.
- It is important that girls continue to have opportunities for learning, to help their brains develop in a healthy way, to make good decisions, take appropriate risks, and plan for their future.
- Girls need the opportunity to make their own decisions and have their own dreams and goals so they can lead healthy, productive lives.
- Girls have the right to go to school as much as boys do, and are equally capable of pursuing higher education and employment.
- If girls are educated, those around them also benefit, especially their family (in particular, their children – if they choose to have them).

Do: Inform caregivers about how to enroll their daughters in the formal or informal education opportunities available. If girls have been out of school for a long time and that doesn’t seem to be an option, it is important to know of any vocational or livelihood opportunities that may exist for girls.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Practice the skills we learned today to show your daughter you are taking an interest in her and her life. Provide feedback on your experience during the next session.
SESSION 5
Positive Discipline

Objectives:
1. Caregivers understand the importance of giving girls equal voice in the household (equal to boys).
2. Caregivers learn new strategies and techniques to support positive discipline practices towards adolescent girls (and boys).

Materials: Flip chart paper, markers, sticks/rocks, 2 buckets

Duration: 2 hours

I. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

2. Let’s Explore (10 minutes)

Ask:
• In your home, what are the rules or expectations for how children are supposed to behave? (Ask volunteers to share some examples.)
• Are there differences in the rules and expectations for girls and boys? (Ask volunteers to share some examples.)

3. Activities

Activity 1: When & How Do We Discipline Girls? (20 minutes)

Say: Adolescence can be a challenging time, and many caregivers express their difficulty with managing behaviors of adolescent girls and boys. Discipline methods that may have been effective when they were younger may not be as effective as they are growing and developing.

Do: Split participants into groups and ask them to discuss the following:
• How has adolescent girls’ and boys’ behavior changed over time?
• Who is responsible for disciplining girls and boys in your house?
• Have your discipline strategies changed as they have got older?

After a few minutes, ask them to share some of their ideas with the group.

Do: Stand in a circle and place two buckets in the middle - one for “boys” and the other for “girls.” (If you don’t have buckets, you can assign two places on the floor. Distribute rocks/sticks to participants. Tell them you are going to ask some questions, and they should put a stick in the “girl” bucket or “boy” bucket, depending on their answer.

Adapted from IRC, SHLS Parenting Curriculum for Adolescents - http://shls.rescue.org/shls-toolkit/parenting-skills/
Ask:
• What are some of the reasons for disciplining boys? (For example, if they don’t do as they are told, if they get into trouble at school, etc.)
• What are some of the reasons for disciplining girls? (If they disobey their caregivers, if they don’t do their chores, etc.)

Do: When they have finished, see which bucket has the most sticks/rocks.

Ask: What are the similarities or differences you notice in the way we discipline girls and boys?

Ask: Do you think girls and boys have the same expectations placed on them as to how they should behave and when they should be disciplined?

Explain: Sometimes caregivers don’t recognize that their daughters’ behavior might be part of normal adolescent development. Sometimes caregivers may react with frustration or anger and hit their children. Sometimes, we might make allowances for certain types of behavior from male children, as it is expected that they will be aggressive, dominant, or challenging. However, we may be stricter with girls who display these types of behaviors, as we expect girls to fit into their gender box. We may also become stricter with girls once they reach adolescence, because we perceive them as women now and have certain expectations of how they should behave. But they are still girls, growing and developing, just like boys.

Ask: What are some of the methods we use to discipline boys and girls?

Note: Highlight the positive practices that caregivers mention.

Do: If caregivers mention hitting as a method of discipline:

Ask: Do you think physical punishment, like hitting, can have a negative or harmful effect on children, including adolescents? How?

Explain:
• As we discussed in the last session, this can have an effect on their brain development and cause them pain and harm.
• Hitting teaches children that it is ok to use your power over someone else to justify violence.
• Rather than teaching children and adolescents how to change their behavior, hitting makes them fearful of their caregivers and merely teaches them to avoid getting caught.
• For children who are acting out to get attention, hitting them gives them the attention they are seeking and may encourage them to act out even more.
• It reinforces the belief that use of physical force is justified and they might end up being violent towards others (especially young siblings) or accept violence as part of their life (especially as adults).

Ask: Do you think you might respond differently if, before reacting to your children, you were to stop and think about how violence can have a long-lasting, negative impact on your children’s development?

Ask: What do you think the impact is on children if they witness violence in the home (for example, between their caregivers)?

Say: Witnessing family violence can also harm children’s development, including the ability to develop social skills, and leave them feeling traumatized, anxious and sad. They may also have problems at school and start to become aggressive.

Ask: Which techniques do you feel could be better to use for positively disciplining adolescent girls (and boys)?

Note: Throughout the session remind caregivers about the discussion in the first session, and about their “hopes and dreams for their daughters,” to reiterate that it is important to change practices that do not help adolescent girls develop critical thinking and responsible, respectful behavior.
Activity 2: Positive Discipline Techniques (50 minutes)

Say: We have discussed some ideas around how we can discipline girls (and boys) using methods that are non-violent. Let’s go into some more detail and think about techniques that can be useful, especially for adolescent girls.

Encouragement and Praise

Ask: What do you understand about the word “praise”?

Say: Praise is telling your child that you like something that she is doing. Effective praise is specific and tells your daughter what she did well or what you appreciate about her, with a positive tone of voice and expressions.

Ask: What are some examples you can think of?

Do: After caregivers have responded, share the following answers, if needed:

- Well done!
- You are so smart!
- You are brave/creative!
- You are kind and thoughtful!
- Thank you for helping!
- I believe in you!
- You can do it!
- I will always be there for you, no matter what!
- You are special!
- I appreciate you so much!

Say: I want you to reflect on your own for a minute, and think about how often you encourage or praise your daughters.

Ask: Why should we praise adolescent girls?

Explain:

- Praise shows love and affection.
- It helps your daughters feel good about themselves. When you praise your daughters, they learn that you value them as a person and you value their responsible, respectful actions. This is important for girls, who as a whole can be undervalued by society. This can significantly impact their self-confidence and encourage them to be successful at school and in the future.
- Praising helps adolescents’ brains build healthy social and emotional connections! They often face a lot of criticism all day for all the things they did “wrong.” Encouraging and praising the good things is very powerful!
- As we discussed in the last activity, sometimes we might expect girls to behave in a way that keeps them in their gender box. We should think about encouraging girls all the time, but especially when they challenge gender expectations from their friends or at school. For example, if they speak up in class or at home, or if they get involved in sports, we should encourage them, instead of punishing them. This encouragement will help girls increase their confidence and allow them to believe in themselves and in the future they want for themselves.

Setting Family Agreements

Ask:

- Does anyone have family agreements or rules in the home?
- Who decides what these rules or agreements are?
- Do girls have the opportunity to participate in creating these agreements or rules? What about boys? What about women?
Say: Many times, we assume adolescents know the rules of the house and community. Family rules or agreements are more likely to be followed if they are co-created among adolescent girls and boys and caregivers. Family rules need to be age-appropriate and followed by everyone in the family - girls and boys equally. Agreements are not just for adolescents, but for female and male caregivers too.

Do: Split participants into small groups and ask them to discuss how they would set up an agreement in the family. Ask them to share some ideas with the group.

Do: Explain the four steps to set up an agreement:

Step 1: The adolescent girl expresses her point of view. The caregiver listens, taking an interest in order to understand the problem, before talking.

Step 2: Caregivers share their points of view.

Step 3: If the points of view and expectations are very different, both caregivers and adolescents can discuss possible solutions acceptable to all. Negotiation and compromise are essential for this step.

Step 4: Caregivers and the adolescents choose one solution that they can try over a short period of time. This option will be the basis for their agreement. The solution should be clear and well understood by the adolescent girl and caregivers, and include a specific timeframe.

Ask:
- Does this sound like something you think could work in your house?
- What challenges do you think you might face?
- Does anyone have suggestions on how to overcome these challenges?

Explain: All agreements should have an effective follow-up to help adolescents respect their commitments.

Explain that follow-up of agreements are more effective when:
- Comments are simple, short, and respectful. For example, “I note that you had not done your homework before you went out to play. Can you do it now, please?”
- If the adolescent contests or argues back, ask, “What was decided in our agreement?”
- If the adolescent is still not fulfilling the agreement, use non-verbal language, like showing your watch, touching the shoulder, and so on. The calmer you stay, the more effective you will be. Shouting at and criticizing the adolescent will not solve the problem. You will only reinforce the conflict.
- If you find that your adolescent is repeatedly not following through with agreements, then you may choose to issue a consequence that is logical, such as limiting spending time with friends until they can complete their home commitments.
- When the adolescent finally respects their commitment, thank them for their cooperation.

Some additional suggestions include:
- Remind them of the agreement before the deadline.
- Adolescents’ priorities are not the same as caregivers’ priorities. They don’t think like adults.
- Stay firm on the agreement – don’t give up and don’t change the agreement halfway through.

Ask: Do you think this technique could be effective in your house? Why? Why not?

Say: Here are some examples of clear agreements:
- All homework must be done (or you cannot go out with your friends).
- Everyone will be treated equally and with respect in our house. We will use kind words with each other. (If not respected, you will apologize and help that family member with their chores.)
- Everyone is expected to support with chores equally. (If you choose not to complete your chores, then you will have to do an extra chore the next day.)
Do: Have participants turn to their neighbor and practice creating family rules. They can reference the above rules or create their own. Make sure that caregivers first consult female caregivers and the adolescent girls (and boys) on what family agreements they think are important.

Supporting Good Decision-Making

Explain:

- When family rules are set up and agreed on, you do not need to threaten, yell, or use harsh physical discipline when your adolescent broke the rules or made a mistake. This is a normal part of being an adolescent. This is part of the learning process.
- Mistakes are opportunities for learning, so it is important to keep calm and help your adolescent girl learn from their mistakes.
- Remember your empathetic communication skills we learned previously.
- It is important that you give your children a chance to learn from their mistakes – if they make the same mistake again, you can give them a logical consequence.

Say: Let us brainstorm a few ideas for some logical consequences for the following rule violations:

- Not completing homework
- Not finishing chores
- Being unkind or violent to other family members

After caregivers have responded, share the following examples, if needed:

- All homework must be done before you go to sleep. If you do not complete your homework, you will not be allowed to spend time with your friends.
- Everyone will be treated with respect in our house. We will use kind words with each other. If you are unkind or violent towards family members, you must apologize to the family member. You could also do the chores for the family member you were unkind to.
- Everyone is expected to do their chores. If you choose not to complete your chores, then you will have to do an extra chore the next day. If there is a reason why you cannot do your chores, you can discuss it with me so we can find a solution.

Say: Let us practice! Read the following scenario and ask participants in pairs to practice a role-play. Ask a few to share their role-plays with the group.

Contextualization

Scenario: A caregiver tells his daughter that the girl has broken an agreement. The girl explains why she broke the agreement. The caregiver reminds the girl why it is important to fulfil her agreement. The girl explains how she will fulfil the agreement. The caregiver praises the girl and says that they will see how the girl fulfils her agreement the following week.

Note: Facilitator can use the suggested response to help guide feedback for the role-plays.

Suggested response:

Caregiver: Maya, I noticed that you did not complete your family chore.

Maya: I know, I was really busy yesterday with my homework and I forgot about it.

Caregiver: I know you are working very hard in school, Maya, and I am really proud of you for that, but it is important for our household that everyone does their part. How can you remember to do your chores?

Maya: Well, I suppose I can do it as soon as I come home from school and then do my homework.

Caregiver: Okay, Maya, that sounds good. Should we give that a try for the rest of this week and see how it goes? If you still can’t manage because you have too much homework, let’s see how we can change the number chores you have.

Maya: Yes, that would be good.
Do: Discuss the role-play:
- Ask the person playing the “child” how they felt about the conversation.
- Ask the person playing the “caregiver” how they felt about the conversation.

Say: Sometimes we may overburden girls with chores and not equally distribute them among the family. This is because we can sometimes see chores to be the job of a girl (think about the gender box). While it is very important for girls to do chores, to help them learn responsibility and to support the family, they also need free time. Free time allows them to rest, be creative, and focus on other things, like homework. This is critical to their development.

Ask: Do you think this is realistic and something you can try to do with your family?

Talking Together as a Family

Ask: When do you spend time together as a whole family? (For example, dinner time, after religious services, etc.)

Ask: Could this be a good time to talk together as a whole family (or before/after)?

Explain:
- Spending time together as a family and talking together can be helpful because it can strengthen the sense of belonging to a family. Especially during times of crisis, this can be really helpful. It can also give girls, women, boys, and men the opportunity to express their points of view, frustrations, and concerns in a positive way.
- This can help to build positive relationships among family members and can promote equality among family members.
- It is important that adolescent girls are given a voice equal their brothers and are able to participate in discussions when talking together as a whole family. Their ideas and suggestions should be considered just as important as those of boys.
- It can be a good opportunity to start ensuring girls and boys have equal decision-making power in matters that affect them the family.

Ask:
- What do you think about the suggestion of spending time together and talking as a whole family?
- Is this something you feel is realistic for your family? If not, what alternatives can you suggest?

Note: it is important to make sure that men understand the importance of involving women in conversations on positive discipline, so they are not dominating the conversation.

Say: It is important that you share the positive discipline practices we discussed here with your partners, as women in many situations are responsible for the discipline of children. We want to make sure that women are involved in making decisions concerning adolescent girls (and other children).

Say: I am going to read some scenarios about men who go home to discuss with their partners the changes they want to make in the home. Afterwards I will ask you some questions.

Scenario 1: Michael has been thinking about having family agreements. He decided that this is a great idea and tells his wife that her methods of discipline are not working and now they will have family agreements instead. He tells her that she will like this better than her current techniques.

Ask: Who was making the decisions here? How could this be different (i.e. how could Michael involve his wife in the decision-making process more)?

Do: Ask a couple of participants to volunteer a different response from Michael’s.

Scenario 2: Majd has decided that he wants to talk to his family, as it is important to spend time together. So when he goes home, he tells everyone to stop what they are doing so he can talk to them all. He explains to the family that they will spend quality time together right now. After 30 minutes, he tells them they can go back to their activities, the quality time has finished.
Ask: Who was making the decisions here? How could be different? (How could Majd involve his family more in deciding on when they will spend quality time together?)

Do: Ask a couple of participants to volunteer a different response from Majd’s.

Scenario 3: Benson comes home one day and asks his wife if it would be ok to talk about disciplining the children. He asks his wife when a good time to talk would be, and then asks her what her ideas are on disciplining the children. After she makes some suggestions, he mentions some she hasn’t thought about and asks her opinion on them. Together they decide on techniques they both feel comfortable with.

Ask: Who was making the decisions here? What do we think about this approach?

4. Check-in (10 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or whether someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Hold a family meeting and set joint agreements with your daughters and sons. If possible, use this opportunity to fairly distribute some chores between the girls and boys (so girls don’t have to carry the majority burden of the chores). If not, a first step would be to open the discussion with your partner on how this can be done in the future. Also commit to using non-violent techniques for discipline.
SESSION 6
Power In The Home

Objectives:
1. Male caregivers will explore the idea of power in the home.
2. Men will have the opportunity to analyze their own use of power and how to share power with women and girls.

Materials: Flip chart, markers, and four bags containing the following:

- Bag 1: scissors, ruler, paper clips, pencils, two 10 cm squares of red paper, two 10 cm squares of white paper.
- Bag 2: scissors, glue, 2 white, 2 blue and 2 pink pieces of papers.
- Bag 3: 2 markers, 2 green, 2 white and 2 pink papers.
- Bag 4: 5 sheets of paper: 1 pink, 1 green, 1 blue, 1 red and 1 purple

Duration: 2 hours

Facilitator Note:
This session may lead to disclosures of GBV committed. Facilitators should be prepared in advance for how they will deal with this. Check in with your supervisor on the best interest of the child, in case anything arises that may need to be followed up on, and read through the guidance provided in the introduction of the Girl Shine Caregivers Curriculum.

Be sure to remind caregivers of the group agreements, and check to see whether they want to have additional group agreements for the session.

I. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

Say: Today we are going to talk about power, in particular power in the home and how this relates to our relationships with women and children (and in particular, adolescent girls).

2. Let’s Explore (15 minutes)

Ask: What do you think we mean by power?

Explain: Power is the ability to control and access resources, opportunities, privileges, and decision-making processes. This does not mean that power is always negative. We all have some kind of power in the community, but we all choose whether to use this power for good or for bad.

Forms of power are:
- “Power with” is when we join others without bias or discrimination to positively improve our own and others’ lives.
- “Power over” is when our words or actions make it difficult, frightening, or even dangerous for others to use their own power.

Ask:
- Who do you think has power in our community?
- Can you think of times when you felt powerful or not powerful? (Sharing is voluntary.)
- Who do you think has power inside the home? Is it women, girls, boys, or men? (Or a combination?)
Say: As a community we generally tend to assign women and girls a lower status than men and boys—and this results in women and girls being treated differently than men and boys, and having different day-to-day lives than men and boys.

Ask:
- How does power influence the choices that we have as men, or that women, girls, or boys have?
- What happens when power is abused? What are some forms of power abuse or power inequality you see in your environment?

In the event that exploitation or abuse is disclosed as being perpetrated by an NGO/UN/humanitarian agency, this should be documented separately and reported to your supervisor. You could approach the individual(s) after the session to let them know that you need to share this information with your supervisor, but will consult with them before you take any steps.

3. Activities

Activity 1: Forms of Power (25 minutes)

Do:
- Divide the men into four groups and give each group one bag (as outlined in the materials section).
- Give each group an envelope with the tasks below. Ask them not to open the envelop until everyone starts.

Tasks: Each group should complete all of the following tasks:
- Make an 8x8 cm square of white paper.
- Make a 10x5 cm rectangle of red paper.
- Make a 10x10 cm flag, in any three colors.
- Make a 4-link paper chain, each link in a different color.

Say: Each group has different materials, but must complete the same tasks. The first group to complete all the tasks above is the winner. Only one group can win. Groups may “bargain” with other groups for the use of materials and tools to complete the tasks.

Note: If after 10 minutes none of the groups finished all the tasks, end the activity - the winner is the group that completed most of the tasks.

Discussion Questions:
- How did you feel during this exercise?
- Were you aware that not everyone had the same advantages when it came to completing the tasks? How did that make you feel?
- How did the winners feel as they were completing the tasks? Were they aware of any advantages they had over others? (For example, they were more powerful, tasks were easier for them, etc.)
- How does this activity relate to experiences in our community? Our world today? Which groups have more advantage, and are thus more likely to “win”?

Explain: As you saw in the activity, some groups had an advantage over others, by having more resources. In our world, many groups have this type of advantage. This is what we call privilege. Privilege is a special right, advantage, or immunity granted or available only to a particular person or group of people. Privilege gives access to and control over resources, and this gives power. When power is misused, it leads to inequality. It could be based on age, race, gender, social class, ethnicity, etc.
Ask: Can you think of some examples of how privilege may lead to power inequality and disadvantage others?

Do: Write down the men’s answers on a flip chart and include the following if they don’t mention them:

- Gender inequality
- Vulnerability of some groups
- Poverty
- Breakdown in social structures (such as during displacement)
- Lack of legal protection

Explain: Those who have more power are able to hurt and exploit others if they misuse their power. Those who have the least power — who are very often women and girls — are most likely to be exploited and abused. Traditionally, men and boys have more power than women and girls. However, men who usually have more power can choose whether they want to use their power “over” women and girls or “with” women and girls. By utilizing our power with women and girls, we can work on dismantling the power imbalances and minimizing forms of “power over,” thus creating harmonious families and communities. The more power people have in society, the more they are responsible for reducing the exploitation of power.

Note: If any of the men in the group mention that they do not feel powerful because they are in a vulnerable situation (as refugees, as unemployed, in poverty, displaced, etc.), explain that sometimes we might not feel powerful as individuals, but men still belong to a more powerful group in society. Power comes from a number of sources. For example, in this case, the men might feel less powerful than other groups because of their economic situation. However, their sex as males entitles them to be part of a more powerful group in society, which gives them more privileges and opportunities than those offered to women. At the same time, some women might feel powerful in their own lives, but as a group, women still lack political, economic, and social power because of their position in society.

Activity 2: Analyzing My Power in the Home (15 minutes)

Do:

- Let the group know that you are now going to read some statements aloud. For these statements, caregivers should just silently acknowledge whether their response is “Always,” “Sometimes,” or “Never.”
- Tell the men that this is a personal exercise of self-reflection and that answers will not be recorded, collected, or shared with others, so to please answer silently and honestly.
- Make sure to pause after each statement to give the group time to reflect.
- Ask the group to keep in mind the conversation that you just had about power.

Contextualization

Note: Adapt the statements below based on the context. Then choose some of the phrases below to read aloud, giving a moment for men to reflect after each. Examples of statements:

- When I talk to my wife, I raise my voice.
- My opinion is the most important within my family.
- I feel that I can have several sexual partners without telling my partner.
- I decide what is best for my family without input from other family members.
- I beat my children when they don’t listen.
- I control all the financial decisions in the house.
- I beat my wife when I get angry.
- I like to have the final decision in all matters at home.
- I feel I do not need to listen to the opinion of my wife or children because I know what’s best.

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30 IRC, Engaging Men through Accountable Practice (EMAP) http://gbvresponders.org/prevention/emap-tools-resources/
Ask:
- What was it like for you to complete this reflection?
- What did your answers tell you about how you use your power in the home?
- Do you use more “power with” or “power over”? In what situations?
- How does your use of power affect the discussions and decision-making you have with your wife and female and male children?

Note: Think about these groups separately to highlight any differences.
- When we think about power with, does this only apply to women or does it apply to our female children too? How and where can we involve girls in decision-making, too?

Note: Describing acts of violence that happen outside our own homes is typically much easier than commenting on or sharing about violence within the home. Talking about violence we have committed is even harder. If caregivers share violence that they have committed, they will often seek to justify their actions or blame others. It is important to pay special attention to responses that minimize, justify, or blame the victim for violence that may arise. Refer to the guidance on Common Resistance Responses in Appendix 1.

Activity 3: How to Make Change (30 minutes)

Ask: Can you think of positive examples of men who share power with their family?

Explain: If we want to have more equal and fair relationships, we need to listen to what girls and women need from us, and make changes. We also need to focus on HOW we make those changes. We know that the gender box (remind them of the activity: Act Like a Man, Act Like a Woman) teaches men to be dominant and in charge, so we need to know that we may act in those ways, even when we are trying to do something different.

Do: Read the following scenarios of ways men may try to make changes in their home. After each scenario, ask the questions below:

Scenario 1: You have been thinking about all of the work your wife is expected to do around the house. You decide that she should no longer do the dishes and that your daughters will do them (not your sons) instead, and your wife can do the laundry, which you think she will like better.

Scenario 2: You decide you want to talk to your family about what you are learning in the group. When you come home, you tell everyone to stop what they are doing so you can talk to them. You tell them about the Man Box and the Woman Box and after you have finished talking, you allow them to get back to their activities.

Scenario 3: You ask your wife if it would be ok for you both to discuss some of the ways that you think you would like to support your daughter together so that you can have a better relationship with her. You ask her if she would like to talk about this, and check to see when would be good for her to have this discussion.

Ask:
- Was the behavior of the man in each scenario displaying “power over” or “power with” the women and girls?
- Who was making the decisions in the situation?
- How could this have been different? How can men work with women and girls in their lives— together—to decide what would be most helpful to women and girls?

Note: Make sure to explain to men that it is expected that they will have challenges at first in learning how to talk to women in ways that are respectful and equal. This is because of how they have been taught to think about men vs. women. Emphasize that it is very important that men are honest about the challenges they are having so they can overcome them.
Explain: Here are some steps we can take when talking to women about power in the home:

- **Step One:** Explain that you want to discuss how you can help to make things fairer and more equal in your home. "I have realized that you do many more household tasks and I would like to help out."
- **Step Two:** Ask if she is willing to discuss this with you. If so, when would be a good time to talk?
- **Step Three:** At the agreed upon time, explain that you want to make things fairer and more equal in your home. Ask her and listen to what she thinks about this and what she feels would be helpful. "In my group we are learning about how much more women and girls have to do each day in the home. It is not fair. I would like to help out so things are more equal. What do you think about that? What might be helpful to you?"
- **Step Four:** If she is comfortable with you making certain changes, work together to select two to three behaviors that you can do differently.
- **Step Five:** Respect what your wife wants. If she is not comfortable with you making changes, seek to understand why and respect her feelings. Do not make decisions for her or insist that change happens in any particular way.

**Do:** After reviewing the steps, ask for a volunteer to role-play the discussion. Let caregivers know that they should practice talking with women and girls in a way that models these characteristics. Practice the discussion with a few different male volunteers, using the three scenarios at the beginning of this activity.

**Note:** For each situation, the facilitator should demonstrate different reactions that women may have to this discussion, including mistrust, resistance to change, confusion, etc. The focus of the role-play is to help men reflect on HOW they are communicating with the women and girls in their life. After each role-play, ask men for their responses and facilitate a short discussion using the following questions as a guide:

- How did the man talk to the woman in this situation?
- How did the woman respond?
- Did they make decisions together about what was going to happen, or did the man decide?
- How do you, as a man, need to behave in order to have a respectful discussion? How can you listen to what your wife or daughter has to say?

**Note:** Explore their responses and connect any defensiveness or resistance to the gender box. Pay attention to whether the men are deciding what they are and aren’t prepared to do—and therefore, the extent to which they are still deciding the conditions of their help.

### 4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

### 5. Takeaway (5 minutes)

Take on a role that you wouldn’t normally do (for example, cook dinner, put the kids to bed, grocery shop) and reflect on what you thought it was like (harder than you thought, easier, more time-consuming than expected) and how you felt when doing it (embarrassed, helpful, proud, angry, etc.).
SESSION 7
The Family Environment

Objectives:
1. Caregivers recognize the importance of a healthy family environment.
2. Caregivers will learn tips and techniques to help them contribute towards a healthy family environment.

Materials: Flip chart paper, markers, colored pens, A4 paper

Duration: 2 hours

Facilitator Note:
• This session may lead to disclosures of GBV committed. Facilitators should be prepared in advance with how they will deal with this. Check in with your supervisor on the best interest of the child, in case anything arises that may need to be followed up on, and read through the guidance provided in the introduction of the Girl Shine Caregivers Curriculum.
• Be sure to remind caregivers of the group agreements, and check to see whether they want to have additional group agreements for this session.

I. Welcome & Review (10 minutes)

? Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

2. Let’s Explore (20 minutes)

= Say: Today we are going to talk in more detail about the family environment. By this we mean the conditions and experiences we have within our family structure. We already started the discussion in the last session on stress and the impact it has on the family. Today we will go into more detail about how a healthy and safe family environment is essential for our own well-being and that of our girls and boys.

? Ask: When we imagine a family environment, what are the things we think of?

... Explain: The family environment can include a number of things:
• Physical environment - for example, house or a specific physical space;
• Emotional environment - for example, stressful, tense, happy, relaxed, safe space, open communication;
• Learning environment - for example, stimulating/stunting, modelling good/bad behavior, encouraging/discouraging communication and ideas.

? Ask:
• What makes a family environment unsafe, tense, or stressful? (When we use our power over others to be physically or verbally violent towards women, girls, and other children, fighting, yelling, arguing, harsh punishments, and other forms of violence used to control someone’s behavior, etc.)
• What can happen if the family environment is not safe and is a tense and stressful place?
• While we discussed in the previous session what the impact of stress is on us, what do we think the impact of stress is on girls and boys?
• What do we think is the impact on women?

Note: Make sure caregivers identify the impact on girls and boys separately.
Explain: Small children who are exposed to a stressful home environment and violence in the home experience added emotional stress, which leads to toxic stress, and that can impact the development of their brains. It can also lead to behavior problems, sleep problems, emotional distress, fear of being alone, immature behavior, and problems with toilet training and language development.

Ask: Were you aware of the consequences of being in a stressful home for small children?

Explain: As they grow, children who are exposed to a stressful home environment and violence may continue to show signs of problems. Children and young adolescents may have more trouble with school work and show poor concentration and focus. As they grow, they may suffer from depression, suicidal tendencies, and bed-wetting. Others feel socially isolated, unable to make friends easily, and may also show signs of aggressive behavior.31

Ask: Were you aware of the consequences on adolescents?

Ask: Were you aware of these consequences on women?

Ask: Does anyone have any examples of how they make their family environment nurturing, supportive, and safe?

Explain: It is important to think about what the impact is on women and children when men choose to use their power over them and choose to be violent. This significantly impacts the family environment, with a harmful effect on all family members.

3. Activities

Activity 1: Healthy Relationships (25 minutes)

Say: I want us individually to think about what a “healthy relationship” looks like.

Ask: What do we understand by the term “healthy relationships”? (They are relationships based on respect, trust, and honesty. They are relationships that make those in the relationship feel good and happy, where power is shared equally between partners.)

Do: Distribute pens and paper and ask participants to draw a picture that represents a healthy relationship. It can be between a caregiver/daughter or husband/wife, boyfriend/girlfriend, other types of intimate partnerships etc., and it doesn’t need to be reflective of them or their current situation. After a few minutes:

Ask: Now looking at your pictures. What does your picture tell you about the things that make a healthy, safe relationship between two people?

Do: Write down caregivers’ answers on flip chart paper and add the following, if not mentioned:

- Talking to each other in kind ways without shouting or calling names.
- Women having equal power and decision-making around raising children, educating children, how to spend the family’s money, and other issues that affect the family.
- Listening to each other and showing empathy.
- Being able to express feelings to each other.
- Respecting each other as people and supporting each other’s goals, hopes, and dreams.
**Ask:**
- Do the things we mentioned reflect our actual experience within our family?
- Do women have equal decision-making power within the family? Why/why not?

**Note:**
- Some men may say that women control everything in the household and do not let men interfere. Probe further to understand if they are referring to managing the household chores, or whether women have more choice and voice in financial matters and whether they are free to make it known when they need more support from men, etc.
- For some issues, men may say that it is better for women to make decisions (for example, marriage of daughters). Probe as to whether men should equally have more say on issues related to this, particularly if they disagree with the decision.

**Explain:** Being in a healthy relationship requires thinking about your partner as valuable and deserving of respect. It also means you must make choices, all the time, to demonstrate those beliefs. It means sharing power with your partner. This also applies to how you interact with the rest of your family members.

### Activity 2: Steps Towards a Healthy Family Environment (40 minutes)

**Do:** Read the following story to the caregivers, then split them into groups and give each group some questions to think about. They will feed back their reflections to the group.

*Amira and Khalil have three children. Amira has been struggling with managing the household responsibilities and working at the same time. Khalil has been having a very difficult time at work. One day, Khalil comes back from work, and dinner is not prepared. He starts shouting at Amira and tells her to hurry up! Amira shouts at Khalil and tells him that she is trying her best. Khalil gets angry and hits Amira. Their youngest daughter is standing in the kitchen and watching what happens, she begins to cry.*

**Say:** I want you to take a few minutes to think about what happened. (Repeat the story if necessary.) And then in your groups, answer the following questions:

- **Group 1:** What emotions was Amira experiencing? What emotions was Khalil experiencing? How did Amira and Khalil’s daughter feel?
- **Group 2:** How does Khalil feel after he hit Amira? How did it feel seeing his daughter crying? How did he feel about himself?

**Do:** Bring the group back together and ask each group to share what they discussed and their answers to the questions. Give participants the opportunity to reflect on the discussion and give their feedback. It is important to identify those that hold positive attitudes towards women and girls to help counter any harmful social and gender norms.

**Ask:** How can Khalil express his feelings to Amira in a way that doesn’t cause harm to her or their children?

**Note:** Facilitators should get the men to identify that the violence was wrong and suggest alternative ways to express the frustration.

**Explain:** Khalil’s violence toward his wife was not about losing control or being angry. Rather, he made the choice to take out his emotions and demonstrate his power toward his wife. Khalil also knows that there will most likely be no consequences for this choice. The anger and violence is selective towards his wife. The gender box teaches men not to be emotional, as that is reserved for women. Men are taught that anger is one of few emotions that they can express and still be respected. Therefore, men often do not know how to express their emotions in healthy ways, and their pain often gets taken out on women.

**Do:** Get the men to think about a recent argument that they had with their wife/girlfriend. Get them to discuss the argument in pairs and address the following questions:

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32 Adapted from IRC, Engaging Men in Accountable Practice (EMAP) [http://gbvresponders.org/prevention/emap-tools-resources/]
Questions:
• What happened?
• What were they thinking?
• How were they feeling during the argument (physical changes to the body, certain emotions)?

Do: After a few minutes, ask volunteers to describe the situation and identify the thoughts, feelings, and body sensations that they experienced.

Ask: What are some of the ways we can deal with situations like these when they happen?

Do: Get participants to brainstorm some ideas and clarify with the following if not mentioned:

Explain: When dealing with a similar situation experienced by Amira and Khalil, we should consider the following:
• Be Empathic: Put yourself in the other person’s shoes and think about how they will feel about what you are telling them. How would you feel if the roles were reversed? Give others time to ask questions and explain themselves.
• Think About Your Body Language: Give eye contact and try to sit or stand in a relaxed way. Do not use confrontational language or aggressive body language.
• Listen: When we are stressed, we tend to listen less well. Try to relax and listen carefully to the views, opinions, and feelings of the other person/people.
• Stay Calm and Focused: Communication becomes easier when we are calm. Take some deep breaths and try to maintain an air of calm. Others are more likely to remain calm if you do. If you need to, take a break from the conversation and come back to it later when you are calm.
• Use “I Statements”: “I statements” may allow couples to work through their disagreements in a way that allows them to express their opinions and feelings to each other without assigning blame and placing further strain on the relationship. Some examples of “I statements” include:
  » I’m feeling annoyed right now.
  » I’ve had a bad day.
  » I feel disrespected when someone raises their voice at me. Can we talk about what happened?
  » I feel very frustrated when I think someone is not listening to me.

Ask: What if your wife or girlfriend says “I don’t want to talk about this now, I want to talk about it when you have had time to think it over”?

Do: Ask participants to go back into their groups. Based on the tips and techniques shared with them, ask them to practice being Amira and her husband. Ask some volunteers to share their practice with the group.

Explain: In the case of Amira and Khalil, he was expressing his frustration towards her and using “power over” her through violence. The solution is not to hide this aggression from the children in order to create a healthy family environment, but not to commit violence to begin with. Men like Khalil need to find alternative ways of dealing with the emotions that may be expressed as anger and directed towards women and girls. This aggression creates an unsafe environment in the home for female members of the family in particular, but also boys. To create a healthy, safe, and nurturing family environment, men and women need to find ways to deal with their problems in a way that doesn’t cause harm. Supporting each other and having open discussions about how to support each other is a good way to improve any family environment.

4. Check-in (5 minutes)

Remind caregivers of the information on existing services. Explain you will be available to talk after the session if they would like additional information.

Given the nature of the topic, do the following closing activity with caregivers. (You can also do the closing ritual the group usually does after this activity.)

33 Adapted from Skills You Need https://www.skillsyouneed.com
**Tone Train:** A closing activity that allows expression without verbalization. It brings the group together and gives a sense of satisfaction, and allows everyone express themselves with their voice.

1. Group forms a circle.
2. First person makes a sound that expresses how they are feeling right now.
3. Group copies that sound.
4. Next person adds their sound. Group copies that sound, then goes back to the beginning and does all the sounds.
5. Continue until the group has created a tone train with one sound from each person.

**5. Takeaway (5 minutes)**

Notice the differences in the way you treat girls and boys at home. Observe how you are treated within your family compared to your spouse, or observe other families doing this.
SESSION 8
Exploring Our Relationships With Adolescent Girls

- **Objectives:**
  1. Caregivers will learn how to improve the quality of communication with the girls they care for and explore ideas around decision-making with adolescent girls.
  2. Caregivers will explore the concept of empathy and learn techniques to increase empathy towards their daughters and each other.

- **Materials:** Flip chart paper, pens, A4 paper, markers

- **Duration:** 2 hours

### I. Welcome & Review (10 minutes)

**Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

**Say:** A few sessions ago, we discussed what it means to have a healthy family environment, and one of the aspects of that is the emotional environment. One of the key factors we discussed in creating a healthy emotional environment was good communication. Today we are going to talk in more detail about how we communicate with adolescent girls and how we can strengthen our relationships with them during this challenging time of transition.

**Say:** Men are usually taught that male caregivers should provide material things, while female caregivers should be the ones to care for children. Because of this, male caregivers are often denied the opportunity to learn the skills to care for their children in other ways. But male caregivers can, and need to, provide care to children as well. There are many ways to do this.

### 2. Let’s Explore (15 minutes)

**Ask:** What are some of the challenges caregivers face with adolescent girls they care for?

**Say:** Sometimes the issues you have with girls may be due to things beyond your control, and may not necessarily always be their fault. Living in difficult situations, caregivers face many pressures and stress that affect the way they treat their children and partners. It is also important to remember the impact this situation is also having on girls. It is important to listen and communicate with girls as they are growing. This helps build a healthy and nurturing family environment. Relationship-building takes some time, and it is normal to experience difficulties in starting conversations that are different from our usual patterns or routines, but we can do so with continuous and persistent efforts.

**Ask:** Who is responsible for developing a healthy relationship with girls? (Both the male and female caregivers.)

**Note:** For caregivers who say it is the female caregiver’s role, ask them why, and remind them of the gender roles (gender box) we discussed previously and how this can limit us. If there is anyone who believes that it is both caregivers’ responsibility, ask them to explain why - thus providing a different perspective.

**Ask:** Why is it important to build the relationship between you and your daughter?
3. Activities

Activity 1: Communicating With My Family (25 minutes)

**Ask:**
- How much time do you currently spend talking to your children about things related to and important to them? Is this different for your female or male children? (Let them reflect on the answer, they can share if they want to.)
- How much time do you spend talking to your partner about things related to and important to her?
- How has the way you communicate with your children changed over time (i.e. compared to when they were younger, or before the current situation of displacement/conflict, etc.)? Is this different for your female or male children?
- How much time do you spend talking to your partner about things related to them?

**Do:** Read the following scenarios to the group. After each scenario, ask volunteers to come forward to act out the scenario, and demonstrate how they would respond in each situation.

**Note:** If caregivers suggest harmful ways of dealing with the situation - for example, punish the girl/mother by hitting, yelling, etc. - ask them what the risks or benefits are in responding in this way. You can also ask other caregivers if they have alternative suggestions for how to handle the situation. They can step in to show their approach through the role-play.

**Contextualization**

**Scenario 1:** Betty is 13 years old, and as she is growing up she begins to argue a lot with her younger siblings. She does not want to spend time with them like she did when she was younger. Her caregivers are tired of always trying to get the children to be calm and play together. One day, Betty is really angry! Her brother had taken something very special to her and damaged it. Betty hits her brother. How would you handle this situation?

**Scenario 2:** Asha is spending a lot of time with her friends, and her female caregiver, Dana, is worried that her friends are not a good influence on her. Dana is worried that Asha is being influenced by these friends, as she is now very argumentative. When Dana tries to speak to her, Asha becomes defensive and does not want to talk about it. Dana approaches Asha’s male caregiver and asked for his help. How would you handle this situation?

**Scenario 3:** Ruth is growing up, and her caregivers have noticed that her behavior is changing. Now she is refusing to do her household chores. One day, her male caregiver asks her to bring him tea. Instead of just bringing the tea like she normally does, she asks her caregiver why he never asks her brothers to make him tea. She says she has a lot of homework since going into a higher class and she wants her brothers to take more responsibility in the house. How would you handle this situation?
Ask:
• What do you think about the ways in which the scenarios were handled?
• Let’s remind ourselves of the power we have over girls and other family members. How do you think this influences the way we have discussions with them?
• How do you think we can use our power with our daughters and other family members instead of over them, when we communicate with them?

Do: Write down what the men suggest, and add the following:

Say: Here are some additional tips that you can use to improve communication with your daughters and partners (and other members of your family):

Explain: (write the following on the flip chart)

Communication Tips

• Remember the power you have “over” girls and other members of your family. When thinking about communication, it is important to keep this in mind and ensure your communication is considerate of the different power dynamics in the family.
• Encourage adolescent girls to express their opinions. Even if you don’t agree with them, make them feel their opinion is being considered.
• Imagine how they are feeling and what is on their mind.
• Show a genuine interest in their thoughts and concerns. They are at a sensitive stage, and some find it hard to express themselves.
• Give them your time and attention. Even if your own life is chaotic, it is important to try to make time for your daughter, especially during this sensitive stage in their life.
• Don’t judge them harshly, as this can close down communication. Use “I statements,” for example, “I feel sad because you broke my trust,” instead of saying, “You are bad for lying to me.”
• Allow them to be sad. Don’t expect them to always be tough, and encourage healthy expression of their emotions.
• Encourage and allow them opportunities to be helpful. If you want them to take on more responsibility, make sure they realize how helpful that is to you and the contribution they are making to the family, and they will be more likely to want to support you.
• Don’t impose your opinions. Instead, ask them what they think should be done in a specific situation. This will help build their confidence and teach them to develop their problem-solving and decision-making skills.
• Encourage them to form solutions on their own. Guide the process by asking questions and encouraging them to think through the possible positive and negative consequences of any situation.

Activity 2: Effective Communication Takes Time (40 minutes)

Say: We are going to talk about how to respect and understand others’ thoughts, feelings, and views. Some people use the word “empathy” to describe this respect and care.

Note: It is not necessary to use the word empathy, as long as its main concept and rationale is communicated. You can choose to use the longer phrase “respect and understanding others thoughts, views and feelings.”

Ask: Does anyone know what we mean by empathy?

Explain: When I think of “empathy,” I think of working to understand the situation from the perspective of another, seeing with the eyes of another, hearing with the ears of another, and feeling with the heart of another. Empathy is the ability of one person to walk in the shoes of another person and feel what that is like. Often times, when we are facing difficulties ourselves, it is hard to consider someone else’s feelings and act with care, but empathy is an important skill that can help us to improve our relationships with our family.
Blame vs. Empathy

Contextualization

Say: Let’s take the scenario of Ruth. Can anyone remind us of the scenario?

Ruth is growing up, and her caregivers have noticed that her behavior is changing. Now she is refusing to do her household chores. One day, her male caregiver asks her to bring him tea. Instead of just bringing the tea like she normally does, she asks her caregiver why he never asks her brothers to make him tea. She says she has a lot of homework since going into a higher class and she wants her brothers to take more responsibility in the house.

Ask: How do you think Ruth is feeling?

Say: Now I am going to read you some of the potential responses from her male caregiver, Patrick. After each response, I would like you to move to the front of the room if you think Patrick was blaming Ruth, and to the back of the room if you think Patrick was being understanding/empathetic to Ruth’s situation and feelings.

1. Patrick exclaimed: “Don’t be so silly! This is the job of a girl, not a boy, and you should listen to your caregiver and do as I say!” (Pause to give caregivers time to move to the front or back of the room.)
2. Patrick said in a stern voice: “You are being disrespectful towards me and this is wrong. I don’t like your attitude; you are always very rude.” (Pause for five seconds.)
3. Patrick said in a concerned voice: “I am sorry that you feel like you have too much work to do. School is very important and so are your chores, so what can we do to try to solve this problem?” (Pause for five seconds.)

Ask: Which of the responses given by Patrick did you prefer? Why? Which responses would you like to hear if you were Ruth?

Ask: Why is empathy necessary for building relationships in your family in general, but particularly with adolescent girls?

Do: Have caregivers discuss, and add to their list if any of the following is missing:

• Being empathetic helps ensure your daughters get their needs met and they feel safe. Because this is a difficult time for girls in particular, it is important to be aware of nurturing this relationship.
• Caregivers can have empathy for each other and themselves, and this teaches children to care for themselves and others. Because children are great imitators of our behavior, when we respond to them with respect and empathy, they will learn to treat others with empathy and respect.
• When we respond empathetically to our daughters, we are communicating that they are important and they matter. We are supporting their healthy social and emotional development.
• Being empathetic allows our daughters to openly share and discuss their problems and the risks they are facing, without the fear of being blamed.

Say: I’m going to share with you a simple technique to help you improve your empathy, to understand your daughters’ feelings better, and be able to be responsive to them. You can also use this with other members of your family.

There are four steps:

• **Step 1 - Identify the feeling:** Try to identify or label what someone is feeling. When caregivers honor a feeling, they first identify it or label it. For example, “Mariam, you look like you are afraid right now - are you?”
• **Step 2 - Determine the reason:** Understand why they are feeling that way. For example, “I’d be really glad if you chose to tell me why you are scared?” Mariam can tell you, or she may choose not to right now. You can say to Mariam, “Feel free to come and talk to me when you are ready”.
• **Step 3 - Honor the feeling:** Honor the child’s feelings. Mariam might have had a disagreement with a friend, or been rejected by her peers at school. Don’t dismiss that reason. Acknowledge and respect the “why.” If you make your daughter think that her feelings are not important, she might not talk to you anymore about the things bothering her.
• **Step 4 - Take action:** *Deal with those feelings with your daughter.* You can brainstorm with her about what, if anything, needs to be done. Sometimes the situation may require the caregiver and the girl to come up with possible actions that may help remedy the situation. Sometimes the situation doesn’t need an action other than just comforting your daughter or sharing in her joy.

**Say:** Now we are going to practice the four steps of empathetic communication.

**Do:** Ask caregivers, in pairs, to practice the steps of empathetic communication, using the example of Ruth and Patrick.

**Note:** They can change the stories and replace them with other problems they may encounter. They can also switch roles, so each caregiver has the opportunity to be Ruth and Patrick.

**Ask:** Were these new skills for you, or have you used these before?

**Ask:** Do you feel this is something you can practically use in your interactions with your daughters? What about with your partner/wife and sons, and other family members? If not, what alternatives do you suggest?

**Say:** Practicing these techniques with all members of your family can help to contribute to a healthy family environment.

**Note:** Let them know that this may not come to them naturally, as it may be new and we may be used to different ways of dealing with these situations. However, since they have a vision to support girls and help them to achieve their goals, the use of this technique will lead them towards their vision.

### 4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

### 5. Takeaway (5 minutes)

Explain to caregivers this week’s home assignment is to go home and spend quality time with their daughters and female family members. Ask caregivers to choose one activity we discussed related to quality time to practice before we meet next. They should also practice the communication skills we discussed and report back in the next session.
SESSION 9
Parenting For Equality

- **Objectives:**
  1. Caregivers will explore further the idea of gender roles and how they relate to adolescent girls.
  2. Caregivers will learn about how they can contribute to upholding the rights of girls.

- **Materials:** Flip chart paper, markers, A4 paper, pens, tape, Activity Clock *(Appendix 5)*

- **Duration:** 2 hours

I. Welcome & Review (10 minutes)

**Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

**Say:** Today we are going to talk about parenting techniques that we use, and identify any differences in the way we parent adolescent girls compared to adolescent boys and younger children.

II. Let’s Explore (10 minutes)

**Ask:**
- In your home, what are the rules or expectations for how children are supposed to behave? (Ask volunteers to share some examples.)
- Are there differences in the rules and expectations for girls and boys? (Ask volunteers to share some examples.)
- Do you have expectations of how women are supposed to behave? (Ask volunteers to share some examples.)
- Are there expectations on how you should behave? (Ask volunteers to share some examples.)

**Note:**
- If caregivers only have female children, ask them how they treat them differently based on age.
- If men say that there are expectations of how women should behave, but not for themselves, probe further and relate it back to the power session, and ask them whether they can do more to share “power with” women in this situation.

**Ask:** Why do we have different rules or expectations for girls and boys, especially during adolescence?

**Explain:**
- Adolescence is a critical period in which the way we treat girls and boys significantly changes from when they were younger.
- When they reach the age of puberty, many things change, especially for girls. Caregivers and society sometimes have different expectations of girls - they might expect girls to leave school, get married, and focus on having a family.
- Because of these expectations, girls are not given the same opportunities as boys. They may be made to stay at home, not allowed to play with friends anymore, even removed from school, as it is not seen as important to educate them.
• Long before they reach this age, we start to prepare girls and boys for their “gender roles.” For example, girls may be given more household tasks than boys, and boys may be expected to go out to work. The rules and expectations we place on girls and boys are, in many cases, based on what we previously discussed – the gender box. For example, boys are told not to cry, not to fear, not to be forgiving, but instead be assertive and strong. Girls, on the other hand, are asked not to be demanding, but to be forgiving, accommodating, and nurturing.

• This can influence the way we treat them and the opportunities, expectations, and rules we place on girls and boys.

? Ask: Reflecting back on the things we have learned about so far about the gender box and the different experiences of girls and boys, can anyone think of differences in the way they themselves were treated compared to their female family members when growing up?

3. Activities

Activity 1: Girls’ & Boys’ Experience of the Family Environment (20 minutes)

Do: Place tape or string down the length of the room.

Say: I will read a number of statements, and you will decide whether you agree or disagree with them.

Say: Those who agree will stand at one end of the line, those who disagree stand on the other end of the line. Those who are not sure can stand along the line, according to how much they agree or disagree with the statement.

Note: For caregivers that demonstrate negative attitudes and beliefs about the roles of girls, women, boys, and men, ask them why they agree or disagree with a statement. Ask someone who opposes their standpoint to share why they agree or disagree with the statement, to provide a different perspective.

• Girls are just as smart as boys.
• Girls, not boys, are responsible for taking care of younger siblings.
• Girls should do as their brothers tells them (no matter if they are younger or older).
• Girls and boys should both support their family with household responsibilities equally.
• It is the responsibility of women, not men, to take care of the children.
• It is not the role of men to support their children emotionally.
• Boys should have more freedom than girls.
• Girls are responsible for the honor of the family.
• Girls and boys should be treated equally.
• Boys are less emotional than girls.
• It is more important for boys to go to school than girls.
• A girl’s role is to stay in the home.
• Girls and boys deserve equal opportunities.
• Women should be able to have equal decision-making opportunities as men.
• Girls should do as their brother tells them (no matter if they are younger or older than their brothers).
• Boys are more naturally confident and dominant than girls.
• Boys can date and have girlfriends, but girls should protect their honor.

? Ask:
• What difference did you notice about how we perceive or treat girls and boys?
• How do you think this influences girls and boys?
• What did you notice about how we perceive the role of men and women in the lives of our children?
Explain:

- Girls usually have fewer opportunities and are expected to take on more responsibilities in the home (leaving them less time for studying, for example).
- Because girls are expected to be nurturing and not demanding, they are sometimes not allowed to express what is important to them.
- Sometimes caregivers express their frustrations more towards girls than boys because girls are expected to be forgiving and accepting.
- They may also expect girls to take on more responsibilities and help more within the home due to the belief that this is the role of a girl.
- This could also be due to the amount of responsibilities we expect women to take on, and women may in turn direct this towards girls, as they hold “power over” girls.

Activity 2: Gender Roles in My Home

**Do:** Break into four groups and give each group an Activity Clock (Appendix 5).

Assign them the following tasks:

- **Group 1:** What do girls do during the different hours of the day listed on the clock?
- **Group 2:** What do boys do during the different hours of the day listed on the clock?
- **Group 3:** What do women do during the different hours of the day listed on the clock?
- **Group 4:** What do men do during the different hours of the day listed on the clock?

**Note:**

- They may not agree exactly on all points, but ask them to decide on the most common things.
- Men might not be very familiar with the tasks that women, girls, and boys are doing in the home. Probe further to ask them, “Who does the laundry, how do you think this gets done, who collects the water, who buys the vegetables?” etc.

**Do:** After 10 minutes, bring the groups back together and ask them to share their timelines.

**Ask:**

- What do you notice about these timelines?
- Who has the longer list of tasks to do each day? Why?
- How are tasks assigned to girls and boys? Are they consulted? What choice do they have in accepting these tasks or not?

**Note:** Clarify any differences between girls and boys.

- Should girls be consulted on the tasks that are assigned to them?

**Explain:**

- Girls often do not have a choice about the activities and tasks that they are expected to do each day, and they tend to take on more tasks than boys. This means girls have less time than boys to focus on homework, develop life skills, and simply to have time to be children.
- Ensuring girls have the opportunity to develop life skills is essential. As girls may not have as much free time as their male siblings, they may not have the opportunity to learn skills important to their development. These skills including making healthy decisions, solving problems, taking care of themselves, and protecting themselves from harm. Without these life skills, girls will find it more difficult to deal with the pressure that comes in adulthood, and may not have the skills and capabilities to take care of themselves or those around them.

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34 Adapted from IRC, Engaging Men through Accountable Practice [http://gbvresponders.org/prevention/emap-tools-resources/](http://gbvresponders.org/prevention/emap-tools-resources/)
While it is necessary for children to help in the home, especially in difficult times, these chores can be more equally distributed among girls and boys. That way, girls will also have some of the free time that usually only boys are able to have.

**Ask:**
- How can boys benefit from taking on more responsibility in the home? (Boys will learn essential skills related to taking care of themselves and their family. They will also learn to support their sisters and treat them as equals. They will help them think about the well-being of others, which will help them build healthy and happy relationships when they become adults.)
- How can we make sure that household responsibilities can be distributed more equally?
- Is there anything we can do to support the family more? Are there any tasks or roles we can take on that could be supportive?

**Note:** Men might say that this is not something they get involved with, that this is the responsibility of women to manage. Get them to think of ways that can show women and girls that they are taking more of an interest in the responsibilities that women and girls have and how they can offer support.

**Do:** Ask caregivers, in pairs, to discuss how they can introduce this idea of shared decision-making into the family.

**Explain:** Here are some tips on introducing shared household responsibilities in your family:
- **Step 1:** Discuss the issue with female decision-makers in the house.
  - **Note:** Ask caregivers to recall the communication techniques discussed during the session on a healthy family environment. For example, “I wanted to ask if you feel you have enough support to manage the many responsibilities you have. I want to ask how you think we as a family can support you more.”
    - Listen with full attention (eye contact, open body language, not distracted).
    - Explain why you want to have this discussion.
    - Reflect back what you think your partner/wife is saying (for example, “You are saying you would like more help, especially in the evenings because you are very tired from the long day you’ve had”).
    - Ask them how they would like to address this (for example, “So what would you suggest we do to give you more support?”).
- **Step 2:** Ask girls what tasks they would like more support with. Make sure you listen to their opinions and ideas and address the ones that are realistic. Or ask women to have these conversations with girls, if girls would be more comfortable with that. (Use techniques already discussed.)
- **Step 3:** Ask boys to think about the future they want for their sisters. Do they want them to succeed in school and be successful in their lives? Then explain to boys that this means girls need equal time for school, homework, and activities.
  - **Note:** Remind caregivers of using “I statements” and other communication techniques that can help them with this process.
- **Step 4:** Give girls and boys encouragement and praise when they are supporting each other. It makes them feel valued. For example:
  - I am so proud of the way you are doing your homework so carefully!
  - Thank you for helping me at the market today!
  - You did such a great job helping your sister/brother today!
  - You did such a great job helping me prepare dinner today!
- **Step 5:** Check in with girls and boys regularly to see how the new distribution of chores is working.
  - **Note:** Men might say that this is not something they get involved with, that this is the responsibility of women to manage. Get them to think of ways that can show women and girls that they are taking more of an interest in the responsibilities that women and girls have and how they can offer support.
  - **Do:** Ask caregivers, in pairs, to discuss how they can introduce this idea of shared decision-making into the family.

**Explain:** Here are some tips on introducing shared household responsibilities in your family:
- **Step 1:** Discuss the issue with female decision-makers in the house.
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    - Listen with full attention (eye contact, open body language, not distracted).
    - Explain why you want to have this discussion.
    - Reflect back what you think your partner/wife is saying (for example, “You are saying you would like more help, especially in the evenings because you are very tired from the long day you’ve had”).
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  - I am so proud of the way you are doing your homework so carefully!
  - Thank you for helping me at the market today!
  - You did such a great job helping your sister/brother today!
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- **Step 5:** Check in with girls and boys regularly to see how the new distribution of chores is working.
  - **Note:** Men might say that this is not something they get involved with, that this is the responsibility of women to manage. Get them to think of ways that can show women and girls that they are taking more of an interest in the responsibilities that women and girls have and how they can offer support.
  - **Do:** Ask caregivers, in pairs, to discuss how they can introduce this idea of shared decision-making into the family.
Note: Encourage them to incorporate the suggestions and tips discussed.

Scenario 1: You are having a discussion with your wife about how you and the family can be more supportive of her.

Scenario 2: You are asking your daughter what kind of support she needs to give her more time to focus on other things that are important to her.

Scenario 3: You are talking to your son (male family members) about taking on more responsibility in the house and supporting your daughter(s).

Ask: How did you find this activity? Do you think you can practice some of these things at home with your family?

Activity 3: Equal Opportunities for Girls & Boys (20 minutes)

Ask: What do we mean when we talk about “our rights”?

Explain: Our rights are what every girl, woman, boy, man deserves, no matter who they are or where they live, so that we can live in a world that is fair and just. We are protected by many of these rights through laws or agreements that our own countries or the countries hosting us have signed on to.

Ask:
• Can anyone think of any rights that we have as men?
• What about the rights that women have? (Note: Emphasize the right to be treated equally to men without discrimination, and to be free from violence.)

Contextualization
• Right to live with freedom and safety
• Right to work
• Right to free education
• Right to say and think what we want
• Right to be free from degrading treatment
• Right to be treated fairly by the law

Ask: Does anyone know what the rights of girls and boys are? (Write down their answers on a flip chart.)

Contextualization

Explain: Girls and boys, like men and women, are protected by a number of rights, and as their caregivers it is our responsibility to make sure their rights are protected.

Some of the rights that girls and boys are protected by and that are our responsibility to uphold in this country are:
• Female and male caregivers are responsible for the upbringing and development of their children, and they must do what is best for the child at all times (both for girls and boys). For example, they must not cause harm to the child.
• Girls and boys have the right to a good quality education. Caregivers should encourage them to go to school to the highest level they can.
• Both caregivers are responsible for the upbringing and development of the child.
• Girls and boys have the right to give their opinion, and caregivers should listen to them and take them seriously.
• Girls and boys have the right to privacy.
• Girls and boys have the right to be protected from being hurt and mistreated, in body or mind.
• Girls and boys have the right to play and rest.
• Girls and boys have the right to health, education, equality, non-discrimination, and to live free from violence and exploitation (including child marriage).
• Girls and boys have the right to protection from work that harms them and is bad for their health and education. If they do work, they have the right to be safe and paid fairly.
• Girls and boys should not be punished in a cruel or harmful way.
• Children have the right to know about their rights, and caregivers should discuss these rights with them.

Ask:
• What do we think about the rights I mentioned?
• Do we think that we give these rights equally to girls and boys?
• Do we think these rights apply equally to boys and girls? (Probe – “What about the right to education?”)
• What can we do to ensure girls also have access to these rights?

Say: It is important to remember that these rights apply to adolescent girls as much as they apply to boys. When making decisions on a girl’s role in the family or determining her future, it is important to make sure we are considering the rights that she has. It is the responsibility of a caregiver to ensure girls are accessing their rights.

Note: Men might say that some of these rights contradict their values and beliefs. It is important to get them to think about why these rights are important. Ask people with different opinions to speak up in order to provide a different perspective. Emphasize the importance of giving opportunities to girls, and also the importance of looking at what is in the best interest of the child.

4. Check-in (5 minutes)
Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)
Talk to your family about sharing household responsibilities, and the benefits that brings to girls and boys and the family as a whole. You don’t need to go through all of the steps; do the ones you feel most comfortable with as a starting point. Report back during the next session as to how that went.
SESSION 10
Safety

- **Objectives:**
  1. Male caregivers will discuss the different types of violence that women and girls face, particularly in the home.
  2. Male caregivers will explore ideas related to their roles and responsibilities to contribute to the safety and well-being of their family.

- **Timing:** After the women’s session on Safety has taken place.

- **Materials:** Flip chart paper, markers

- **Duration:** 2 hours

- **Note:**
  During this discussion, victim blaming may arise. If men express thoughts such as, “Sometimes women/girls ask for violence by misbehaving” - make sure to ask what other caregivers think, to get a range of perspectives.

  Describing acts of violence that happen outside our own homes is typically much easier than commenting on or sharing about violence within the home. Talking about violence we have committed is even harder. If caregivers share violence they have committed, they will often seek to justify their actions or blame others. It is important to pay special attention to behaviors like minimizing, justifying, or blaming the survivor.

I. **Welcome & Review (10 minutes)**

  - **Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?
  
  - **Say:** Today we are going to talk about safety and risks. Especially risks that women and girls face in our community. As this is a sensitive topic, shall we remind ourselves of the group agreements?
  
  - **Ask:** Are there any other agreements we want to put in place, e.g. ones focused on safety, given the topic of this session? (For example, don’t identify specific individuals that you know may have experienced GBV, but speak in more general terms, and/or if someone discloses a personal case of GBV, remember this is a confidential space and this should not be discussed outside of the group, do not encourage or make jokes about violence against women and girls, etc.)

II. **Let’s Explore: (15 minutes)**

  - **Ask:** What do you think the word “safety” means?
  
  - **Say:** When we talk about safety, we mean being free from harm, danger, threats, or risks, both inside and outside the home. Harm, danger threats, and risks can be related to a number of things - for example, the environment can make people unsafe if there is an earthquake or storm.
  
  - **Ask:** Can anyone think of other types of harm, danger, threats, or risks that make people unsafe? (For example, war, conflict, lack of money, being homeless, violence, etc.)
  
  - **Say:** For the purpose of this session, we are going to focus on the issue of violence, and the types of violence that make women and girls unsafe, in particular.
  
  - **Ask:** Does anyone have any questions?
3. Activities

Activity 1: What are the Risks? (30 minutes)

✅ **Do:** Divide participants into four groups. Each group will focus on one of the following questions:

- **Group 1:** What are the specific safety risks and threats that men face in the community or the home?
- **Group 2:** What are the specific safety risks and threats that boys face in the community or the home?
- **Group 3:** What are the specific safety risks and threats that women face in the community or the home?
- **Group 4:** What are the specific safety risks and threats that girls face in the community or the home?

✅ **Do:** Give participants about 10 minutes to discuss and write their answers on a flip chart. When they have finished, bring them together in the group to present their answers.

❓ **Ask:**
- Were there any similarities in the risks that men and boys face? What about women and girls?
- Were there any similarities in the risks that men and women face? What about girls and boys?
- What were the similarities or differences you noticed in the safety risks that women and girls face compared to men and boys?
- What did you notice about the location of the risks for women, girls, boys, men?
- What did you notice about the types of violence experienced by women, girls, boys, men?
- What did you notice about the perpetrator of the violence? Did they have anything in common? (For example, were the perpetrators mainly men?)

🌟 **Note:** If men are not forthcoming with types of violence perpetrated against women and girls, you can add some of the forms of violence that women and girls face (sexual, emotional, physical violence).

💡 **Explain:** Women, girls, boys, and men can all experience harm, danger, threats or risks, but there are some safety issues that mainly affect women and girls. These safety issues are types of violence that women and girls face because of their gender (remind them of the gender box). This type of violence happens to women and girls because they may be perceived as weaker than men, and therefore men use their power over women and girls.

Sometimes men, women, boys, and girls think this violence is normal because it is something acceptable in the community and has been happening for a long time. People may not realize that it is even considered violence. Sometimes, women may also be violent towards girls, or have certain expectations of girls because they themselves experienced the same thing. (For example, marrying girls early because this is what happens in the community.)

💡 **Say:** There are different types of violence that women and girls in particular face, many of which you have already mentioned.
Explain:

**Physical**  
(hurts the body)

- hitting
- punching
- slapping
- throwing things at her
- pulling hair
- throwing her to the ground
- hurting her with sticks, chains, bars
- locking her in a house
- neglecting her
- withholding medical care and attention from her
- giving her medical interventions without her consent or understanding
- women and girls carrying an unfair burden of household work
- punishment of her for bringing “shame” on a family (honor crimes)
- not allowing her to wash herself or her clothes

**Emotional**  
(hurts the feelings and self-esteem)

- telling her she is stupid, ugly, useless
- threatening her with abandonment
- threatening to get another wife
- making her beg for essentials
- making her beg for money
- making her eat with animals or off the floor
- telling her no one cares about her
- telling her no one will believe her
- making her keep harmful secrets
- humiliating her
- humiliating her in front of others
- telling her she is a bad mother
- threatening to kill her
- threatening to kill or hurt others (children, family members, anyone who helps her)
- stopping her from seeing her friends and family
- making her afraid all the time
- threatening to withhold food
- disregarding her privacy and dignity
- using abusive language to be unkind
- talking about her private business without her consent
- persuading her to stay with an abusive husband
- telling her the violence is her fault

**Economic**  
(controlls access to money, property, or resources)

- taking control of her money
- not supporting her or her children
- denial of opportunities for education or income-generating activities
- not telling her how much money is in the household
- excluding her from decisions about how to use resources
- denial of inheritance rights
- denial of property rights
- making her responsible for children without the means to be so (for example, telling her she must pay their school fees when she has little or no opportunity to generate income)
- making her responsible for others’ debts
- paying her less for similar work
- refusing to employ women
- giving women jobs that are below their potential and capability and denying them any promotion
- misusing her resources
- taking the profit from her labor without her permission
- withholding money and other resources
- giving preference to other wives and children
- denial of children born outside marriage
Sexual violence can include rape, but also includes any form of undesired sexual contact. Rape is when a girl or woman is forced to have sex against her will, including penetration of any part of the body (mouth, vagina, anus) with a body part or object.

Other types of sexual violence include:
- attempted rape
- sexual harassment
- stalking
- making comments about her body and her sexuality
- sexual humiliation by telling others’ things that will cause her to have a “bad” reputation
- sexualized name-calling
- making someone watch pornography
- making someone act out pornography
- abusing women through sex work
- forced nakedness
- forced childbearing
- forced sex in front of others
- enabling others to sexually abuse her
- selling or buying women and girls to/from others for sexual exploitation
- early marriage
- forced marriage
- any sexual activity with children
- refusal to allow women to choose their own partners
- sexual exploitation and abuse
- grooming
- incest
- forcing a widow to marry her brother-in-law
- knowingly transmitting an STI
- refusing to allow her to use contraception

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**Ask:** How do we know if sexual contact is desired or not?

**Say:** If someone says “Yes” to something due to pressure or threats, this is undesired sexual contact.

**Activity 2: Understanding Violence (40 minutes)**

**Say:** We have discussed the different types of violence that happen, especially to women and girls. Now let’s take some time to think about why this violence happens.

**Do:** Read the following scenario to caregivers:

**Contextualization**

Eric was on his way to a village 10km away for an appointment with the authorities to buy some land, when his motorcycle hit a sharp object and his tire popped. He pushed the motorcycle for 5km to finally arrive at the office at noon. Eric went directly to the authorities to submit his papers to purchase a new plot of land near the village. When he arrived, the door was locked. A nearby policeman told Eric that the office was closed for the day.

Eric then went to a repair shop to fix his tire. He had to wait for one hour while the man doing repairs took a break for his lunch. When the tire was finally fixed, the man asked for $5 (or equivalent local currency). Eric had no money left to eat or drink before returning home to his village. As he drove his motorcycle home, he was caught in the rain. His tires slipped and he nearly fell several times.

When Eric arrived home he bathed, dressed, and then told his wife Beatrice to bring him food. She said she had returned late from the market today because of the rain, so the food was not yet cooked. Eric yelled, calling his wife useless and stupid. He told her to prepare the food immediately! Their daughter came home and Eric asked her why she was late and not home to help her mother with the cooking. She explained that she needed to stay late at school to finish some work. Eric slapped her and told her to get out of the room. He threatened to remove her from school if she was late again!
Ask:

- How did Eric feel during the day? Was this a good day or bad day for him? Why?
- How did he deal with those feelings? (Re-read the story and pause after each segment to get responses for this question.)
- Why did Eric choose to act violently toward his wife and daughter?
- Was it because he was angry? If so, then why didn’t he become violent with the policeman or the tire repairman?

Explain: Eric’s violence toward his wife and daughter was not about losing control or being angry. Rather, he made the choice to take out his emotions and demonstrate his power toward his family. Eric also knows that there will most likely be no consequences for this choice, whereas there would be for becoming violent with the authorities or the tire repairman. The anger and violence are SELECTIVE towards his wife and daughter. Violence against women and girls is a choice rather than the result of uncontrollable emotional urges. The gender box teaches men not to be emotional, as that is reserved for women. Men are taught that anger is one of few emotions that they can express and still be respected. Therefore, men often do not know how to express their emotions in healthy ways, and their pain often gets taken out on women and girls.

Ask:

- How else could Eric have expressed his emotions throughout the day?
- How else could he have expressed them to his wife and daughter?

Explain: All of us will experience feelings of anger, powerlessness, and frustration throughout our day. In order to help prevent violence against women and girls and have healthy and respectful relationships, we need to:

- Recognize when we are experiencing these feelings
- Identify where they are coming from (gender box, power ranking)
- Manage those emotions in a way that does not hurt or intimidate others
- Find alternative ways of dealing with our emotions, including talking to others about our feelings, taking a walk, taking deep breaths, helping someone else, and being giving toward others

Do: Split caregivers into pairs and ask them to practice how Eric could have handled the situation better. How could he have talked to his wife and dealt with his daughter in a better way? Get a few volunteers to show the group how they would do this.

Explain: Despite other things that may be contributing to Eric’s frustration, ultimately he is responsible for his behavior. Men, like women, choose how to respond in different situations, and no matter what, a violent response is never acceptable. No one can “make” another person be violent. As you have demonstrated, there are other ways for Eric to express his frustration without being violent.

All forms of violence are harmful. When violence is committed against women and girls because they are women or girls, this is called “gender-based violence.” Those who commit the violence are the ones responsible for their actions, it is never the fault of the survivor – violence is a choice.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Talk with your wife/partner and daughters about safety in the home and in the community. Ask them for their thoughts and ideas on how they can be supported to feel safer. Be prepared to share with the group next week about this experience.
SESSION II
Violence Targeted At Adolescent Girls

- Objectives:
  1. Caregivers have a stronger understanding of types of violence girls face.
  2. Caregivers are aware of the effects of these types of violence on girls.

- Timing: After the same session with female caregivers has taken place.

- Materials: Flip chart paper, markers

- Duration: 2 hours (Add additional time if doing the FGM activity.)

- Note:
  This session may be quite sensitive, and male caregivers may be resistant to some of the forms of violence mentioned. Review Appendix 1: Common Resistance Responses for additional information.

I. Welcome & Review (10 minutes)

- **Ask:** What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

- **Say:** In previous sessions, we discussed violence against women and girls. Today we are going to talk specifically about the types of violence adolescent girls face and the impact it can have on them, and explore the ways we can create a safer environment for girls.

II. Let’s Explore (15 minutes)

- **Ask:** Can you think of any forms of violence that girls may experience, more than men, boys, and women? (Early marriage, FGM, denial of education, etc.)

- **Ask:** Why do you think adolescent girls experience these types of violence more than other groups?

- **Say:** Adolescent girls are more at risk of violence than other groups because of their age and also because they are girls. Girls may be at risk of violence both inside and outside the home. Sometimes, caregivers’ reaction to that risk of violence can be to limit girls’ movements, restrict their access to education or other activities, and blame girls for the violence they might be at risk of experiencing.

- **Ask:** Do you think girls are ever to blame for the violence they experience? (Violence is a choice made by those who are committing it; girls are never to blame for the violence they experience.)

- **Ask:** Who is usually committing violence against girls? (Is it other girls, women, boys, men?)

- **Say:** It is usually people who have power over girls that commit violence against them. As we have discussed before, many men have power over women and girls. Boys may also have power over girls, and because of their age, women may also have power over girls.
3. Activities

**Activity 1: Gender-Based Violence Myths & Facts (15 minutes)**

- **Say:** Sometimes people say things about gender-based violence that are not true. These are called myths. We are going to play a game to find out the truth!

- **Do:** Read the statements below. If caregivers think the statement is true, they should stand up. If they think the statement a myth, they should stay sitting. Clarify the answer after each statement. Allow discussion after each statement as needed.

- **Note:** Some caregivers may agree with the statements read out; ask caregivers who disagree to share their reasoning with the group, to provide a counter perspective. Facilitators may face some resistance from caregivers on the statements below.

  - When someone apologizes for being violent, it means that he will change and not be violent again. *(Myth)*
  - Sometimes, the only way to deal with a situation is to use physical violence, because the girl or woman needs to be taught a lesson. *(Myth)*
  - Marrying a girl early means she will not experience sexual (or other forms of) violence. *(Myth)*
  - Only poor, uneducated girls experience sexual violence. *(Myth)*
  - Sometimes, using physical violence is necessary to make someone realize they did something wrong. *(Myth)*
  - There is nothing wrong with physical punishment, this is something normal and has been done for many years. *(Myth)*
  - Very young girls do not experience sexual violence; it only happens to older girls and women. *(Myth)*
  - Perpetrators of sexual violence are usually strangers to girls and women. *(Myth)*
  - Only young and attractive girls and women are raped. *(Myth)*
  - If a girl is raped, it must be her fault. She must have done something, said something, or dressed in a way to invite the act. *(Myth)*

- **Ask:** Were any of the answers a surprise to you? Which ones and why?

- **Say:** Perpetrators of violence make a choice to be violent, it does not matter if someone is poor, young, old, etc. Sometimes, society tells us that it is the girl who is to blame for the violence committed against her, and we then react by restricting girls as a way to limit this violence. By doing this, we are ignoring the root cause of the violence.

**Activity 2: Effects of Violence on Girls (30 minutes)**

- **Do:** Remind caregivers of the different types of violence discussed in the previous session.

- **Do:** Divide caregivers into four groups and provide each with a case study. Read the case study to the group and ask each group to think about the questions under each case study. They will provide a summary to the group.

**Contextualization**

**Case Study 1:** Peter is a teacher and started at a new school recently. Peter treats his female and male students quite differently. At break time, he lets all the boys go outside to play, and he makes the girls stay inside to clean up. During the lessons, he only really listens to what the boys say, and always asks the boys to answer the questions. One day, one of his female students tries to go outside to play with the boys. When Peter tells her she should stay inside, she refuses. Peter is so angry with her. He hits her and tells her she should respect her teacher and do as he says!

- **Ask:**
  - What do you think about the way Peter treats his students?
  - Is it OK that Peter treats his male and female students differently?
• Is the way Peter behaved towards his female students a type of violence? (Yes)
• Were the female students to blame for Peter’s behavior? (No)
• What are the potential physical and emotional effects of Peter’s behavior on his female students?

**Case Study 2:** Zara is 15 years old, and one day her male caregiver asks her to go to the neighbor to collect something that belongs to him. The neighbor asks Zara to come inside and wait while he goes to collect the item for Zara’s caregiver. She doesn’t feel comfortable going inside, but she also doesn’t want to be rude, and the man insists that she enters. Once inside, the man tries to pin Zara against the wall. She manages to escape. As she is leaving the house, he threatens her and tells her not to tell anyone what happened.

**Ask:**
• Is this a type of violence? (Yes)
• What are the potential physical, emotional and social effects of what happened to Zara?
• How likely is it that Zara will share her experience with others? What would stop her from sharing? (Fear of being blamed, not being believed.)
• Did Zara have the right to say “no” to entering the house? How would this be perceived? (Zara may not feel comfortable saying “no” as this might be seen as rude. We need to encourage girls to say “no” if they are feeling uncomfortable or threatened; they shouldn’t fear potential repercussions for being assertive.)

**Case Study 3:** Rebekah was married at the age of 14. A few days after her marriage, the fights between Rebekah and her husband John began. Sometimes Rebekah would not cook dinner, or when John criticized her, she would answer him back. John really didn’t like this, and he would sometimes hit Rebekah, and would tell her she needs to respect him! Sometimes John would apologize and be nice to her for some days, but then would again become angry and start using physical violence and saying horrible things to Rebekah.

**Ask:**
• Is this a type of violence? (Yes, early marriage is a form of violence, and girls that marry at a young age are at increased risk of experiencing other forms of GBV.)
• What are the potential physical, emotional, and social effects of what is happening to Rebekah?
• Is John’s behavior normal? (Society may think this is normal and acceptable, but Rebekah has the right to live a life free from violence.)

**Case Study 4:** Robert is a young man who is in a relationship with Betty. Betty is 16 years old. Robert is violent towards Betty, he says horrible things to her, slaps her, and forces her to do things she doesn’t want to do. Betty’s family do not know she has a boyfriend, and so when Betty says she will leave Robert, he threatens to tell her family about their relationship. Betty is scared about what her male caregiver would do to her if he found out she had a boyfriend, as this would bring “dishonor” to the family. So instead, Betty stays with Robert and deals with his violent behavior, which is getting worse over time.

**Note:** Caregivers may say that girls should not have boyfriends and that this is the solution. It is important for them to think of the ways in which they can support girls who are experiencing violence without shutting down the conversation and forcing girls to be secretive.

**Ask:**
• Is what Betty is experiencing a type of violence? (Yes)
• What are the potential physical, emotional, and social effects of what is happening to Betty?
• What can Betty’s male caregiver do to support her in this situation? (*Betty’s caregiver should try to make sure that Betty feels supported to come forward to someone in her family she trusts to share what she is experiencing. It is important to help Betty safely get out of this situation so that she doesn’t experience further harm*).

**Explain:** In each situation the girls have experienced violence.
• All of the girls may be experiencing stress, injury, feelings of hopelessness, isolation, trauma.
• The girls may experience blame or rejection from their family or the community.
• They may experience depression, poor performance in school, fear or distrust of adults, bullying, etc. This can seriously impact their lives as adults.

• As we discussed in the session on adolescent girl development, research tells us that children who experience violence can suffer terrible developmental consequences, and children who are witnesses of violence can experience the same negative consequences.

**Ask:** What can we do to create a safer environment for girls who may be facing the different types of violence we discussed? Add the following if participants don’t mention them:

• Don’t blame girls for violence they experience.

• Create an open and nonjudgmental space for girls to feel comfortable to discuss violence they may be experiencing.

• Respect girls’ rights to a life free from violence, the right to be children, to get an education, to not be forced into marriage, etc.

• Praise girls for being bold and confident, especially related to standing up for themselves, and saying “no” to people who might want to harm them.

• Encourage girls to exercise their right to say “no” firmly.

• Encourage them to communicate assertively, even at the risk of “offending” someone who may be perceived as holding more power.

• Establish open communication and show empathy to help girls develop positive and healthy relationships.

• Use non-violent strategies to deal with disputes and disagreements in the family.

• Use non-violent discipline methods.

• Think about the power that men and boys have over girls (and women). Be aware of this in your interactions with girls and the way you treat girls, compared to their male siblings.

**Activity 3: Early Marriage (25 minutes)**

**Say:** Now we are going to talk in more detail about early marriage. This is something that may be very common in our community, but it is important for us to think about the physical, emotional, and social consequences on adolescent girls, and to get your opinions and ideas on this topic.

**Ask:**

• What do you think is a good age for a girl to get married?

• Who normally makes the decision on marriage?

• What are some of the reasons why a girl marries before she is 18?

• If a girl gets married before she is 18, what could be the physical or emotional impact on her? (What about if she is pregnant before 18?)

**Explain:**

• According to the Convention on the Rights of the Child, “child or early marriage” is defined as marriage that occurs before the age of 18 and is harmful to girls.

• Girls who marry young are often pulled out of school and miss important years of their education. Because of this, they will have limited knowledge, skills, and experience needed to negotiate adult marital roles.

• Girls married at young ages tend to have larger age differences with their husbands than those who marry later. This can be traumatic for young girls. Often, they have very little information about ‘adult relationships’.

• Childbearing is frequently expected after marriage, with first births being the riskiest for adolescent mothers. Pregnancy at this time is very dangerous, and doctors recommend that girls finish puberty and adolescence before attempting to have children.
Do: Read the following story and ask caregivers how this situation could be dealt with.

Contextualization

Peter lives in your community. He has three children and recently lost his job. His wife earns some money by tailoring, but it is not enough to support the family. The family is trying their best, and Peter and his wife are determined to keep their children in school. But the situation is so difficult that they decided to remove their eldest daughter from school. Peter thinks that maybe it is better that his daughter get married. This will reduce the financial burden on the family, and Peter believes that it will be better for his daughter to have someone else responsible for her. He loves his daughter very much and wants the best for her. Peter’s daughter is 14 years old. He comes to you for advice on what to do.

Do: Split caregivers into small groups and ask them to think about how they could advise Peter. Get them to consider Peter’s situation, taking into consideration the impact that delaying marriage could have on the family and what steps Peter can take to deal with this (for example, he may say he has no choice due to financial constraints or to protect his daughter).

Note: They should ask Peter to think about the pros and cons of the decision to get his daughter married. They should encourage Peter to think about alternative strategies before marrying his daughter off, and ask him to think about how he can seek support. They should also encourage Peter to reconsider his decision to remove his daughter from school.

Explain:

- Pregnant adolescents face a significantly higher risk of dying in or after childbirth.
- Adolescent mothers are less likely to receive health services due to delays in seeking care, barriers to reaching a facility, and obtaining specialized care.
- Physically, girls under 18 are not as developed as adults. Parts of their body are still growing, and they need to be fully grown to be able to deliver a healthy baby.
- For instance, girls who become pregnant at an early age often have difficult deliveries because their pelvis is too small. This could lead to needing an operation to deliver the baby.
- Young girls are at greater risk of dangerous fits during pregnancy, exhaustion, infection, injury, and death.
- Young girls are also at high risk of delivering babies too early, before the baby is ready to come out.

Ask:

- What do you think about the information presented? Is any of the information new to you, or did you already have this information?
- Do you think this information could help someone make an informed decision about early marriage? Why/why not?
- Is this a conversation that is easy for caregivers to discuss with each other? Why/why not?
- What can caregivers do if it is the girls themselves who want to get married?
- If you have daughters that are already married, what are some of the things you think they need support with to ensure a safe and healthy married life?

Optional Activity 4: Female Genital Mutilation/Cutting (25 minutes)

Contextualization:

Note: This activity or topic may not be relevant in all locations. Only use it where it is known that FGM is practiced.

Ask: What do we mean by “tradition”?

Explain: Tradition is a belief or behavior passed down within a group or society with certain meaning, and based in the past.
Ask:
- What are some of the traditions we have in our families or in our community?
- Are traditions easy to change?
- Can you think of examples of traditions that you have seen change over time? (For example, what is different for you compared to your parents or grandparents?)
- Are there traditions that are harmful? What are some harmful traditions? (For example, son preference, dowry system, FGM etc.)

Say: Many cultures around the world practice different traditions to celebrate the period of transition between childhood and adulthood. This celebration is very important in many communities, but some traditions can have physical and emotional effects on the person going through the transition.

Ask:
- Is there a tradition or a celebration for boys who are transitioning from childhood to adulthood? What happens?
- What about for girls? What happens?

Do: If they don’t mention FGM:

Ask: Has anyone heard of female genital mutilation/cutting?

Note: Use the relevant local term (for example, bush school).

Explain: Female genital mutilation/cutting is the cutting of a woman or girls’ external reproductive genital organs.

Say: I am going to read you a story.

Contextualization

Amina and Christine are both 11 years old and are in the same class in school. They spend a lot of time together, but during the school holidays, they do not see each other. Their lives take two different directions. Christine goes to bush school (goes through FGM) during the summer, but Amina doesn’t.

Do: Split caregivers into small groups and get them to draw two pictures, one of Amina and one of Christine.

Say: Let’s draw where they will be in life in 10 years’ time. What will their life look like? What will they be doing? How will their lives be the same or different?

Do: Once they have finished, ask them to share some of their ideas with the group. Then explain how the story ended:

Say: Amina and Christine’s lives turned out quite different because of their experience at 11 years old. The experience of bush school meant that Christine missed a lot of school, whereas Amina got to continue with her studies. Christine, because of her experience at bush school, was now considered to be ready for marriage, so she married young. Amina did not get married at an early age. Christine had children quite quickly after she got married. Amina waited until she was older to have children. Christine and Amina both have one thing in common: neither of them will let their daughters go to bush school. Christine now talks about her experience to other people to try to encourage them to think of other ways to celebrate their daughters who are growing older.

Ask: Who decides if a girl should be cut?

Ask: Have you heard of stories where girls or their caregivers have refused to be cut/have their daughters cut? What happens to these individuals in the community?

Ask: Do you know what some of the risks of FGM are?

Explain: FGM involves removing and damaging healthy and normal tissue, thereby interfering with the natural functions of girls’ and women’s bodies.
FGM can have severe lifelong health consequences including infections; hemorrhage; severe pain during urination, menstruation, sexual intercourse and childbirth; psychological trauma; infertility; and in some cases, even death.

?? Ask: Have you heard of any alternative rituals that are used instead of cutting? Are there any that exist in our community?

···· Explain: Celebrating cultural values is really important, and girls should be able to celebrate transitions to womanhood and learn about their cultural and community values without the harmful effects of FGM.

4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Discuss the things you learned today with your wives/partners. Ask them how you can support in creating a safer environment for girls during this time of transition. Explain and clarify any myths they may have about adolescent girls’ experience of violence. You can share your ideas in the next session.
SESSION 12
Responding To Violence Towards Adolescent Girls

Objectives:
1. Caregivers explore the concept of blame in relation to the violence adolescent girls experience.
2. Caregivers explore how they can protect girls from violence in a way that doesn’t cause further harm.

Materials: Flip chart paper, markers, Comfortable and Uncomfortable Touch session from Girl Shine Life Skills Curriculum

Duration: 2 hours

Note:
This session may be very sensitive, and the facilitator may face some resistance from caregivers. It is important to remind caregivers of the group agreements, and for facilitators to be familiar with the Common Resistance Strategies.

I. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

Say: In the last session, we talked in more detail about some of the forms of violence that girls in particular may face. Today we are going to discuss how we can help protect girls from these forms of violence.

Ask: What are some of the things you think we can do to help keep girls safe? (No early marriage, no FGM, no blame, open communication, etc.)

II. Let’s Explore (20 minutes)

Ask: Who remembers the story of Betty from last session?

Note: This story may be extremely challenging, especially in contexts where honor crimes are practiced. Men may not be willing to accept supporting a girl who is in a relationship, if this is something uncommon or hidden in their culture. It is important to get participants to focus on the danger the girl may be in and why it is important to ensure her safety.

Do: Remind participants of Robert & Betty’s story: Robert is a young man who is in a relationship with Betty, who is 16 years old. Robert is violent towards Betty, he says horrible things to her, slaps her and forces her to do things she doesn’t want to do. Betty’s family do not know she has a boyfriend, and so when Betty says she will leave Robert, he threatens to tell her family about their relationship. Betty is scared what her male caregiver would do to her if he found out she had a boyfriend, as this would bring “dishonor” to the family. So instead, Betty stays with Robert and deals with his violent behavior, which is getting worse over time.

Ask: Imagine Betty comes home one day and her male caregiver sees her fresh bruises. What would Betty’s caregiver say or do?

Ask: Can anyone remember the technique we discussed to improve empathy?
Do: Remind caregivers:

Step 1 - Identify the feeling.
Step 2 - Determine the reason.
Step 3 - Honor the feeling.
Step 4 - Deal with the feelings with the child, and take action.

Say: Betty's male caregiver should not blame Betty for what happened. He should allow her to feel comfortable and safe to express what happened to her if she wants to. If Betty's caregiver doesn't feel comfortable talking to Betty directly about this, he could also ask Betty's mother to check that Betty is OK and to try to talk to her. Betty's caregiver should make it clear to Betty that if she is experiencing any harm, it is OK for her to come forward and tell her family, and that they would support her, not harm or punish her.

Ask: Why is it important that Betty's male caregiver respond in that way?

Say: It is important to fully understand what the risks are and to support Betty in being safe from these risks or threats. It is important to help Betty safely get out of this situation so that she doesn’t experience further harm.

Ask: Can anyone remember the session we had on our relationships with adolescent girls? We discussed empathy. Can anyone remember what empathy means?

Explain: Empathy, put simply, is the ability to understand and act with care towards our daughters.

Ask: And why is empathy important, especially when talking to girls about violence?

Explain:
- Being empathic helps ensure girls feel safe.
- Being empathic allows girls (or anyone experiencing violence) to openly share and discuss the problems and risks they are facing, without the fear of being blamed.

3. Activities

Activity 1: Blame - Stand Up, Sit Down (30 minutes)

Explain: As we have already discussed, sometimes people might fully or partly blame girls for the violence they experience. They may tell girls it is their fault if violence happened to them, that they could have done something to stop it, or have somehow avoided it.

Say: I am going to read a few scenarios, and we are going to decide who is to blame. I will ask you who is to blame, so follow the instructions.

Contextualization

Scenario 1

Say: A man forgets his phone on a table in a restaurant. Someone steals the phone.

Stand up if you think the man is to blame. (It is the responsibility of the person who took the phone, because it is a decision that person made.)

Scenario 2

Say: A girl is walking home late at night after spending time at her friend’s house. She is wearing tight trousers. A man comes and tries to grab her, she manages to run away.

Stand up if you think the girl is to blame. (Caregivers may say that the girl shouldn't be walking at night or wearing those clothes. It is important to emphasize that sometimes we can try to prevent situations by walking in groups or during the day (for our safety), but a girl is never to blame in this situation. The
perpetrator made the decision to approach her, he is responsible! The girl’s clothes or other factors will not prevent someone from committing violence if they have made the decision to do so.)

Scenario 3

Say: A husband and wife are arguing because his wife refused to do as he requested. The husband pushes the wife and she hurts her arm.

Stand up if you think the husband is to blame. (They may say that the wife is being disobedient and should do as the man says. It is important to tell them that under no circumstances is she to blame for being physically assaulted by her husband. There are different ways to solve problems, and men and women should be treated equally. The wife doesn’t need to do everything the husband says; there should be equal decision-making power.)

Scenario 4

Say: A boy is walking home from school. He stops at the shop to buy a soda. When he leaves the shop, a group of boys asks him to give them his soda. The boy says “no,” so the group beat him.

Stand up if you think the boy is to blame (They may say that the boy should have handed over his soda. It is important to say that even if the boy could have done that, he is not to blame, the group made the decision to behave in this way.)

Ask: Is the person experiencing violence ever to blame for what happens to him or her? (Clarify that it is never the fault of the person who experiences violence (the survivor). Violence is a choice. In many cases, we place the blame on the survivor, expect the survivor to be responsible for her own safety, or have done something to prevent it. This means we are taking responsibility away from the person who decided to use violence in the first place.)

Ask: Sometimes, when a person experiences violence, they might not want to discuss it with anyone. Why do you think this is? (For example, they don’t know who to trust, they are scared of the news spreading, judgement from people, think they are to blame, they are scared that others will blame them.)

Ask: What can we do to be more supportive of girls (and women) who might want to disclose violence?

Explain: The survivor is never to blame for the violence that happens to them. Even if some people think that the survivor could do something to prevent the violence from happening, it is important to understand that the perpetrator has a choice not to abuse, and the responsibility always lies with the perpetrator.

Activity 2: Protecting Girls from Violence (30 minutes)

Ask:

• Do we treat boys and girls differently when we are dealing with their safety (i.e. are there some things we allow boys to do but not girls, because we want to keep girls safe)?
• What are the things we let boys do and not girls?
• What do we think will be the risk to girls if they did the same things as boys?

Explain: It is important to protect our children from violence. Sometimes, people think that protection means keeping a girl inside the home and not allowing her to be involved in the community, to go to school, to make friends, etc. People may not realize that this can lead to other forms of harm. It can cause a girl to become isolated, which can affect her when she is older, leaving her with limited skills and information on how to navigate life. But because we realize that there may be certain issues that may affect girls more than boys, let’s think of ways we can reduce the risk, but also allow girls to be active members of the community.

Do: Split caregivers into two groups. The groups will answer the following questions:

Group 1: How can we protect girls from violence inside the home?

Group 2: How can we protect girls from violence outside the home?
Note: If men make suggestions that focus on keeping daughters at home, isolating and limiting their movement, ask them if they can think of other strategies that are more empowering for women and girls. For example, encouraging them to seek help, developing safety plans, empowering them to say “no.” They can also think about how they can use their power to make the community safer for girls. For example, what influence do they have to represent the concerns of adolescent girls at community meetings, to the local government, etc.?

Say:

• In your groups, I want you to think about the things you can do to support girls to stay safe from harm in or outside the home (depending on the group you have been assigned to).
• Think back to previous sessions where we discussed safety and protection. For those in the “inside the home” group, think about the impact that corporal punishment can have on children and some of the alternative strategies you can use.
• For the “outside the home” group, let’s remember that we do not want to make girls feel isolated or put limitations on them. We want them to be active members of the community where they are free from harm.

Do: Once caregivers have finished, ask them to share their ideas with the group.

Add the following:

• Listen to girls and believe what they are telling you.
• Take time to talk with them on a daily basis.
• Know what makes them feel unsafe.
• Pay attention to the clues that girls may be sending that signal they are experiencing a problem.
• Don’t tolerate violence between any family members, including among siblings.
• Keep adult arguments and issues away from children and find non-violent ways to deal with these.
• Speak openly about safety issues. Girls will be less likely to come to talk if the issue is considered to be a secret or shameful. If they feel that their caregivers are comfortable discussing the subject matter, they may be more likely to talk about it.
• Use your power to commit to making the community safer for girls and women and hold perpetrators of violence to account.
• Practice the things you talk about. You may think girls understand your message, but until they can incorporate it into their daily lives, it may not be clearly understood. Find opportunities to practice “what if” scenarios.
• They also need to know that it is OK to tell someone they trust if they experience any violence.

Note: Be sure to challenge any harmful strategies, such as locking girls up, not allowing them to go anywhere, etc.

Ask: We have discussed how you can provide protection to girls to keep them safe from violence, but what can we do to help girls themselves stay safe from violence?

Do: Note down their comments and have a discussion on what can be taught to girls/is being taught in the Girl Shine Life Skills Curriculum.

For example:

• Raise awareness with girls of the different types of violence, and explain good touch and bad touch.
• Encourage girls to exercise their right to say “no” firmly.
• Encourage them to communicate assertively, even at the risk of “offending” someone who may be perceived as holding more power.
• Explain to girls that they can come and tell you if they feel threatened without, fear or judgment.
4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Talk to your daughters about how they can keep themselves safe. Explain how you plan to protect them by using the ideas you came up with in Activity 2, and get their opinions/feedback on this.
SESSION 13
Our Vision For The Community

Objectives:
1. Caregivers will think about their role in keeping girls safe from violence in the community.
2. Caregivers will develop a plan, outlining how they can support girls to stay safe in their community.

Materials: Flip chart paper, markers

Duration: 2 hours

I. Welcome & Review (10 minutes)

Ask: What was one piece of information that stood out for you from the last session? Did you carry out the task from last session’s Takeaway? What was the outcome?

2. Let’s Explore (15 minutes)

Say: We have discussed how we can help protect our daughters, and how we can empower our daughters to manage their own safety (for example, saying “no” and raising awareness about the different types of violence). Now we will discuss what our role is in keeping all girls safe in the wider community.

Ask: Why is it important to think about our role in keeping all girls safe in the wider community? (There are types of violence that happen to girls outside the home. We need to engage the wider community in keeping girls safe and also think about our own role in the community in keeping other girls safe. As men, we know that we have more power, compared to other groups, to raise issues related to violence against adolescent girls with other men – and as we have discussed, it is usually men who are perpetrating violence against girls.)

Ask: What do you think about your role in the community in keeping all girls safe? Do you think you have a role in this?

Ask: What could be some of the challenges you face in involving other community members in keeping girls safe?

Say: Today we are going to discuss our ideas and suggestions on how we can keep girls safe and engage other community members.

3. Activities

Activity 1: Violence Against Girls in the Community (30 minutes)

Say: I will read several statements. After each sentence, you should think about whether the statement is helpful or harmful in preventing violence against girls. If you think the statement is helpful, stand up. If you think the statement is harmful, stay seated.

Note: Help the group talk out their thoughts and arrive at a decision.
Say:
- A bystander ignores a fight between a man and his adolescent wife that is taking place in the street in front of their house. (Harmful)
- Men in the community come together to raise awareness about safety issues adolescent girls and women in their community are facing. (Helpful)
- A medic in the community avoids asking a girl who comes in every week with black and blue marks if she needs help because she wants to respect the privacy of the family. (Harmful)
- Someone talks to his neighbor to convince them that they should not marry their daughter too early. (Helpful)
- A community leader finds out about violence against girls happening in the community and remains silent. (Harmful)
- A caregiver talks to the Head Teacher about the concerns he has about the treatment of girls in school. (Helpful)

Do: When the group has finished:

Ask:
- Was it easy to know whether every action was helpful or not? Why or why not?
- How can you make sure that you are doing things that girls (and women) want you to be doing and that are actually making them safer and strengthening their power?
- How can we involve women and girls in decisions that are made in this community?

Do: Write down their answers on a flip chart.

Activity 2: What Can We Do to Prevent Violence Against Girls in the Community?
(40 minutes)

Say: We have discussed violence against girls in the community and some of the harmful and helpful things we can do to try and provide a safe environment for girls. Let’s think more specifically about the things we know girls face in our community (remind participants of the different things discussed in the Safety Session and also the sessions on Violence Targeted Against Adolescent Girls) and the things we know we can and do to support them, and also what our limitations are.

Ask: Who would like to remind us of the different types of violence that girls face in our community (either things we have discussed in previous sessions or new suggestions that you have)?

Do: Write their answers on the flip chart.

Do: Split participants into three groups. In their groups, tell them that we are going to come up with a plan to help to keep girls safe in the community.

Explain: I know this might be challenging for some of us. But remember, even though we may not be able to solve this issue alone, we need to realize that as men, we do have power to keep girls and women safe in our community, in ways that don’t lead to their isolation and restriction.

Say: For example, let’s start small – let’s first begin with what we can do on an individual level. In your groups, think about what you can do as an individual to help girls be safe from violence.

Do: Give participants a few minutes to discuss in their groups and then ask them to provide their suggestions to the group.

Note: Make sure they mention the following points:
- Have a non-blaming approach.
- Be supportive.
- Give girls information about services. Provide a safe and trusting space for girls to talk about their safety concerns.
- Support them to access services.
4. Check-in (5 minutes)

Use the closing activity caregivers chose from the previous session. Check in to see if they would like to continue using the same format, or if someone would like to volunteer a closing activity for the next session.

5. Takeaway (5 minutes)

Caregivers should go home and discuss their ideas with their daughters and partners to get their feedback and suggestions. They can also talk with male members of their family (for example, sons).
SESSION 14
MOVING FORWARD

(Refer to page 84 of the Female Caregiver Curriculum)
Appendix I

Common Resistance Responses

Common Resistance Responses: Definitions and Examples

Below are examples of Common Resistance Responses that facilitators should be prepared to identify (within themselves and others) and respond to throughout the intervention.

All of these reactions:

- Are learned. They are taught by our society in order to reinforce traditional and harmful norms.
- Prevent men from having to take responsibility for their or other men’s actions.
- Allow for women to distance themselves from victims of violence.
- Involve minimizing, denial, and justification.
- Are not right, and perpetuate violence and harm against adolescent girls and women – and ARE ESSENTIAL FOR GIRL SHINE FACILITATORS TO ADDRESS.

1. **Denial:** Asserting that something is not true or not a problem: “That is not an issue.” “Violence is a normal part of any relationship – stop making an issue of it.” “I do not know where she got the bruises on her face, she must have fallen.” “There is no problem here – nothing happened.”

2. **Minimizing:** Making something smaller or less serious than it is: “I don’t know why girls (and women) make this such a big deal.” “We were hit when we were growing up – it’s a normal part of discipline.” “It was only a slap.” Joking about violence against adolescent girls and women is a minimizing response as well.

3. **Justification:** Stating that something is right or reasonable: “The bible requires girls and women to serve men, this is natural.” “Women need to learn to stay in line and listen to their husbands.” “She deserved it.”

4. **Victim Blaming:** Stating or implying that the survivor is at fault for the violence that she experienced: “Well if she had listened to her father, this wouldn’t have happened.” “She asked for it by (behavior).” “She provoked me, I had no choice.”

5. **Comparing Victimhood:** Changing the focus of the discussion/situation by stating that another group also experiences the same problem: “Men experience violence too.” “Both boys and girls are victims of violence – why is it always about girls?” “Women can be abusive to men, too.”

6. **Remaining Silent:** Choosing to keep quiet or not speak up in the face of an injustice or problematic act. Not speaking up when violence/disrespect occurs, ignoring something, or pretending you didn’t notice.

7. **Reinforcing Norms:** Engaging in behaviors that support power inequality and harmful beliefs and attitudes. Taking control of women’s work in the community around violence against adolescent girls and women. Perpetuating violence and/or discrimination.

8. **Colluding:** Participants supporting harmful beliefs and attitudes of other participants. Agreeing with any of the above responses – by verbal expression or silence. Believing or supporting excuses and justifications for violence. Laughing at harmful attitudes and beliefs that other participants express.

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1 Adapted from IRC, *Engaging Men through Accountable Practice (EMAP)*
Appendix 2

Steps to Challenging Harm

This tool is to support the Girl Shine Caregivers Curriculum facilitators to respond to challenging moments that may arise during the female and male caregiver sessions. Specifically, this tool provides steps for how to address harmful or offensive comments or behaviors that may be expressed by Girl Shine participants during the sessions.

Addressing these moments allows facilitators to model accountability and provides participants with opportunities to learn and change. It is essential that facilitators challenge harmful situations, and engage with participants in order to identify alternative ways of thinking and behaving.

After a harmful attitude, belief, or behavior is exposed, follow the steps below

Step 1

- Ask for clarification to learn why they have that opinion.
- Summarize and repeat back the statement or comment.
- Identify to yourself which of the Common Resistance Responses is being expressed by the harmful statement or action.

Say: "Thank you for sharing your opinion with us. Can you tell us why you feel that way?" and/or "So it sounds like you are saying...is that correct?"

Step 2

- Seek an alternative opinion/invoke others.
- Send the question back to the group using an open method. For example: “What do the rest of you think of that phrase (or this attitude)?” or “To me that sentence sounds like victim blaming. What do the rest of you think?”

Step 3

- If nobody offers an alternative opinion, provide one. "I know that a lot of people would never agree with that statement. Many of the men and women I know feel that the rapist is the only person to blame for a rape, and that we all have a responsibility to respect other people’s right to say ‘no’ to sexual activity.”

---

1 Adapted from IRC, Engaging Men through Accountable Practice (EMAP)
Step 4

- Connect back to Girl Shine. Remember that these views and harmful beliefs are the reason that the Girl Shine Caregivers Curriculum exists!

- When a harmful comment is expressed, use it as an opportunity to reinforce the Girl Shine principles. For example: “How do you think this idea came about?” “Who taught us these ideas?” “How does this idea relate to what we are taught about being a man and what we have been taught about women?” “How does this idea reinforce the power and privilege of men?” “Are these ideas harmful to the safety of women and girls?”

Step 5

- Offer facts that support a different point of view and emphasize a helpful perspective.

- Sometimes, there are laws that can support a position, but the law may not be recognized within the country or community. If you are going to reference a law, please ensure it is recognized in the community. “The law says that every person has right to say ‘no’ to sex, and the rapist is the only person to be blamed. I agree with this and as a man, I think it is important that we respect a woman’s choice to make her own decisions about sex. It does not matter what a woman wears or does. She has the right not to be raped.”

- Please note that it is very unlikely that the participant will openly change their opinion, even after you use these five steps to address the statement. But by challenging the statement, you have provided an alternative point of view that the participant may consider and hopefully adopt later. You have also demonstrated accountability to adolescent girls and women and offered a different leadership model.
## Appendix 3

### List of Materials for Girl Shine Caregivers Curriculum Sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Materials</th>
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</thead>
<tbody>
<tr>
<td><strong>Session 1</strong> - Introduction to the Girl Shine Program</td>
<td>Ball, stickers, Asset cards (<a href="#">Appendix A18</a> Girl Shine Part 1), post-it notes, pens, tape, flip chart paper, markers</td>
</tr>
<tr>
<td><strong>Session 2</strong> - Stress Management</td>
<td>Flip chart paper, markers</td>
</tr>
<tr>
<td><strong>Session 3</strong> - My Experience as a Caregiver - Female Caregivers</td>
<td>Paper, colored pens, flip chart paper, markers, pens, post-it notes, 1 large box, peanuts</td>
</tr>
<tr>
<td><strong>Session 3</strong> - My Experience as a Caregiver - Male Caregivers</td>
<td>Post-it notes, pens, ball, 1 large box, peanuts</td>
</tr>
<tr>
<td><strong>Session 4</strong> - Adolescent Girl Development - Female Caregivers</td>
<td>Flip chart paper, markers, dignity kits (if available), materials for menstrual hygiene demonstration (for example, sanitary pads, reusable cloth, etc.), Health &amp; Hygiene Resource Sheet and Internal Organs, Menstrual Cycle, Menstrual Hygiene and Menstrual Management posters from Girl Shine Life Skills Curriculum</td>
</tr>
<tr>
<td><strong>Session 4</strong> - Adolescent Girl Development - Male Caregivers</td>
<td>Flip chart paper, markers, A4 paper, pens, tape, Brain Development Handout – (in color) from <a href="#">Appendix 4</a></td>
</tr>
<tr>
<td><strong>Session 5</strong> - Positive Discipline</td>
<td>Flip chart paper, markers, sticks/rocks, 2 buckets</td>
</tr>
<tr>
<td><strong>Session 6</strong> - Power in the Home - Female Caregivers</td>
<td>Flip chart, markers</td>
</tr>
<tr>
<td><strong>Session 6</strong> - Power in the Home - Male Caregivers</td>
<td>Flip chart paper, markers and 4 bags containing the following: Bag 1: scissors, ruler, paper clips, pencils, two 10 cm squares of red paper, two 10 cm squares of white paper, Bag 2: scissors, glue, 2 white, 2 blue and 2 pink papers, Bag 3: 2 markers, 2 green, 2 white and 2 pink papers, Bag 4: 5 sheets of paper, 1 pink, 1 green, 1 blue, 1 red and 1 purple</td>
</tr>
<tr>
<td><strong>Session 7</strong> - The Family Environment</td>
<td>Flip chart paper, markers, colored pencils/pens, A4 paper</td>
</tr>
<tr>
<td><strong>Session 8</strong> - Exploring our Relationships with Adolescent Girls</td>
<td>Flip chart paper, pens, A4 paper, markers</td>
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<td>Session</td>
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<tr>
<td><strong>Session 9 - Parenting for Equality</strong></td>
<td>Flip chart paper, markers, A4 paper, pens, tape, Activity Clock (<a href="#">Appendix 5</a>)</td>
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<tr>
<td><strong>Session 10 - Safety</strong></td>
<td>Flip chart paper, markers (in at least 4 different colors), post-it notes, pens</td>
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<tr>
<td><strong>Session 11 - Violence Targeted at Adolescent Girls</strong></td>
<td>Flip chart paper, markers</td>
</tr>
<tr>
<td><strong>Session 12 - Responding to Violence Towards Adolescent Girls</strong></td>
<td>Flip chart paper, markers, Comfortable and Uncomfortable Touch Session from Girl Shine Life Skills Curriculum</td>
</tr>
<tr>
<td><strong>Session 13 - Our Vision for the Community</strong></td>
<td>Flip chart paper, markers</td>
</tr>
<tr>
<td><strong>Session 14 - Moving Forward (opportunity for mixed sex groups)</strong></td>
<td>Certificates, pens, paper, flip chart paper, markers, colored pens, art materials</td>
</tr>
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Appendix 4

Brain Development Handout

1 International Rescue Committee, Safe Healing and Learning Spaces Toolkit https://rescue.app.box.com/s/4ose3c80ne8o8r12v9hdfsdb6v7lep
Image 5: The ‘electrical connections’ are renewed with loving, nurturing and predictable adult relationships

Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain
This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
Appendix 5
Activity Clock
Appendix 6

Personal Action Plans

Name of Participant: ____________________________________________   (M/F)

Date: ______________________   Site/Community: ______________________________

This action plan can help you determine what key actions you will take to make changes in different areas of your life, and what steps will help you to achieve your goals. Please fill out this form and hand it in to the facilitator.

<table>
<thead>
<tr>
<th>Session</th>
<th>What action did you take?</th>
<th>What was the outcome of the action?</th>
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<td><strong>Session 12 - Responding to Violence Towards Adolescent Girls</strong></td>
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<td><strong>Session 13 - Our Vision for the Community</strong></td>
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<td><strong>Session 14 - Moving Forward</strong></td>
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