APPENDICES

"Those who educate children well are more to be honoured than parents, for these only gave life, those the art of living well"

– Aristotle

Appendix 1

Contents of the AEP Training Package

This set of materials have been field-tested, reviewed/revised and are currently being utilised by different agencies for implementing the Adolescence Education Programme through curriculam plus. The following Manuals have been developed as a comprehensive package for school based Adolescence Education Programme.

1. ADVOCACY MANUAL FOR PRINCIPALS AND FACILITATORS	
To be used by Resource Persons/Trainers **Content** • Needs and concerns of adolescents • Adolescence Education Programme • Role of stakeholders and responsibilities **Purpose** • The Manual can be used for sensitising various stakeholders/school principals/opinion makers/professionals towards adolescent issues and concerns, policy framework and programmes. The section on the role of the stakeholders however, will need to be modified according to the target group. • The Manual is essentially developed as a component of the comprehensive package for the school based Adolescence Education Programme. However, it can be used for advocacy for out-of-school adolescents with focus on their special needs, programmes and community mobilisation.	Duration 1 day
2. FACILITATORS' HANDBOOK FOR TRAINING OF RESOURCE PERSONS AND NODAL TEACHERS	
To be used by Resource Persons/Trainers **Content** Includes knowledge and Life-Skills enhancement sessions in the following areas: • Perspective building on Life-Skills • Understanding adolescence • Adolescent Health Issues (AHI)	

• Basic facts, transmission, prevention of RTIs/STIs and HIV/AIDS • Basic facts, risk and protective factors in substance abuse **Purpose** • The Handbook can be used for training Resource Persons at the national and state levels. These trained Resource People would further use this Handbook for training Nodal Teachers at the District Level. • As part of the five-day training programme, Resource Persons and Nodal Teachers conduct class room sessions on the last two days with either class IX or class XI in a school close to the training venue. The debriefing session enables them to know their skills before conducting the co-curricular activities in their respective schools. • Before the initiation and at the end of the training session, Resource Persons and Nodal Teachers are administered questionnaire to assess their knowledge and skills. • For more information on adolescent issues the Handbook can be supplemented by the accompanying Reference Material booklet.	Duration 5 days
3. TEACHERS' WORKBOOK FOR STUDENT ACTIVITIES	
To be used by Nodal teachers **Content** • Classroom Session 1: Healthy Growing Up, Adolescent Health Issues (AHI) • Classroom Session 2: STIs/RTIs and HIV/AIDS • Classroom Session 3: Preventing Substance Abuse **Purpose** • The Workbook has been designed to guide Nodal Teachers while conducting classroom sessions for AEP in schools. • The classroom sessions are planned to enhance both the knowledge base as well as life skills such as Critical-Thinking, Decision-Making, Negotiation-Skills, Problem-Solving, Interpersonal-Communication, Empathy, Self-Awareness, Coping with Stress, etc. • Wherever possible, optional activities have been provided and Nodal Teachers can choose activities based on their socio-cultural milieu. • Planned activities will be used for revision and reinforcement of Life Skills.	Duration 16 hours per academic year

4. REFERENCE MATERIAL FOR RESOURCE PERSONS/NODAL TEACHERS/ PEER EDUCATORS

To be used by

Resource Persons/Nodal Teachers/Peer Educators

Content

- Understanding growing up
- Adolescent Health Issues (AHI)
- Life-Skills
- STIs/RTIs and HIV/AIDS
- Preventing Substance Abuse
- Teachers as Counsellors

Purpose

- The Reference Material has been organised in accordance with the classroom sessions so that the Nodal Teachers/Peer Educators and trainers can read the relevant section for information and knowledge before conducting the activity.
- References are given for further reading

Appendix 2

National Policies & Programmes Influencing Adolescent Health

National Policies

- Ministry of Youth Affairs and Sports
  - National Youth Policy 2003
- Ministry of Health and Family Welfare
  - National Population Policy 2000
  - National AIDS Prevention and Control Policy 2000
  - National Health Policy 2002
- Ministry of Human Resource Development
  - National Policy on Education 1986 (as modified in 1992)
  - National Policy for Empowerment of Women 2001

National Programmes

- Ministry of Youth Affairs and Sports
  - National Service Scheme
  - Nehru Yuva Kendra Sangathan
  - Scheme of Financial Assistance for Development and Empowerment of Adolescents
- Ministry of Health and Family Welfare
  - Reproductive and Child Health (RCH) Programme
  - National AIDS Control Programme – Phase 3
- Ministry of Human Resource Development
  - Department of Elementary Education and Literacy
  - Sarva Shiksha Abhiyan
  - Mahila Samakhya Programme
  - National Adolescence Education Programme
- Ministry of Women and Child Development (MWCD)
  - Kishori Shakti Yojana
- Ministry of Social Justice and Empowerment
  - Scheme for Child Helplines
  - Services for Treatment of Drug Addicts

Appendix 3A

"The Thirsty Crow"

(Source: YUVA – School Adolescent Education Programme, 2005)

(Session III: Perspective building on Life-Skills development, Activity 1)

There was once a crow who, while flying around, felt very thirsty. From afar he spotted an earthen pot (matka) and thought to himself, "Hmm, there must be some water in it!" and flew towards the pot. He sat on the edge of the pot and looked inside. There was cool, clear water in the pot but it was too low for the crow's beak to reach. The crow was disappointed, but he was thirsty and badly wanted to drink the water.

The crow didn't lose heart but kept sitting there. He thought to himself, "What can I do to reach the water? The pot is heavy, so I cannot overturn it. It is thick, so I cannot break it with my beak. What else can I do so that I can have a drink of water? I must think of something new!"

Then he spotted some stones lying nearby. He suddenly had an idea. "Why don't I try to put these stones in the pot so that the level of water rises. Then I can have my drink!" He set to work and started dropping stones into the pot. In no time the water level in the pot rose, and the crow drank the cool, clear water to his heart's content. And then he was – thirsty no more – he flew away!

Appendix 3B

"Making of a Lion"

(***Source:*** Panchtantra tales)

(Session III: Perspective building on Life Skills development, Activity 1)

It was a gang of four. Three of them were highly learned in language, grammar and scriptures. The fourth was not so learned in bookish knowledge but had uncommon common sense. The four friends decided to travel to other parts of the country to better their intellectual and financial standing. It was not unlikely that they may gain the patronage of a prince or noble. This would put them in good stead in life. However, the three learned friends had reservation about taking the fourth friend along. "He will be a drag", they opinioned. "He has no intellectual shine to stand out." Eventually they reluctantly took him along. Leaving one of them behind, they thought, would be bad manners. During their journey they passed through a forest. There they saw bones of a dead animal under a tree. "It is lion's bones," recognised one learned friend. "Lets gather the bones and bring it to life", Proposed the other. "I will give it the correct shape," offered the third. The one not so learned heard it all. "Don't forget, its a lion. Don't bring it to life", he warned on the strength of his common sense. The three learned friends laughed away the warning. "A fool!", they thought. The three of them gathered the bones, put them in shape and plastered it with flesh and skin. The lion came alive. The creators beamed at their own success, but for a few moments only. The lion roared, and pounced on the three learned ones. The one with common sense had already left the scene.

Suggested Questions

- What was missing in the learning of the three learned men?
- Why wouldn't they weigh the risk of the decision they were making?
- Is information alone enough to deal with the challenges and situations of everyday existence?
- Is this kind of situation familiar to our time and learning concept?

Appendix 4

The One-legged Race

(Source: Life Skills for Health Promotion of Out-of-School Adolescents, UN Inter Agency Working Group P & D, 2002)

(Optional Method for Activity 2: Internalising and applying Life-Skills)

Process

1. Inform participants that they will take part in an outdoor activity, a one-legged race.
2. Assemble participants in an open, soft ground to play this game.
3. Explain they will compete in a 50-metre race but run it in a slightly different manner.
4. Divide the group into two teams – A and B. Ensure equal representation of males and females in both teams. Team A is to run in the normal manner, i.e., with both legs, whereas Team B will run the race on only one leg, the left leg.
5. Tell participants to begin the race when the whistle blows, and watch closely what happens.

Note for Facilitators

It is most likely that members of team B, running on only one leg, will fall down, lose their balance, bump into each other, be blamed by others for bumping into them and making them fall too, etc. Clearly, they will reach the finish line much later than the runners of team A.

6. After one round of the game, let the teams switch roles. Let team A now run on one leg, and team B with both. Ask them to again note what happens. This time team A will lose to team B.
7. Reassemble the groups inside and highlight the fun that everybody has had. Ask them to respond to the following queries.

Suggested Questions

- Which team did better – the one which ran with both legs or the one which ran on one leg?

  (Expected response: The team which ran with both legs did better.)

- What happened to the people who ran on only one leg?

  (Expected response: They lost the race, lost their balance, fell, bumped into each other, were blamed by others for bumping into them, looked awkward, etc.)

- Why did it happen?

  (*Expected response: Because runnung with both legs gives better balance, more speed, is more graceful, is more natural as human beings are bi-peds and meant to use two legs.)*

8. Tell participants that people cannot run fast and efficiently if they use only one leg. By nature and design, human beings are expected to use both legs for locomotion, just as four-legged animals are expected to use all four legs. For us to run well, we need to use both our legs.
9. Explain to participants that the analogy of this one-legged race extends to understanding the balance between rights and responsibilities of various experimental and risk-taking behaviours.

Appendix 5

They Don't Allow Aunt Chitti to Touch Anything

– Parvati, 16

(*Source:* MHRD-NACO Toolkit)

(Session IX: Living positively, Activity 1)

This is the story of my Aunt Chitti – father's youngest sister in a family of seven siblings. There are four brothers and three sisters. My father is the second son, and the only one who does agricultural labour. His brothers are all working as peons in offices and colleges.

My aunt Chitti is the youngest of the family. Once the pampered baby of the family, she grew up into a beautiful, fashion-conscious young woman. But she looks terrible these days – thin, ugly and without much hair – and is shunned by everybody. I feel sorry for her and cannot understand why she should be blamed for her situation.

I feel for my Aunt Chitti because she is not much older than I am. And I see her right before my eyes. She is staying with my grandparents now. I know her life story well because I grew up for a greater part of my life in my grandparents' house. She is 25 years old now and I am 16.

Aunt Chitti studied science in her Intermediate but she failed. She wanted to continue with her studies, but the family thought otherwise. They stopped her education, and married her off when she was 19 to a man who turned out to be an opium user.

My aunt became pregnant a year after her marriage. Her first baby, a daughter was weak from birth and died of diarrhoea and vomiting within a few days. Our family spent Rs. 7,000 on her. My aunt became pregnant again within a year. The second baby, another daughter, did not live beyond three months.

It was apparent that her health was poor, and about a year ago my grandparents and uncles took her to a hospital. The doctors told her to undergo a blood test and she tested positive for HIV. Then they tested her husband and found that he, too, was positive.

After the result became known, my aunt's husband left the village and did not take her with him. In front of the family, he accused her of acquiring the infection from somewhere else and passing it to him. She found it difficult to speak her mind in front of so many family elders, especially my grandmother. So she kept quiet but wept a lot. My aunt came to stay with my grandparents.

I remember my aunt started feeling depressed after that; only recently has she begun to come slowly out of her depression.

Now both his family and ours trade charges. We think he must have got infected from somewhere else and passed it on; but his family accuses my

aunt of infecting her husband. Her in-laws have stopped visiting her.

For two years, I visited my grandparents as usual, unaware that anything was amiss. Then one day, Aunt Chitti liked a dress of mine and borrowed it. When she returned it, another aunt told me not to take the dress back. She told me that Aunt Chitti had AIDS and that I, too, would get infected if I wore my dress again. I did not know much about AIDS then. All that I knew was what my aunt told me. "If anyone wears the dress she wears, they, too, will catch the virus," she told me. Really, what an about-turn in their attitude! Before they came to know about her positive status, all of them borrowed her nice clothes with a free hand. Anyway, after my aunt told me not to wear my dress, I stopped wearing it. Aunt Chitti noticed this and asked me about it. Later, my mother washed my dress in hot water and gave it to me.

My other aunts do not allow Aunt Chitti to wash her clothes along with theirs. They do not sit where she sits and do not use her soap. They do not eat from her plate. They keep all her belongings – clothes, plates and so on – separate. They do not allow her to kiss their children or touch anything. They advise me not to eat from her plate and to be very careful. But they allow me to take care of her. Which means that two of us – my grandmother and I – share the duty.

I boil the water for her bath and help her sit on the bed. She can barely walk now. I give her everything that she needs. My grandfather helps me bring hot water to her. Sometimes I get irritated, especially when I have exams. "Who will work all the time? When will I have the time to study?" I ask.

Her health is unpredictable. One day she is fine, the next day she is ill. She is usually in bed. She often has a cold and cough.

My uncles' wives are quite mean to her. They know she is not well and deliberately do not give her any curry. They keep muttering to themselves that she demands curry all the time. But I know this is not true. She asks them only when she finds it difficult to eat plain rice.

Out of fear of my grandparents, who still love her, and my uncles, who are her brothers, my aunts do not say anything to her directly. But they look at her angrily if she sits near them. If she comes into the room to watch whatever television programme they are watching, they immediately switch off the TV and leave the room. Despite having to tolerate such behaviour, my aunt remains patient, keeping her faith in God. She reads the Bible a lot these days and sometimes goes to temples. She was always fond of visiting temples, but went more often after becoming aware of her infection.

We went to one doctor who we were told could offer treatment. But he cheated us, saying he would treat her for her cold, and charging us Rs 3,000 for medicines that only cost Rs 500, a fact we realised only later.

Later, another doctor came to our house to treat her. He said she should eat 100 grams of butter every day and should not eat cold food. He applied oil on her body daily and gave some herbal medicines for five to six months. When my grandfather ran out of money to pay him for the herbal medicine, the doctor stopped giving it.

Recently, Hari told us that the medicines would not cost much and registered my aunt in a government hospital as an out patient. He helps us now. We pay him Rs. 500 and he gets medicines from Chennai. If my grandfather gets the money that is due to him after retirement, we will take my aunt to Chennai for a check-up. We have not yet told them that she is HIV+.

Our neighbours do not know about her infection. They keep asking us why she has become so thin and ugly. She was so beautiful before she became ill! We simply tell them that she has bronchitis and typhoid. When her friends ask her the same question, she replies that she had typhoid twice and bronchitis once. Actually, she had typhoid only once.

I know there is no cure for this illness yet. I do not know the exact difference between AIDS and HIV. I have not discussed these issues with my friends; the topic has not come up so far – and I do not want to ask them.

My grandmother is very enterprising. She has rented out two rooms in this house for Rs. 300 each and joined a savings group to save money for my aunt's medical expenses. This group has 10 to 15 members; they know that my aunt is not well, but not the real cause of her illness. My grandmother has had to spend a lot on my aunt's treatment. She got Rs. 10,000 to 15,000 after selling her small piece of land. She also borrowed Rs. 10,000 from chit funds and is now repaying in amounts of Rs. 200 to 300 every month. It's difficult to pay these instalments, but we manage somehow. If only my grandfather gets his pension of Rs. 1,200 each month, the situation will ease. We will not have to face any problems from others then – only, maybe, from family members.

Despite my aunt's experience, my parents will marry me off, probably after I turn 18, since I am studying now. In our community, they marry us off whenever they find a good match. I hope I get a good, healthy husband without any bad habits. He should be employed, of course. Personally, I would like to postpone getting married till I am 30. But if the family wants me to get married before that, how can I escape? I have no option but to heed their words and carry out their wishes. But first I'll try to convince them of my viewpoint. If they listen, well and good. Otherwise I will keep quiet.

How I wish that the government and other institutions would provide HIV patients with love and care. They should inspire patients to believe that they will survive, and help them with medicines. The patients will die if there is no intervention. The middle class can afford to buy medicines, but what about poorer people?

Appendix 6

How Do I Survive?

- Sivamma, 32

(***Source:*** MHRD-NACO Toolkit)

(Session IX: Living Positively, Activity 1)

I lost my father when I was six years old. I don't know the exact cause of his death .I just know that he had some health problem. My mother sold dry fish to earn money. Earlier she used to make wigs and artificial plaits. I have a brother who is seven years old. He is, and has been since childhood, a vagabond who never took to studying or working.

My aunt, my mother's older sister, adopted me. She, too, made wigs and artificial plaits for a living. But she brought me up by working as a cleaning maid in several houses. Then her husband died and it became difficult for her to support me. So I stopped studying after the seventh class and went to stay with another aunt, father's sister. I was miserable there. They had said that they would allow me to continue with my studies; instead, they sent me to work as an agricultural labourer. No matter how much, how hard or how long I worked, they constantly scolded me. Life became unbearable, and three years later I returned to my mother's eldest sister. Later, my mother married me off when I was 21 years old.

My in-laws have six sons and a daughter, of whom my husband is the third son. The oldest son has a good job. Another owns a sweet shop. Four brothers, including my husband, jointly have a milk business. Their income depends on how much milk they sell. The four brothers divide the earnings among themselves and give some to their mother.

We lived happily for ten years. My husband was very affectionate towards me and did not drink or womanize. We were well off then, and he used to give me thousands of rupees in those days. We spent quite lavishly – we went out for holidays, I went with my neighbourhood friends to movies, and on Sundays, we would have a family outing to the movies with our two sons. But we managed to save some money too. That is proving useful now. I had some gold, which has now become my source of support.

Events took a bad turn about a year and a half ago. First, there was a family quarrel and we separated from the rest of the family, although my husband continues to work with his brothers in the milk business.

Then about a year ago he started having fever. He had fever for two months before we admitted him to a hospital. After one week, the doctors at the hospital tested him for HIV and said he was infected. They tested me and confirmed that I too had the infection. They said there was no need to test the children who by then were 12 and 9 years old. What an ironic situation... I had suffered so much before my marriage and thought that at

last happiness had come my way. We both were so grateful to God for our contented life – until, all of a sudden, this illness came upon us.

When we came to know of our infection, it was very painful. Our immediate fear was for the children. What would happen to them if we were to die? Not that anybody told us directly that we would die. They said we had AIDS, and that doctors were trying to discover some medicine for it. We thought we could take that medicine and get cured. When we asked the doctor for the medicine, he directed us to another doctor who tried to console us saying, "Do not feel so bad. All of us have to die one day."

We do not know how we became infected. My husband had no bad habits. One of us seems to have acquired HIV through an infected syringe and passed it on to the other. We go to doctors in all good faith, and they give us injections, sometimes using the same syringe that they use on countless others. Surely we must have become infected in this manner, for I cannot think of any other cause.

Since we tested positive for HIV, we have been taking medicines and have spent nearly Rs. 60,000. I started getting rashes on my skin and ulcers in my mouth and lost my appetite. I have stopped taking those medicines. But my husband is still taking them and he seems quite okay. He is also busy with his milk business. Even now he is so innocent. He has yet not understood the gravity of this disease. He does not realise that we'll both be dead soon. In a way, because he is so innocent, I am very happy. Don't we see husbands coming back home drunk and beating their wives? They do not give money to their wives. He does not even abuse me.

I went to a private nursing home in another town where they said I had bronchitis and prescribed some medicines which cost Rs. 2,000 for my lung and skin infections. But we have no money left to buy them now. Maybe we'll buy them later. I know I should take the medicines, but how can I?

We ran to so many places, wherever they said there was medicine. We have spent all our money. Now we have no more money to buy medicines. So we keep quiet. How much money can we spend like this?

With whom do I share my worries and frustrations? I cannot reveal them to my children. What do I gain by venting my frustrations on my husband? He is trying his best to work and look after us, despite his illness. How can I show any anger or frustration towards him? He will feel that I am behaving in this manner just because he is not well. So I don't share my feelings and worries with anybody. I feel I have a heavy weight in my heart.

Appendix 7

Child Abuse : Types, Sign and Risk Factors for Child Abuse

1.1 DEFINING CHILD ABUSE

As defined by WHO (1999), "Child Abuse or maltreatment constitutes all forms of physical and/or emotional ill treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power".

Child abuse is a universal and alarming problem. Increased attention and efficient protection skills and preventive measures are necessary at family, local, national and international levels. After being a closed room affair for decades, child abuse is being more and more denounced and becoming a public and political topic. Government & Non-government organizations have started playing a more active role which includes the following:

- Increasing the value of children, increasing the economic self-sufficiency of families, discouraging corporal punishment and other forms of violence,
- Making health care more accessible and affordable,
- Expanding and improving coordination of social services,
- Improving the identification and treatment of psychological problems, alcohol and drug abuse,
- Providing more affordable child care, preventing the birth of unwanted children,
- Helping parents meet their basic needs, identifying problems of substance abuse and spouse abuse and
- Educating parents about child behavior, discipline, safety and development.

1.2 TYPES OF CHILD ABUSE

- Physical Abuse- Physical abuse of a child is the inflicting of physical injury upon a child. It may include burning, hitting, punching, kicking, beating, or otherwise harming the child.
- Sexual Abuse- Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society.
- Neglect and Negligent Treatment- Neglect is the failure to provide for the child's basic needs. Neglect can be physical, educational or emotional. It may also include abandonment.

- **Emotional Abuse-** Emotional abuse also known as verbal abuse, mental abuse, and psychological maltreatment. It includes the failure to provide a developmentally appropriate supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potential, and in the context of the society in which the child dwells.
- **Exploitation-** Commercial or other exploitation of child refers to the use of the child in work or other activities for the benefit of others.
- **Conscription of Children-** Conscription corrupts a child by making him engage in violent, destructive and anti-social behavior, such as killing and destruction of property thus making him unfit for normal social experience.

II. CHILD Sexual Abuse

Child sexual abuse occurs when a child is used for sexual gratification of an older adolescent or adults. With evidence available, now the situation in India has turned so serious that multi disciplinary and multi agency approaches need to be urgently undertaken to prevent child sexual abuse and also to protect the child.

III. Risk factors FOR CHILD SEXUAL ABUSE

Community related

- High crime rate
- Lack of or few social services
- High poverty rate
- High unemployment rate

Child related

- Weak child
- Sick child
- Handicapped child
- Emotional child

Parent Related

- Personal history of Physical or Sexual Abuse as a child
- Teenage Parents
- Single Parent
- Emotional Immaturity
- Poor Coping Skills
- Low Self- Esteem
- Lack of social support
- Domestic Violence
- Lack of Parenting Skills
- History of depression or other Mental Health Problems

IV. SIGNS OF CHILD SEXUAL ABUSE

Child Sexual Abuse is a ruthless combination of Sexual Abuse, of Emotional Abuse and of Physical Abuse. The Child Victim of abuse may show a cluster of Physical, Behavioural and Emotional changes listed below:

Physical Symptoms

- Bite marks
- Unusual bruises
- Lacerations
- Burns
- High incidence of accidents or frequent injuries like swellings on face and extremities
- Discoloration of skin
- Sleep, speech disorders
- Complaints of pain upon movement or contact
- Bed wetting
- Continuous loose motions and passing stools on bed
- Recurrent abdominal pain
- Constant throat and urinary infections

Behavioral Changes

- Avoids physical contact with others
- Avoids certain adults
- Wears clothing to purposely conceal injury, i.e. long sleeves
- Gives inconsistent versions about occurrence of injuries, burns, etc.
- Often late or absent from school
- Comes early to school, seems reluctant to go home afterwards
- Not concentrating in school
- Compulsions, obsessions, phobias, hysterical reactions
- Temper tantrums, aggressive overdemanding behavior
- Say negative statements about self
- Attempting to physically hurt oneself
- Constant rubbing of body parts against objects
- Sexual exploration and abuse of others
- Substance-Abuse
- Precocious Sexual-Behavior

Emotional Changes

- Apprehensive when other children cry
- Depression, anxiety
- Seems frightened by parents
- Has difficulty getting along with others

- Deep sense of isolation
- Little respect for others
- Overly compliant, shy, passive, withdrawn, gives in readily
- Plays aggressively, often hurting peers

V. ROLE OF HEALTH WORKERS, TEACHERS & COUNSELLORS

- To assess the psychological, physical and medical impact of abuse on the child and its family, historically, currently and in the future. To consider the social impact of the disclosure on the child and his/her family.
- To consider the current and rehabilitation needs of that child.
- To understand that it is best to listen to the child and consider the child's needs prior to taking any precipitate action.
- To be aware of maladaptive responses and reflect how these behaviors are symptoms of abuse and how the child should be treated in an understanding manner.

VI. GETTING TO KNOW THE AFFECTED CHILD

(a) Rapport building and environment for the interview

DO'S

- Introduce –self, who you are and your current role.
- Talk in a quiet, private and comfortable place. Interruptions and distractions to be avoided.
- A conducive atmosphere to facilitate the balancing act, consider factors like the culture, religion, gender, and age of the child before you begin.
- Take care where you and child are going to sit- height of the chair, table between you and child
- Talk to the child in a friendly manner showing genuine interest in her/ him – smile, pat & nod.
- Explain how you can work together to reduce her/his stress.
- Display attitude of warmth, affection to create a congenial atmosphere.
- Give some time for the child to feel comfortable in your presence.

DONT'S

- Don't begin questioning the child immediately about his/her problems or difficulties.
- Don't be intimidating or too authoritarian in your approach.
- Don't be patronizing.
- Don't rush into probing the traumatic experience.
- Don't pressurize the child to talk, respect his/her hesitation to open up immediately.
- Don't initiate sessions in public, open/spaces with onlookers.
- Don't show impatience if the child takes time to relate to you.

(b) Gathering Information to Aid Assessment

- Before talking to the child about the abuse, it is best to pre-plan the modality to seek information, how much and of what kind in order to plan future actions and the care of the child appropriately.
- Do not push the child to talk in detail about abuse if he/she does not want to. Simply listen and not prompt extraneous disclosures by asking invasive questions. It is better to talk again after a rest to avoid pushing.
- Be sensitive to the child's level of development: questions should be phrased to relate to the child's language maturation, developmental age, and emotional maturity. This information is essential to determine the nature of questioning of the child.
- Note down the child's ability to respond adequately to questions.
- The technique to support children when talking about difficult topics is to ask open-ended questions like " what happened next", "then what" and "tell me more about that". These questions encourage the child to elaborate on the issue instead of merely responding in a "yes" or a "no" form.
- Avoid asking leading, vague and abstract questions. (Questions that imply an answer, e.g did your father do it?) should be avoided
- Try to be non- judgmental.
- Be empathetic with the child.
- Help the child to relax by also talking about issues about which he/she feels comfortable.