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HANDBOOK FOR FACILITATION

OF

LIFE SKILLS, PERSONAL SAFETY AND SEXUALITY EDUCATION FOR STAFF WORKING IN CHILD CARE INSTITUTIONS

April 2026



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Handbook for Facilitation of Short Programs on Life Skills, Personal Safety and Sexuality Education for Staff working in Child Care Institutions

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ABOUT ENFOLD

Enfold was started in 2001 (and registered as a trust in 2002) by Dr. Shaibya Saldanha and Dr. Sangeeta Saksena in response to the lack of discourse on sexuality, silence and apathy around gender based violence and child sexual abuse in India. They saw the after effects of this in their day to day practice as gynaecologists. They began conducting sessions on gender equity, sexuality and personal safety education in schools (from grade 1 through 12) and colleges with the aim of creating safer spaces and preventing sexual and gender based violence against children and adults. The Prevention team conducts Gender Equity, Sexuality, & Personal Safety education for children, including children with disabilities, college students and adult stakeholders. The Support and Rehabilitation team assists children who have faced sexual violence through the criminal justice system and conducts training on the POCSO Act, workplace sexual harassment and redressal mechanisms. The Restorative Practices Team facilitates Circles and trains Child Care Institution (CCI) staff, school teachers, counsellors, and social workers to build a restorative culture and address conflict through Restorative Practices. The Research Team works on child protection issues to advance children's rights and implementation of laws.

1. ABOUT THE HANDBOOK

Children residing in CCIs under the The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJA) and the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 (JJ Rules), have a right to live with dignity, with access to services that cater to 'their basic needs through proper care, protection, development, treatment, social reintegration, by adopting a child-friendly approach.[1] Life skills education is an integral part of the rehabilitation services that must be provided to children in CCIs.[2] The JJA, in Section 3, outlines several principles that need to be adhered to by all stakeholders working within the child protection system. These include the 'Principle of dignity and worth -All human beings shall be treated with equal dignity and rights', and the Principle of best interest -All decisions regarding the child shall be based on the primary consideration that they are in the best interest of the child and to help the child to develop full potential,' and the 'Principle of safety - All measures shall be taken to ensure that the child is safe and is not subjected to any harm, abuse or maltreatment while in contact with the care and protection system, and thereafter.' This program aims to enable care takers to fulfill the aims of the Act as reflected in its Preamble, and apply these and other principles while engaging with the children specifically in the context of promoting gender equity, personal safety and sexuality education.

[1] Preamble, Juvenile Justice (Care and Protection of Children) Act, 2015.
[2] The Juvenile Justice Act, 2015, Section 53(1)(v).

While providing Case Work support and while facilitating Restorative Circles with children and staff of the CCIs housing children in need of care and protection and children in conflict with law in Bengaluru, and online in other districts and States across India, their need for personal safety and sexuality education emerged strongly from the staff themselves, and the children as well. Majority of the children residing in the CCIs hail from very deprived backgrounds and have had little or no guidance on personal safety or on gender and sexuality. The lack of self-worth and self-esteem, low social skills, and prevalence of deeply entrenched gender stereotypes aggravated their vulnerability.

In 2023-2024, Enfold envisioned a program aimed at ensuring that children residing within Child Care Institutions (CCIs) receive comprehensive, rights-based education and guidance on life skills, personal safety, and sexuality education. The Prevention team and Restorative Practices team at Enfold jointly developed and implemented tailored programs to enable both the children and the staff working directly with them in select CCIs to foster a safe and supportive environment within CCIs, and where children are empowered with the knowledge and skills necessary to navigate various aspects of their lives with confidence and resilience. A 6-session programme was designed and piloted at Govt. Girls Home, Govt. Boys Home, Auxilium Navajevana, Bosco Life Skills and Vocational Training Centre, with 39 boys and 75 girls. An orientation was also conducted with 39 staff of CCIs mentioned above and WeLive (an NGO providing aftercare services) to equip them to respond to the children and young persons in their care in an effective and informed manner.

The six sessions focussed on Self-Esteem and Body Image, Teasing and Bullying, About the Body, Personal Safety, Sexual Development in Adolescents, and Gender Stereotypes. After interacting with children in four CCIs in Bangalore (Government Girls' Home, Government Boys' Home, Auxillium Navajeevana, and BOSCO Life Skills Training Centre) in 2023, it was observed that certain additional topics on life skills as well as on certain laws were required, as children in CCIs come from extreme vulnerabilities with little to no help on how to navigate these aspects in their lives. Children in CCIs based on previous sharings, experience rejection, shame and guilt on a regular basis for having been admitted in a CCI, they also hold within them dreams and goals with no avenue to gather tools to make these a reality. Children also struggled with notions of accountability and some were unaware of the laws surrounding certain child abuse offences, leaving them confused on the reason they were admitted to a CCI in the first place.

Therefore, drawing from the insights derived from these programs, the curriculum was re-designed and sessions revised to suit the specific learning needs of staff of CCIs who directly work with children in need of care and protection. Eight sessions were developed on the following broad themes:

1. Self-Esteem and Body Image
2. Goal Setting and Achieving Goals
3. Sexual Development in Adolescents - Pubertal Changes
4. Understanding Sexuality With Responsibility, Respect and Support
5. Gender Sensitivity
6. Gender Sensitivity and Gender Equity
7. Personal Safety Education
8. Select Laws That Can Protect Children's Rights

The Handbook includes the following information for each of the 8 Sessions: Learning Objectives, Key Messages, Key Concepts that the facilitators need to bear in mind related to the topic, a Session plan (which also contains recommendations for the use of Restorative Circle elements), Handouts where appropriate and some tips for the facilitators in each of the Session plans that are specific for that particular session. It also contains suggested affirmations that could be used to encourage participants to promote behaviors that empower themselves and the children in their care. Customized Pre-test and Post test tools and Guidelines for the Facilitators are also included.

Individuals facilitating sessions on Gender Equity, Personal Safety and Sexuality for staff of CCIs, require to be oriented to the profile of the staff and children living in the CCIs, and have a fair understanding of the child protection system in India - which is the specific context in which the program participants are working, aside from the profile of the staff attending the program itself. Some useful **Guidelines for facilitators facilitating sessions for staff of CCIs is available in Annexure 3.**

Who can use the Handbook?

This Handbook can be used by any individual who works with children in Child Care Institutions established under the Juvenile Justice (Care and Protection of Children) Act, 2015, who has preferably undergone a training in Life Skills. It is important that the individual has had prior training in Personal Safety and Comprehensive Sexuality Education, as this program's effectiveness depends on the facilitator being at ease with their own sexuality and their ability to be open-minded, non-judgemental, and competent to facilitate conversations on sex and sexuality with children and adults from diverse backgrounds, including children who are survivors of sexual abuse/trafficking. Training in Restorative Circles is also an added advantage as the elements of a Circle can be incorporated in the design of the programme.

This Handbook may also be used by facilitators desirous of facilitating sessions with children alleged to be in conflict with law residing in Observation Homes and those found to be in conflict with law residing in Special Homes. However the facilitators must further contextualize the content to take into account the lived experience of this group of children prior to coming into these CCIs, and the fact that most of them have estranged relationships with their parents and loved ones because of having been in situations where they were in conflict with law.

2. OVERVIEW OF THE CURRICULUM AND KEY DESIGN ELEMENTS

2.1. Composition of the Program Participants

This programme is designed for a group of 10-15 staff working directly with children in need of care and protection residing in CCIs established under the JJ Act, 2015.

2.2. Methodology

Facilitators are encouraged to speak to the person in charge of the CCI as well as the staff to understand the CCI context better. They must discuss and take into account factors such as suitable timings for a successful program, language requirements, identification of ideal group size, the current nature and levels of interaction between staff and children, the roles and responsibilities of the CCI staff, and a general understanding of the backgrounds of the children. This will help the facilitators understand the participants better, and also prepare for more trauma-informed approaches during the sessions. This information acts as a prerequisite for the preparation of the facilitators and gives time to decide how to facilitate sessions. A needs assessment may therefore be done at least one month before the program starts to provide ample time for preparation.

The program is designed to suit the needs of adult learners. It therefore involves experiential learning, through the use of case studies and a variety of interactive methods (such as role-plays, and group work), powerpoint presentations, videos slides and the use of handouts where appropriate. The session plans also include games, activities, and positive affirmations to energize the participants and enable them to be more attentive.

If the facilitator is trained in facilitating Restorative Circles, elements such as a meditative opening, check-in questions, values creation, and check-outs can be used to co-create comfortable and safe spaces for conversations on sensitive topics, while also enabling participants to inform these conversations by bringing in their own life lessons and wisdom. Refer to **Annexure 1 for Restorative Circle Elements.**

2.3. Structure of the program

The Handbook can be used to conduct a 2-day orientation of staff of CCIs on selected themes so that they can respond appropriately and effectively to the needs of the children in their care on the identified topics. Each session is for 120 minutes. Based on the availability of the staff, the sessions can be customised and the orientation can also be conducted session-wise at regular intervals. The sessions have been designed to enable a smooth flow and progression from topics that are generic to ones that are more sensitive. They should therefore, as far as

possible, be offered consecutively and in sequence, with preferably not more than two days between each session. Longer gaps between sessions must be avoided so as to retain flow as well as the connection with the participants.

2.4. Logistics

Sessions must be scheduled in coordination with the concerned staff of the CCI, so as to ensure that all participants participating in the session are available for all the sessions and can participate meaningfully. It is essential for participants to actively engage during the sessions. Therefore, the time chosen for the session is important.

2.5. Programme Evaluation

To assess the effectiveness of the programme, consider using pre-test and post-test surveys in a language that is understandable to the staff. The tool can incorporate two multiple-choice questions for each of the sessions to help ascertain the current level of understanding of each participant and for the facilitators to use as a point of reference when conducting the sessions. The analysis of the answers provided during the pre-test is essential before commencing the program to determine which topics need to be emphasised and which ones the participants already have an understanding of. The pre-test answers can also be used by the facilitators to provide additional prompts or to dive deeper into certain topics if necessary.

The post-test tool incorporates the same set of questions used in the pre-test. These are administered to the participants on Day-2 before concluding the program, to assess the effectiveness of the program. An analysis of the pre- and post-tests would indicate both the favourable and unfavourable shifts in the participants as well as those areas that remain constant.

The questionnaires could be translated into the relevant languages and handed out for each participant to fill without discussing with another. It is important that participants are reassured that answers are opinion based that therefore there are no right or wrong answers. **Refer to Annexure 2 for the pre-test and post-test tool.**

3. FRAMEWORK FOR SESSIONS ON GENDER EQUITY, PERSONAL SAFETY AND SEXUALITY EDUCATION FOR CCI STAFF

The framework for the eight sessions is given next.

> ***Kindly note:*** *This framework is largely what has been used during the second pilot program implemented by Enfold and is still being tested. It is therefore subject to revision and is expected to evolve.*

SESSION 1

SELF-ESTEEM AND BODY IMAGE



Session 1: Self-Esteem and Body Image

Learning Objectives:

1. To enable the identification and consolidation of shared values for a meaningful learning experience during the program.
2. To enhance the conceptual understanding of self-esteem and body image.
3. To enable participants to understand the concept of multiple intelligences and qualities and develop skills to identify and appreciate diversity (multiple intelligences, qualities and skills) in themselves and in the children in their care, that helps in building their self-esteem and leverage their strengths.
4. To help participants to build the belief in children that they are good enough and are worthy.
5. To promote and encourage a sense of respect towards self and others, particularly the children in their care.
6. To enable participants to have a positive attitude about their body that can help them grow and live well, interact with people in positive ways, and to demonstrate such an attitude while interacting with children in their care.

Key Messages:

1. We have multiple intelligences and qualities. No one quality or intelligence is superior to others. Humans need all of them to survive.
2. All of us have varying levels and types of intelligence. Human beings are social animals and live in a group that has been thriving for many centuries. Intelligence is inherent in every human being and can be developed to varying degrees. It is essential to recognize the wide range of abilities, talents, and skills in people, especially the children in our care - that can be nurtured and developed.
3. Different people will do different things well and in this way, everything will get done. Same with qualities.
4. Understanding our strengths, abilities and actions can foster a sense of self-worth. Similarly, recognizing and nurturing the positive qualities and skills of children under our care can help build their self-esteem.

5. Though I get different messages from others about my body, I could accept only those that help me take care of my body in healthy ways.
6. Our bodies are all very different. What we do with our capabilities, skills, experiences and qualities is important. It builds our self-esteem. Our looks are given by nature. We don't choose them or do anything to get them.
7. People are respected for their skills, qualities and intelligence and not just for their looks.
8. Each one of us is worthy of love and respect.
9. Everyone is unique in their own way.



Key Concepts

Self-esteem

Self-esteem is the attitude and belief one has about themselves. Having a healthy self-esteem means one has a strong sense of self-worth. One understands and accepts their weaknesses, and appreciates and celebrates their strengths. When one has healthy self-esteem, one recognises the inborn value of all people, including oneself. Having a low self-esteem may result in someone feeling unhappy or unsatisfied with themselves most of the time. It can be characterised by one being critical of themselves all the time, ignoring their qualities, judging themselves to be inferior to their peers, and using negative words to describe themselves such as stupid, fat, ugly or unlovable.

Self-Awareness is the key to Self-Esteem:

Being self-aware is all about having an understanding of your own thoughts, feelings, values, beliefs, and actions. It means that you understand who you are, what you want, how you feel, and why you do the things that you do, awareness of your strengths and weaknesses.
To understand yourself is to know what are the qualities, skills and intelligences one has and can improve on. Self-awareness is a skill to be built and developed. Self-acceptance and reflection, cultivating a growth mindset to seek feedback and support and learn from mistakes are ways to develop self-awareness.

Understanding Body Image:

One of the main aspects affecting a person's self-esteem is their body image.
Body Image is how we feel about our bodies, and a negative perception can impact self-esteem. Unrealistic beauty standards—like fair skin, tall height, or a muscular build— often influence dissatisfaction. It's important to recognize whether this dissatisfaction comes from societal expectations, others' judgments, or personal feelings.

We are more than our looks, and people who judge based on appearance fail to see true qualities, values, and skills. Learning to ignore external judgments can help build confidence. If body discomfort feels deeply personal, seeking guidance from knowledgeable adults can help explore and address these feelings. Our bodies allow us to experience and express ourselves, and respecting and caring for them is essential. This includes proper nourishment, cleanliness, and rest. Expressions of self—like clothing, tattoos, or medical choices—should be made with self-respect. Beauty is not absolute; qualities like a smile, kindness, and gestures also contribute to attractiveness. When we move beyond societal beauty norms, we discover deeper connections with people. The perception of beauty is an inbuilt sense of symmetry and proportion in the body and face. It is one of the markers of genetic health as in some genetic conditions, there is marked asymmetry - like a single eye (the two eyes are fused in the middle). Some people have very symmetrical and proportionate faces - making them widely perceived as attractive. Most of us don't have extremely symmetrical faces, but we are healthy.

Signs of low self-esteem[3]

A child with low self-esteem will more than likely be having negative thoughts about their worth and value as a person. Some general signs that your child has low self-esteem include:

Emotional signs of low self-esteem
• *feeling unloved and unwanted* • *not being able to deal with normal levels of frustration* • *fear of failure or embarrassment* • *low levels of motivation and interest*

Behavioural signs of low self-esteem
• *avoiding new things and not taking up opportunities* • *blaming others for their own mistakes* • *negative self-talk and comparisons to others* • *uses negative "I am" statements (I am useless, I cannot do this, world would be better without me, I always get it wrong)* • *difficulty making friends* • *can't take compliments and shows mixed feelings of anxiety or stress* • *walking with their head down* • *doesn't make eye contact when talking* • *often involved in teasing, name calling, or gossiping about others* • *uses gestures that are dramatic and out of context* • *excessive bragging about themselves, their achievements, or appearance* • *speaks too loudly and aggressive in tone* • *apologises constantly*

[3] Cherry K, (2024), 11 Signs of Low-Self Esteem, Very Well Mind, <https://www.verywellmind.com/signs-of-low-self-esteem-5185978>; Mandriota, M, (2021), 8 Signs of Low Self-Esteem and What to Do, Psych Central, <https://psychcentral.com/health/common-patterns-of-low-self-esteem>

Session Plan

Opening: Guided Meditation (5 minutes)
Read the following instructions in a calm reflective tone - Begin by finding a comfortable position. You can sit upright or however feels best for you. Gently close your eyes or soften your gaze. Take a deep breath in... filling your lungs completely... and slowly exhale. Again, inhale deeply... and exhale slowly, releasing any tension. Now, bring your awareness to your body. Notice the sensation of your feet on the floor or your back against the chair. Feel the support beneath you, grounding you in this present moment. As you breathe, imagine a warm wave of relaxation flowing through your body. Starting from the top of your head... down to your shoulders...Relaxing your arms... softening your hands...Allowing your chest to open... your belly to relax...Feeling warmth travelling down your legs... all the way to your toes. Let go of any tension, any thoughts, just for now. With each breath, feel lighter, calmer, and at ease. Now, gently bring your awareness back to the room. Wiggle your fingers and toes. Take one last deep breath in... and exhale slowly. When you're ready, open your eyes and return to your day with a sense of calm and clarity.

Name Card Making (10 minutes) : Give papers, colours, cards, crayons, and art materials to the participants and ask them to make name cards for themselves which they can use during the programme. They can decorate the cards by drawing, colouring, and illustrating their hobbies, and indicating aspects of their identity that they would like to share. Ask participants to prepare the name cards and decorate them, and then introduce themselves by relating the first letter of their name to something they love to eat, or do, or like, or even with the name of a popular film song. For eg. My name is Kavitha and I love Kangaroos!

Circle Format & Talking Piece (5 minutes): If the session is being facilitated as a Restorative Circle, offer explanations about the Circle and the talking piece. Refer to Annexure 1

Check-in (15 minutes): Invite each participant to share how they are feeling today on a scale of 1 to 10, where 1 means feeling very bad and 10 means feeling excellent.

Community Building Question (15 minutes): If you could have any superpower, what would it be and why?

Circle Guidelines: Explain the four circle guidelines - Speak from the heart, Listen from the heart, No need to rehearse, Without feeling rushed, say just enough. Refer to Annexure 1.

Values (15 minutes): Invite participants to think of a person they trust, with whom they are able to share their secrets, dreams, happy things, as well as difficult moments. Why does one share what is in one's heart and mind with this person? What makes one feel comfortable to share with this person?. Facilitators make notes, read out the values and build consensus by asking the participants to agree or if they wish to discuss in case there is a disagreement.

Reiterate that everyone in the Circle is invited to co-own the space and to gently remind the Circle participants about the values, should they sense that the space is becoming uncomfortable/unsafe for any reason, and that participants are also invited to add new values at any time.

Activities

*Based on the availability of time, number of participants and their engagement levels, consider using one or more of the following activities.

Activity 1: Identify Low Self-Esteem

Scene: Critical comment from a relative to teenager Mima: "You are the darkest person in our family!"

Step 1: Indicate Mima's sense of self-esteem for each thought (use High, Medium, Low)
Feeling 1: What do they think of themselves? How can they say that?
Feeling 2: They care for me , but consider skin colour more important. I know that genes determine skin colour.
Feeling 3: I wish I was fair. I hate myself. I am going to use fairness creams. They seem to work. I want to be fair.

Step 2 : Group discussion
Do we have the ability to choose how we are born?
Do we have any control over genetic and hereditary factors?
How can we encourage and appreciate each other's qualities instead of focusing on appearances?
How can we communicate with each other and to the children in their care, without shaming their body parts, or using nicknames based on their appearance?

Activity 2:
Distribute the worksheet titled Our Multiple Intelligence to each participant, papers and pencils/ sketch pens to participants.

> ***Note to facilitators:*** *After handing over the MI sheets to the participants, explain the theory of Multiple Intelligences. Read out the form slowly, going through each intelligence and the points mentioned under it. Ask participants to tick the points they agree with. Be mindful of the diverse literacy levels of the participants—some may not be able to read or write, and some may have limited understanding. Use simple language and ensure inclusive opportunities for everyone to actively participate in the activity. Look around, offer help, and provide additional support to participants who need assistance to complete the form.*

Worksheet 1: Our Multiple Intelligences

Theory of Multiple Intelligences:
Howard Gardner's Theory of Multiple Intelligence (1983)[4] suggests that intelligence is not a single ability but a combination of different types of intelligence. He identified **eight intelligences** (with a possible ninth), each representing a distinct way of processing information. Here's an overview with examples[5]:

Scientists believe that we have various kinds of intelligence. All intelligences are present in every individual, though some intelligence is better developed than others.
Check out your true unique mixture of intelligences. 6 statements are given under each intelligence. Tick the statements that are true for you. Count the number of ticks and write it next to the intelligence in the space provided.

While some intelligences are naturally better developed than others in each person, we can develop each intelligence further by practice. However, it would be almost impossible for a person to develop all intelligences to their fullest potential. Each intelligence leads to several professions and all of us can make a decent living through our unique mixture of intelligences.

[4] Gardner, H. (1983) Frames of Mind: The Theory of Multiple Intelligences. Basic Books, New York.
[5] Marenus, M. (2025) Gardner's Theory of Multiple Intelligences <https://www.simplypsychology.org/multiple-intelligences.html>

Linguistic Intelligence _____

1. I like reading books
2. I enjoy rhyming words and can easily remember the words of the songs.
3. I use unusual and difficult words in my writing / speech/ essays.
4. I like debating
5. I can learn a new language easily.

Logical/ mathematical intelligence _____

1. Math and science are my favorite subjects
2. I count numbers easily in my head.
3. I am interested in scientific discoveries.
4. I enjoy logic puzzles.
5. I like to find out reasons for various things
6. I enjoy doing research /experiments/ finding out information on topics.

Spatial Intelligence _____

1. I like to draw, paint, or doodle and make posters.
2. I am good with following and giving directions to reach a place.
3. I find it easy to read graphs, pie charts, and bar diagrams.
4. I can imagine things clearly in my mind.
5. I enjoy origami (paper folding to make objects)

Bodily Kinesthetic Intelligence _____

1. I like to walk up and down while thinking.
2. I enjoy dance and dramas
3. I use my hands and body a lot while talking.
4. I enjoy taking part in sports.
5. I like activities like- model building, craft and other indoor physical activities.
6. I like playing outdoor games.

Musical Intelligence _____

1. I enjoy learning poetry by singing them.
2. I play a musical instrument.
3. I listen to music often.
4. I can tell when a song is not in tune.
5. I like to make my own musical beats by tapping or humming.
6. I often hum or sing while reading, working or walking.

Interpersonal Intelligence _____

1. I make friends easily.
2. I enjoy group games like carrom, cards.
3. I like to work in a group rather than work alone.
4. I prefer to talk about my problems with my friends or family instead of keeping them to myself.
5. I can easily make out when my friend is feeling sad.

Intrapersonal Intelligence _____

1. I like myself.
2. I do my work/ keep deadlines by myself without being reminded.
3. I prefer to take care of my feelings and problems by myself rather than discuss it with others.
4. I have a favorite place in the house where I like to be by myself.
5. I am happy with my body.
6. I follow rules even when no one is there to enforce them.

Naturalistic Intelligence _____

1. I prefer being outdoors than sitting inside.
2. I know the names of different plants / birds / insects.
3. I like planting, watering and taking care of plants.
4. I like nature walks and treks.
5. I would like to keep a pet.
6. I like to help animals that are hurt or sick.

Spiritual Intelligence _____

1. My energy is a part of the universal energy
2. I think everything has not been explained by science.
3. I wonder, think about God/ Soul/ Spirit
4. I wonder about consciousness
5. I feel all of us are connected, linked with each other.
6. I believe that each person can be held accountable for their actions in some form or the other.

Activity 3:
How to use this worksheet: *This worksheet can be done individually - by adults as well as children.*

Worksheet 2: Our Traits/qualities

We have many qualities. Tick the ones you think you have. Remember, being a cheerful person does not mean that you have to be cheerful all the time. If you feel that on the whole you are a cheerful person, tick 'cheerful'. Same goes for all qualities listed below.

Cheerful	Peaceful	Focussed
Energetic	Independent	Creative
Systematic	Communicative	Daring
Enthusiastic	Graceful	Honest
Encouraging	Brave	Friendly
Courageous	Careful	Punctual
Spiritual	Sensitive	Strong
Dedicated	Ambitious	Confident
Humorous	Gentle	Thoughtful
Trustworthy	Calm	Determined
Competitive	Outgoing	Cooperative

Please add more qualities to the list. How many qualities do you have?

The qualities that we value a lot become the Values we live by. Values help us determine our goals and how we want to achieve them. Values guide how we speak, how we behave with people, what we perceive as unjust and what makes us feel angry. We create what we value in our interactions. For instance if I value freedom and independence, I will ensure that not only I, but those who interact with me also experience freedom. I will respect their right to think and act independently. Here are some common values – tick the ones that are important to you.

Friendship **Freedom** **Love** **Truth** **Independence**

Competition **Cooperation** **Relationships**

Equality **Happiness** **Justice** **Integrity**

Civility **Responsibility** **Creativity** **Health**

Teamwork **Excellence** **Professional development** **Fun**

Write your own qualities here if different from these: _____

Self Reflection Questions:

1. Why do you value these over other values? What incident in life or person instilled these in you?
2. Have your values, what you consider more important, shifted over time in your life?
3. Think of your close family members/ friends. What do you think are their top few values? Do you value (respect) their values?
4. Are some values more valuable than others?
5. What would happen to society if any one or more of the values were no longer upheld by people?

Qualities and Intelligence Assessment

Step 1 :

1. Think of a person who you really like, why do you like them? The facilitator can list down the qualities they share.
2. If you want to choose one quality that you don't have, what would be that ? Why would you like to develop that quality in yourself? The facilitator can provide them with the quality chart that they can pick up from. It will help them develop a vocabulary on qualities that they can choose from.
3. The participants can complete the MI assessment sheet.
4. Think back to your own adolescent years. Can you remember a time when someone appreciated or encouraged you? How did that make you feel, and what difference did it make for you?

Step 2 : Group discussion

1. How do you feel about your qualities and intelligence?
2. Did you feel your qualities and skills were appreciated as an adolescent?
3. Can everyone become excellent in all fields that include all 9 multiple intelligences - (or develop all human qualities to a great extent) ?
4. Ask participants to state examples of people who were musicians, dancers, naturalists, spiritual masters, sports persons and check if they all were excellent in all the intelligences.
5. Note: This activity highlights that we all possess various forms of intelligence, but we have developed them to different degrees.

Activity 4: Handle Body Shaming:

Step 1:

Share the following scenario with participants:

Vinod, a 14-year-old boy living in the Children's Home for Boys is teased by the boys and some staff for being thin. They call him "pencil" and tease him that he must be careful when it's windy as he might get blown off the ground. Some teased him by being sarcastic and calling him 'he-man' or 'health minister'. It has become quite painful for him to attend the classes in the CCI and play with the other children everyday. Sometimes, the other staff also join the other boys when they tease and laugh at him.

1. How would you feel if you were in this situation?
2. As a CCI staff how could you help the child from being bullied in this situation?

Step 2 : Group discussion through popcorn method

- As a staff of the CCI or working in the CCI, how would you help the child to build a positive body image and a positive self-image?
- According to you, what does working in a child friendly manner with the children and how do you ensure it in your work in the CCI?
- Which of the principles will you apply while interacting with children in your care, in order to build their self-esteem and sense of worth? Give concrete examples of how you will do this.

Note to facilitators: *There are overall 16 principles but some guiding principles you may consider to mention in this session are:*

1. **Respect and Dignity:** Treating every child with respect, regardless of their background.
   Example: Listening carefully when a child is speaking and not interrupting them.
2. **Participation:** Giving children opportunities to share their views and ideas in decisions that affect them.
   Example: Asking children what games or activities they would like to do during recreation time.
3. **Best Interest of the Child:** Always keeping in mind what helps the child feel safe, supported, and encouraged.
   Example: Encouraging a child to pursue a hobby they enjoy, even if they are not the "best" at it.
4. **Positive Reinforcement:** Recognizing and appreciating children's efforts and achievements.
   Example: Saying, "I noticed you helped your friend today—that was very kind of you."
5. **Confidentiality:** Respecting children's privacy and not sharing their personal information without a valid reason.
   Example: If a child shares a problem with you, not discussing it with others unless it's necessary to keep the child safe.

- What can you do or say if another CCI staff or NGO representative is commenting on a child's body or intelligence? What can we do to work together with other staff and co-create a caring, child friendly environment that helps to build the self-esteem and body image of children in our care.

Affirmations:
Encourage participants to promote affirming statements and behaviors that empower all children:

- I love my body for everything amazing it can do!
- My body is my greatest gift, and I treat it well.
- I am whole and complete just the way I am.

Check-out: Personal Reflection and Takeaways
At the end of the session, ask participants:

- How are you feeling about the activities today?
- What will you take away from this session that you can implement in your work with children?

Participants can reflect on how they can create a supportive environment in their child care institution, where every child can express their feelings of disappointment or failure and get the support to move ahead.

Closing: Play this video The Reflection in Me HD
https://www.youtube.com/watch?v=D9OOXCu5XMg

OR

Invite participants to appreciate something about each other - turn to the person on your left and go round in a circle.

Tips for Facilitation

- When talking about multiple intelligences, explain to participants what each intelligence is as they may not understand the term on its own.
- Children may share how they do not like the way they look. CCI Staff can make space for them to share why they feel that way if they want to.
- Ensure the Activity sheets have been translated into the language that participants understand. Provide additional help if anyone is not comfortable reading or writing.
- The CCI staff must be made aware that it is alright if all the children don't show increased self-esteem and body image immediately after the session. There will still be some of them who need more time to process the information. The facilitator can identify such children and reiterate these messages often.

SESSION 2

GOAL SETTING AND ACHIEVING GOALS



Session 2: Goal Setting and Achieving Goals



Learning Objectives:

1. Enhance the understanding of the challenges faced by children in CCIs in goal setting and achieving them.
2. Enable participants to understand their interests, passions, and dreams and enable them to support children in their care to do the same.
3. Encourage participants to identify strategies to deal with obstacles they face and keep moving forward, and enable them to support children in their care to do the same.
4. Help participants learn to track their progress in achieving their goals and reflect on their steps and actions, and enable participants to do the same.
5. Offer participants tools to discuss these concepts with the children in their care and support them in goal setting.



Key Messages:

1. Every individual has a right to dream and have a goal for their life regardless of their past experiences. This helps them to have hope about their future beyond their present situation.
2. Having a goal for our future may build our motivation
3. Goals can be big or small, every step towards the goal counts, and celebrate small successes.
4. Acknowledge and celebrate small successes of children
5. Challenges and failures are part of the journey and present an opportunity to acquire new learnings and skills.

Key Concepts for Facilitators

What is goal setting?

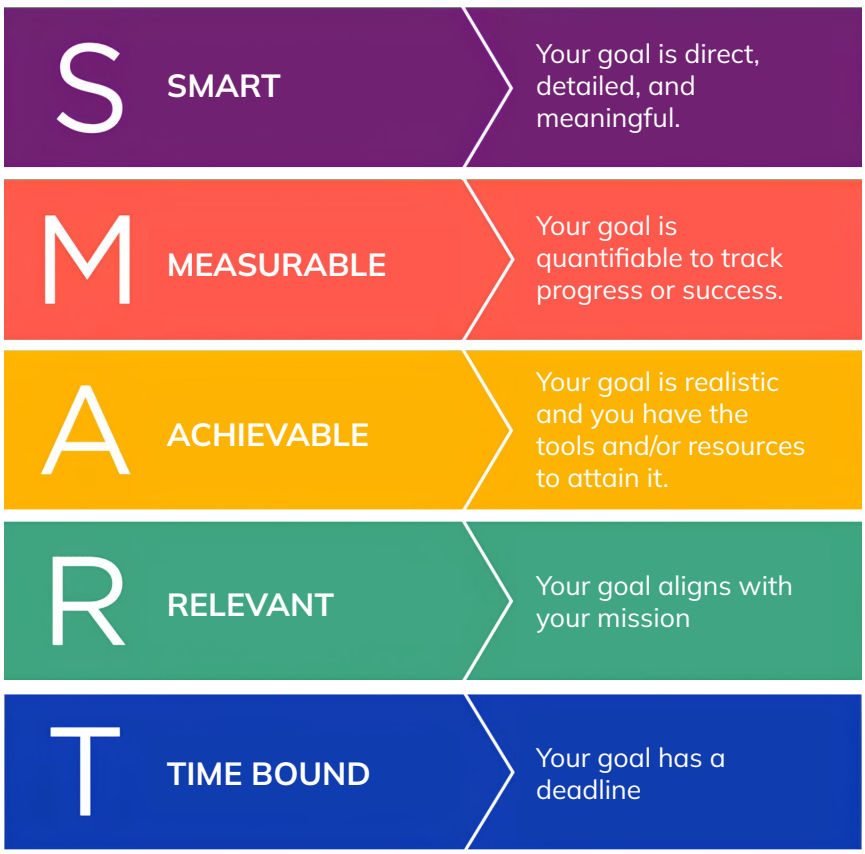
Goal setting is about deciding what one wants to achieve in their life. Goals may be big or small, some goals can be achieved in a short amount of time and some goals take longer. To achieve the goal it is necessary to create a plan, work on it, make small achievable tasks, and finish it, which will then work as a motivation to reach the end goal.

Why is goal setting important?

Goal setting gives a direction for one to focus on what is important and work for what they need in their life. Being on a journey to achieve something gives the motivation to do more and gives a feeling of accomplishment when small milestones are achieved. It boosts one's self confidence and encourages one to believe in themselves.

What are the steps that help you achieve your goal?

1. **Set clear goals:** While setting goals, it is important to have a clear idea about what you want to achieve. It should be specific and the time frame should be clear.



2. **Break down the goal:** Keeping a big goal in mind is important, but to achieve it, to stay focused on the journey of reaching your goal one should break it down into small tasks. After continuing each task, it encourages one to move forward.
3. **Create a proper plan:** To achieve an end goal, there should be proper planning based on your interest and ability to fulfill the plan that was created.

4. **Stay motivated:** Achieving a goal is a journey, the duration of the goal should be decided based on the goal you have in your mind. Whether the journey is long or short, it is very important to stay motivated until you achieve the set goal. This can mean discussing issues that are arising with others who have experience in this area. Or it can mean talking with friends/family/others who care for you and can listen to your feelings, perhaps guide and motivate you.
5. **Track your progress:** Keep a short time frame, look back at your journey, and track your progress. If the progress is less, work hard to achieve it, if your progress is well then give an appreciation to yourself.
6. **Stay flexible:** If your plans are not working out, stay calm, and think of different approaches and ideas in which the plan can be framed differently and which will lead to being on track.

Session Plan

Format: This session can be facilitated in the form of a Restorative Circle or an interactive workshop including group discussions and case studies. Participants can either be seated in a Circle or any other formation that will encourage maximum interaction. If the facilitator is unfamiliar with Restorative Circles, after the opening activity, the facilitator can continue from 'Values'.

Note to Facilitator: *Distribute papers and pencils/ sketch pens to participants.*

Opening:
Never Give up on your dreams! - Motivational animated short film
https://youtu.be/_mtQ9AEFn9Q?si=dX5nDlNOihabXWQz

Talking piece and check-in: Explain about the talking piece. Refer to Annexure 1.

Check-in: Share how you are feeling today through a song or dance movement.

Community building question: Which is your favourite movie and what is one life lesson you have learnt from it?

Circle guidelines: : Explain the four circle guidelines - Speak from the heart; Listen from the heart; No need to rehearse; Without feeling rushed, say just enough. Refer to Annexure 1.

Values: Reiterate circle guidelines and values same as in Session 1. Ask participants if they would like to add or remove any Value, and have a discussion regarding the same. If everyone is comfortable with the Values co-created, ask for visible/verbal consensus.

Why the staff of CCI needs to help children to identify or set goals

When working with children in CCIs, it is important for staff to guide them in setting goals because goals give children direction and hope for their future. Many children may feel uncertain or overwhelmed, but having clear goals makes their journey more meaningful and manageable. Goals encourage children to stay focused, motivated, and confident, as every small step forward shows them what they are capable of. As staff, your support in identifying and working on these goals—through encouragement, guidance, and celebrating progress—helps children believe in themselves and build a positive outlook for their future.

Why Breaking Goals Matters

When working with children in CCIs, it is important to help them understand that big dreams can be achieved step by step. Breaking goals into smaller parts makes large and overwhelming dreams easier to manage. It keeps children motivated because every small success boosts their confidence, helps them track their progress, and reinforces their belief that “Yes, I can do it.” As staff, your role is to guide children patiently and appreciate their small achievements, even if they may seem minor.

Types of Goals

Children can set different types of goals depending on the time it takes to achieve them.

Short-term goals: These are those that can be achieved within a few days, weeks, or months. Staff can encourage children to take up small and achievable tasks, such as finishing homework on time, learning a new song, or reading a short book, as these help build confidence and discipline.

Medium-term goals: These take a little longer, usually a few months to one or two years. Examples include improving in academics by the end of the school year, learning a sport, or saving for something important. These require consistent encouragement, follow-up, and structured support from staff.

Long-term goals: On the other hand, may take several years and are often connected to children’s larger dreams, such as becoming a doctor, teacher, artist, or businessperson. Staff should remind children that long-term goals can only be achieved through many smaller steps, and it is important to reinforce patience and persistence in the process.

Categories of Goals:
Children’s goals can also be grouped into different categories. Personal goals relate to growth and self-improvement, such as building confidence or learning new skills. Professional goals are linked to career aspirations, like becoming a teacher, doctor, or artist. Social goals involve building healthy relationships and values, such as making friends or helping others. Spiritual goals are about nurturing inner peace and beliefs through prayer, meditation, or reflection. Health goals focus on keeping both body and mind healthy by eating well, exercising, and managing stress. Intellectual goals involve developing knowledge and creativity, like reading, practicing maths, or learning a new language. Family goals focus on positive relationships at home, including supporting siblings or helping with chores. Finally, financial goals involve learning to manage money wisely, such as saving or spending carefully.

Activity 1: To devise and select a goal

Note to Facilitator: *This activity is for the participants to set a goal - personal or career based for themselves, and use these steps to help children in their care to select and pursue a goal. Continue with this activity based on the participation level of participants. If the level of participation is high, go ahead with step 2 of this activity. Else, the goal wheel portion will suffice followed by a general discussion. Activity 2 can also be done based on time availability and after gauging the participants' interest level in the topic.*

Note to facilitators: *After handing over the goal wheel sheets to the participants, explain what they have to write in the sheet. Be mindful of the diverse literacy levels of the participant and some may have limited understanding. Use simple language and ensure inclusive opportunities for everyone to actively participate in the activity. Look around, offer help, and provide additional support to participants who need assistance to complete the activity.*

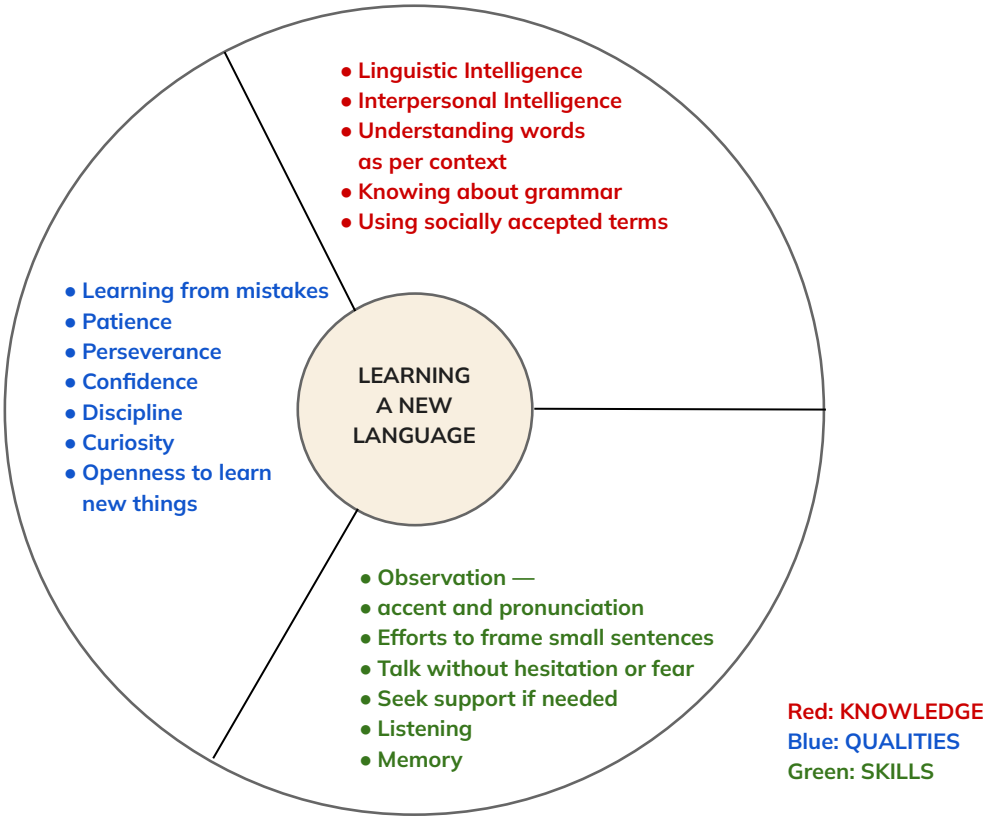
Step 1: Goals Wheel Activity

1. **Think About Your Goals:** Take two minutes to think about a hobby or dream you'd like to pursue. You can also think about any personal goals or aspirations.
2. **Understand That Goals Can Change:** Choosing a goal is a journey—you may adjust your goals as you grow and learn more. Gathering information and talking to the right people can help shape your path.
3. **Identify Helpful People:** List people in your life who can provide guidance, share experiences, or keep you motivated when things get tough. Remember, friends, family, teachers, or mentors can support you in reaching personal and professional goals.
4. **Create Your Goals Wheel**
    - Draw a wheel with different segments.
    - In each segment, write down the skills, behaviors, and qualities needed to succeed in your chosen goal.
      Example: A **pilot** needs patience, good spatial awareness, stress management, math skills, and teamwork. A **cyclist** needs balance, patience, regular practice, good fitness, stamina, and motivation to join groups and events. A **nurse** needs knowledge of the human body, kindness, compassion, ability to comfort patients, attention to detail, organization, and patience.

Step 2 : Share and Reflect

If comfortable, share your wheel with the group.

- Discuss the qualities, behaviour and skills currently present, to be acquired from the wheel.
- See the potential for breaking a goal into smaller goals.
- Pick one of the smaller goals and set a plan to achieve the same.
- Discuss how others can help you stay motivated and reach your goals.



Note to Facilitator: *Add more examples if time permits. If you want to be a singer, dancer, teacher, etc., ask them to share what they have listed and write them on the board. Then separate/ circle out qualities. The participants can learn and then use the above activities with children.*

Step 3: How can you support the children in your care to set goals?

Activity 2:

With this activity, the participant can set goals either for short term or long term, small or big, significant or not. Example: “Wanting to give a great speech for an event at the CCI.”

> ***Note to Facilitator:*** *Consider this activity based on availability of time and the interest of the participants.*

Step 1 : Write the goals you would like to have for the next ...
Week 2. Month 3. Year 4. Two Years 5. Five Years

Step 2 : Group discussion
Why do you want to pursue any of the goals listed above?

1. Is it because you want to OR because of others OR because it is expected of you?
2. What do you enjoy more? The goals you choose for yourself or because of others?
3. What kind of plan will you have to execute a goal?

Affirmation: To Motivate and Stay on the Goal Path
Encourage participants to promote affirming statements and behaviors that empower all children:

- I am prepared to do whatever it takes for as long as it takes to reach my goal!
- I celebrate every step toward my goals.
- I turn my dreams into goals, my goals into plans, and my plans into reality.
- I believe in myself and my ability to succeed.
- Every small step I take makes a big difference.
- I may make mistakes. I learn from them and continue towards my goal. I won't give up.

Reflection Question:
What do you want to start doing from today to get closer to achieving your goals?

Check-out: Personal Reflection and Takeaways
At the end of the session, ask participants:

1. How are you feeling about the activities today?
2. What will you take away from this session that you can implement in your work with children?

Participants can reflect on how they can create a motivating environment in their child care institution, where every child can choose goals and work towards them with a positive attitude.

Closing:
Youtube video - One small step
https://www.youtube.com/watch?v=yWd4mzGqQYo

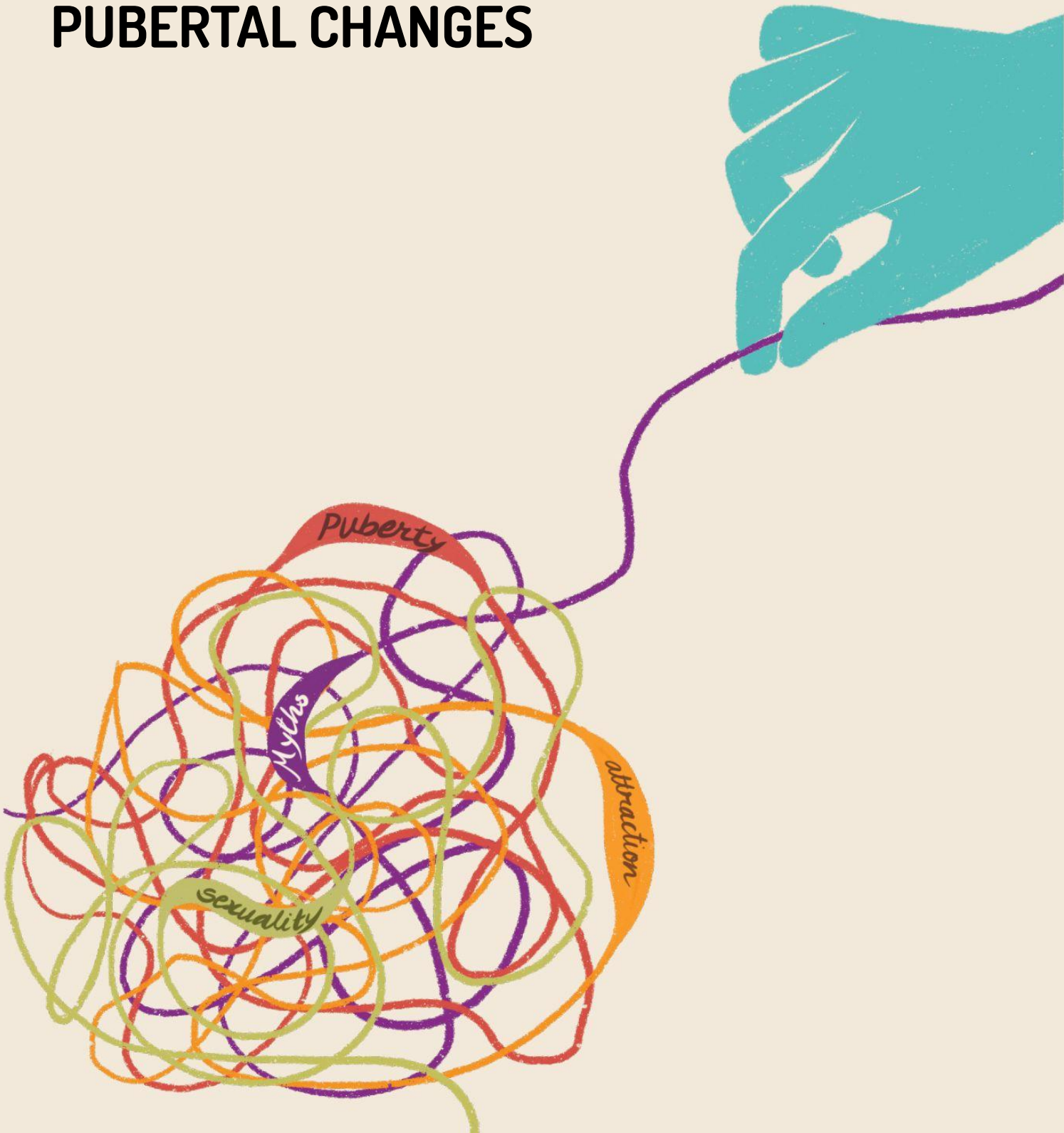
This is another option for closing:
https://youtu.be/Bi-7pho5XB8?si=bQG8JPDjlmru80v3

Tips for Facilitation

- Goals can also be non-professional and personal goals, facilitators are encouraged to pay equal attention to both.
- If the children struggle to articulate their goals, encourage staff to acknowledge their feelings and thoughts with compassion and reassure them that it is alright to be uncertain.

SESSION 3

SEXUAL DEVELOPMENT IN ADOLESCENTS – PUBERTAL CHANGES



Session 3: Sexual Development in Adolescents - Pubertal Changes

Learning Objectives:

1. Enable understanding of the term sexual, and analyse the beliefs associated with this term that impacts conversations around sexual behaviours.
2. Enable understanding of the aims of sexuality education.
3. Enhance understanding of physical and emotional changes during puberty.
4. Bust myths surrounding puberty and body changes.

Key Messages:

1. Basic sexuality education builds respect for all parts and functions of one's body and the bodies of others. It enhances a scientific understanding of the structure and function of the human sexual and reproductive systems, and the diversity in sex, sexuality and gender identities.
2. During puberty, each person's body develops at its own pace, and it is natural to feel different from others. Some adolescents may be taller, leaner, or fuller, and any variations are normal.
3. "Every adolescent, regardless of their health, ability, shape, or form, has the right to care for their body in ways that respect their unique needs and capabilities."
4. The physical and emotional changes experienced during puberty are a normal part of growing up. These changes are unique to each person and influenced by factors such as biology, environment, nutrition, and other external conditions.

Key Concepts

Sexual[6]

The word sexual itself is misunderstood and conflated with a desire to have sex. Its origin is however, from Latin ‘sexus’, which comes from a root ‘sec’- meaning "cut" or divide. The original meaning was "**division**", which shifted to "the division between men and women, biological sex". Sex and section and segment have the same root. Later it changed to the adjective sexuālis, "**pertaining to the sexes**", as in "sexual reproduction". Over time, this adjective was associated with the act of sex through phrases like "sexual intercourse". From a biological perspective, the word sexual can be understood with the analogy to the word ‘visual’. The word ‘sexual’ refers to all those stimuli (visual, auditory, touch, smell, taste, thoughts) that cause stimulation of sexual parts of the brain, which in turn leads to certain feelings and increased blood flow and nerve sensitivity of the genitals and other parts of the body. Understood in this way, it becomes clear that humans are **sexual beings from birth until death.** They have the capacity to perceive and respond to sexual stimuli. Just as babies are visual, - they can perceive light, but not differentiate colours at birth. As they grow, their vision and colour perception develops further. Similarly, the capacity of the child to perceive and respond to sexual stimuli develops as they grow, especially during puberty.

Sexuality Education

The purpose of sexuality education is two fold: (1) to support the child and adolescent in experiencing the changes in their body, emotions and psychology with respect, without guilt or shame and (2) learn to regulate and express their sexuality responsibly: without harm to self or others and with awareness of the social norms and laws in force.

Comprehensive Sexuality Education is defined in the International technical guidance on Sexuality Education by UNESCO[7] as:

> *“a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives."*[8]

[6] 2025, Enfold Proactive Health Trust
[7] Unesco, Comprehensive Sexuality Education Q&A, May 2023. <https://www.who.int/news-room/questions-and-answers/item/comprehensive-sexuality-education>
[8] UNESCO et al, International Technical Guidance on Sexuality Education: An Evidence-Informed Approach (UNESCO 2018) 16 https://unesdoc.unesco.org/ark:/48223/pf0000260770 accessed 26 February 2025.

Puberty[9]

The phase of transition from childhood to adulthood is marked by physical and emotional changes due to hormonal effects in the body. Emotional and physical changes are similar for all sexes, they vary in onset, extent, and duration of change depending on the chromosomes, hormones, receptors, other local factors, nutritional status of the person. It is important to note here that one may experience these changes at different times during their adolescence phase. One may start noticing these changes earlier in their adolescence phase or some may experience it a little later in their adolescence phase.

Emotional changes during puberty

Some of the common emotional changes include mood swings, sense of independence, attractions, increased need for peer relationships, self consciousness, heightened sense of privacy and development of identity, including gender identity and sexual orientation.

Note to Facilitator: *Activity 2 can be used during this discussion*

Physical changes during puberty

Everyone's body develops at a different pace and it is okay to feel different from the others - taller, leaner, fuller. What matters is that one is healthy. All the changes one experiences during puberty are normal and are part of the growing up process.

Sometimes, we (adults) may have to process our own shame and embarrassment and get over it to feel comfortable to discuss pubertal changes. Debunking myths that have been part of our belief system for a long time takes time. Being open minded will help in the process. As children go through puberty, they can experience a lot of changes, which can be overwhelming, especially if one feels their physical changes are different from that of their peers. The changes are normal to each individual. Everyone is unique and different.

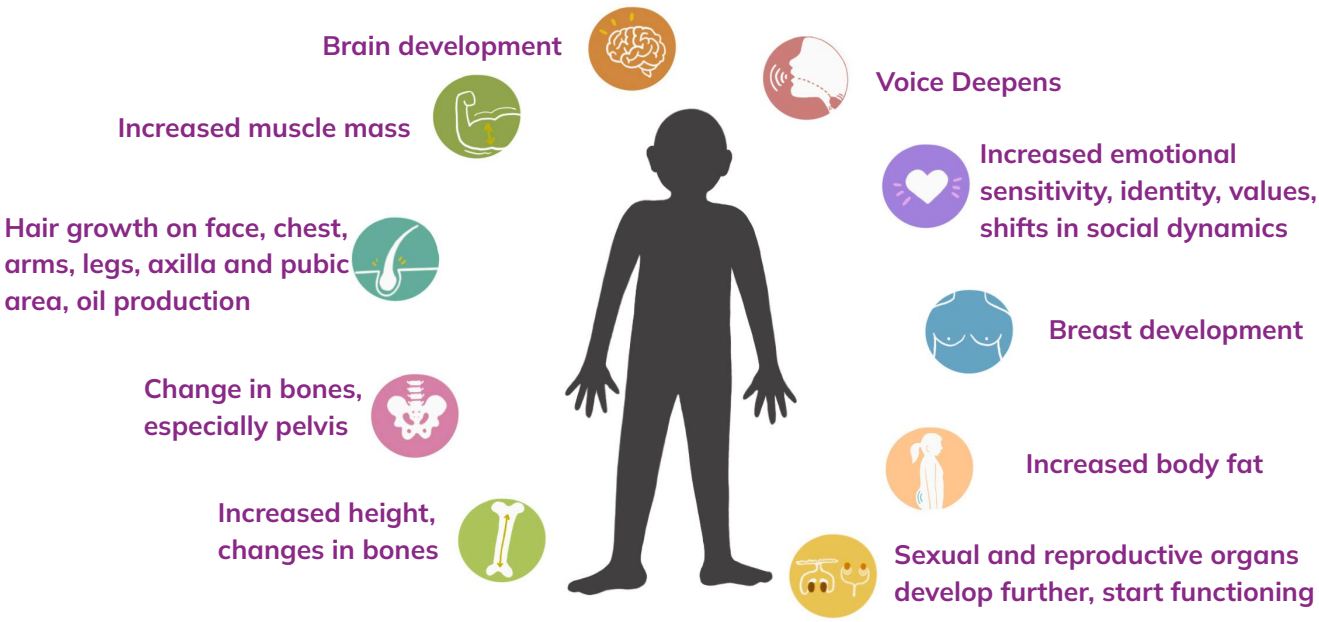
Note to Facilitator:
Explain: *We are now going to discuss the various changes that children are going through in this phase of adolescence / teenage. And it is common for adolescents to get worked up and anxious because their peers seem to be growing faster or earlier, while their body is not showing as much growth, or the other way around - oh no! my body is growing so much compared to the others!*

[9] ENFOLD PROACTIVE HEALTH TRUST. Demystifying Sexuality Reference Book, 2021 <https://enfoldindia.org/wp-content/uploads/2021/07/Demystifying-Sexuality-Reference-Book-by-Enfold-2021.pdf>

The fact is that each person's genetic disposition differs, hormones, metabolism, and various other internal processes are different for different people. That is the reason all adolescents of the same age are not the same height/weight/size/shape. In the same manner, changes that happen in the body and mind during puberty vary from person to person. Each person's body and mind are unique. Facilitators can use the flipchart to discuss physical changes as part of the growing up process.

The onset and progression of changes in secondary sexual characteristics usually occur in a sequence. Intersex variations are caused by several underlying factors (as detailed in the section on intersex) and the bodily changes would depend on the interplay of the factors unique to the individual. Intersex variation may become evident for the first-time during puberty if the 'expected' changes do not happen in a child assigned a certain sex at birth. Some secondary sexual characteristics may seem to be exaggerated, and some may not appear at all depending on the underlying factors. Transgender adolescents would experience the changes as per their bodily characteristics and this can often cause extreme distress. Adolescents would require support from the family, peers, teachers, and at times professionals, to navigate puberty in a safe and healthy manner.

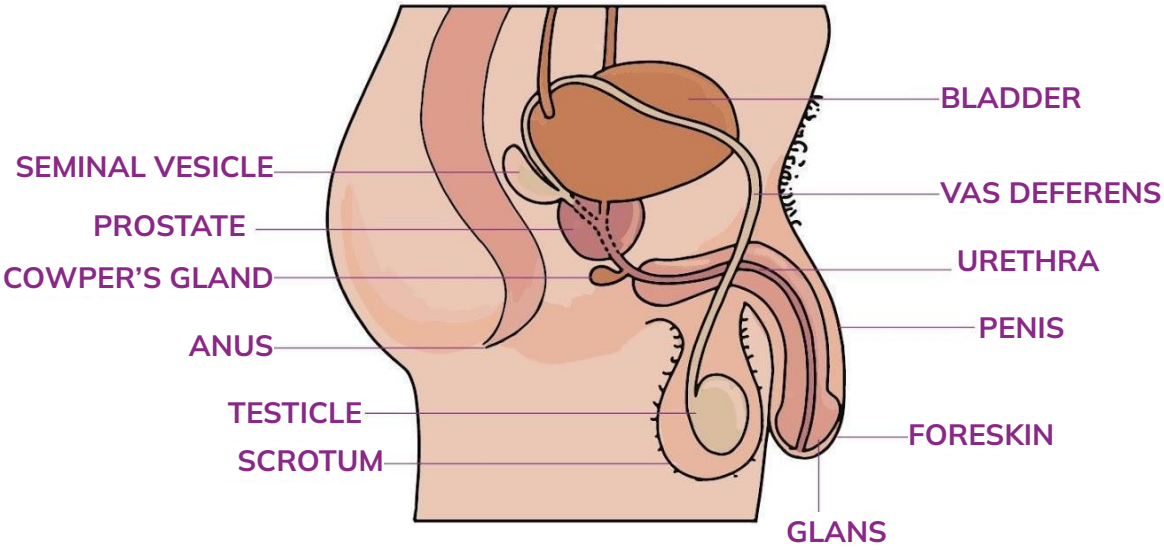
Pubertal changes are common to all sexes. Their onset, rate of change and extent of change varies between the sexes depending on the chromosomes, hormones, nutritional status and other biological factors. The changes include: Growth spurt (height increases more in males); increase in weight; muscle mass increases - more in males; fat deposition - more in females; shoulder widening - more in males; pelvis widening - more in females; voice change (voice deepens more in males); development of Adam's apple (more in males); change in body odour, acne (may occur - it is not a must during puberty); body and facial hair - (more in males); breast development (more in females); Axillary and pubic hair develops; growth of external and internal genitalia; the sexual organs begin to function.



Genitals

The sexual and reproductive organs are also called genitals. It consists of both the external and internal reproductive organs.

Parts of the male system include:



Scrotum: The sac-like structure that holds the testes. The scrotum controls the temperature of the testicles. Scrotal temperature is about 1-2 degrees centigrade below body temperature. This is ideal for producing sperm. In warm temperatures, the scrotum becomes somewhat looser and more expansive and limper to expose and cool a larger skin area. In cold weather, the scrotum contracts to conserve heat. There is a muscle in the scrotum that does this.

Testes: The testicles, which produce sperm and the hormone, testosterone, are located in a wrinkled-looking pouch called the scrotum, which hangs behind the penis. There are two testicles and they contain hundreds of thousands of chambers where sperms are produced from puberty onwards.

Penis: The penis is made up of spongy erectile tissue and has the urethra passing through it. It serves the dual function of sperm deposition as close to the egg as possible - that is the upper vagina - and to pass urine. When erect, the penis fills up with blood and can reach a size of 5-7 inches in length and an inch-and- a-half in diameter, irrespective of its size in the resting (flaccid) state.

Vas deferens: As sperms are produced, they pass through two fine tubes, each called a vas deferens. They carry the sperms to the urethra.

Seminal vesicles: These are located behind the urinary bladder and produce seminal fluid that form a large part of the semen. Their ducts join the vas deferens to form the ejaculatory duct.

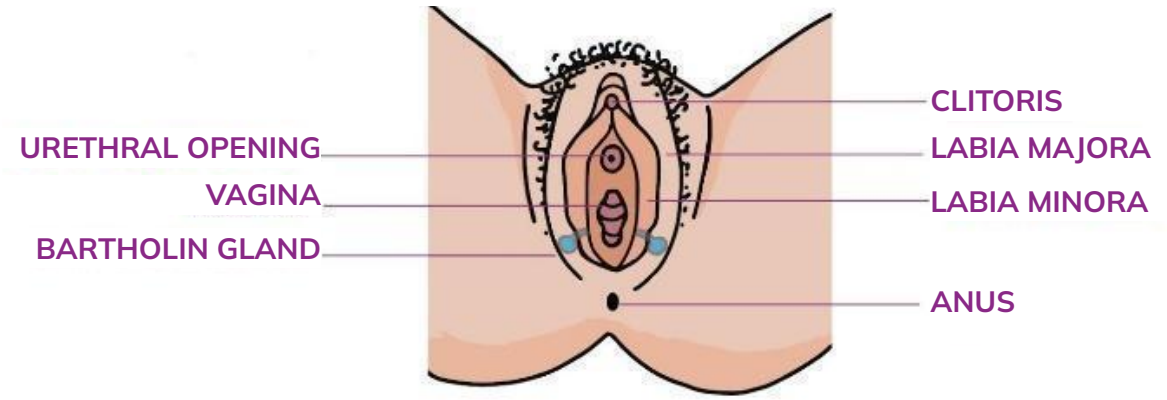
Prostate Gland: This gland is present below the urinary bladder. The ejaculatory ducts go through the prostate gland where additional fluid is added to nourish the sperm. Then the ejaculatory ducts join with the urethra.

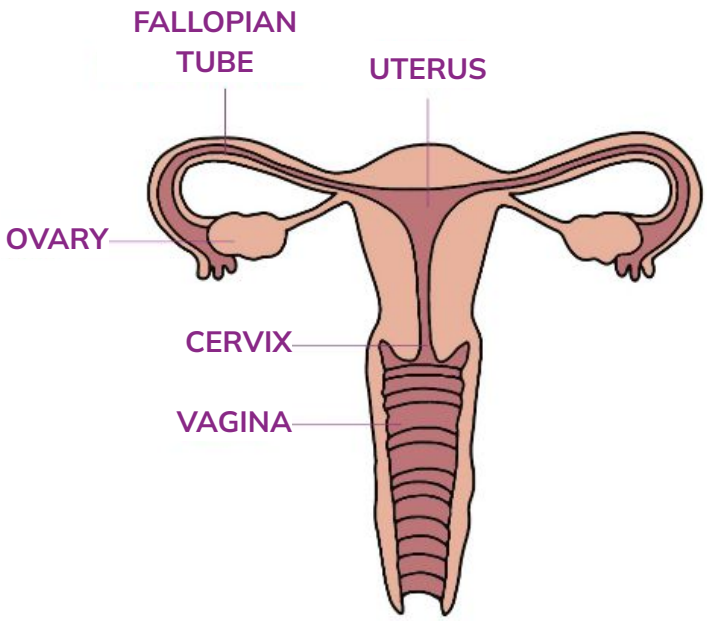
Cowper's Gland: Also called Bulbourethral glands, these are two pea-shaped glands located beneath the prostate gland at the beginning of the internal portion of the penis. They produce a clear, mucus-like slightly alkaline fluid that helps to lubricate the urethra and neutralise the acidic urine prior to ejaculation. This secretion can form up to 5% of the ejaculate and is referred to as pre-ejaculate or pre-cum. In some, sperms may leak into this fluid.

Urethra: Extends from the urinary bladder to the tip of the penis. Besides being the passage for urine, it allows passage of sperms through the penis to outside the body.

Sperms: These are the microscopic male reproductive cells. They make up less than two percent of the total ejaculated semen. They are much smaller than the egg. Each sperm has a head, a middle piece and a tail like a tadpole, and carries 22 chromosomes and either an X or a Y chromosome. If a sperm carrying an X chromosome fertilizes the ovum (which always has an X chromosome), usually a female baby develops. If a sperm carrying a Y chromosome fertilizes the ovum, usually a male baby develops.

Parts of the female reproductive system include:





Ovaries: One almond shaped ovary measuring 1cm x 2cm x 3cm is present on either side of the uterus. Each ovary contains lakhs of immature ova at the time of birth. With the onset of puberty, the ovaries begin to develop the immature ova and make estrogen and progesterone hormones under the influence of the master gland – the pituitary and hypothalamus in the brain.

Fallopian tubes: about 10cm long, narrow soft tubes stretch from the sides of the uterus to the ovary on either side. These tubes help pick up the ovum after ovulation and propel it towards the uterus. Sperms travel up from the vagina, through the cervix and uterus, to the tubes where fertilization occurs.

Uterus: The uterus, also known as the womb, is a pear-shaped muscular organ in which the fertilized egg grows and develops into a foetus. Normally, the uterus is about three-inches long and two-inches wide.

Cervix: The uterus narrows down to form the cervix - the neck - which protrudes into the upper part of the vagina. Cervix is the entrance to the uterus proper.

Vagina: The vagina is a hollow organ with elastic walls that leads up to the womb. Its walls collapse normally, but can stretch to accommodate a tampon, a penis or a full-term baby.

Clitoris: A pea-sized structure of the external genitalia (most of it is internal), covered by soft folds of skin in front of the urethra. It has an
abundant supply of nerves and blood vessels, and provides sexual pleasure.

Urethra: Behind the clitoris is the opening of the urethra, which is the passageway for urine from the bladder to the outside of the body. The opening is a few millimetres wide.

Vaginal opening: This is located behind the urethra, in the area referred to as the vulvar vestibule. This is the opening into the vagina.

Hymen: This is a thin membrane that stretches across the entrance of the vagina. It has a perforation to allow menstrual blood to flow out of the vagina. The elasticity and blood supply to the hymen varies. The shape and size of the opening in the membrane also varies from person to person, as does its elasticity or stretchability. The hymen may hardly exist in some individuals, in others it is very easily stretched.

Labia: The clitoris, the urethral opening and the vagina are surrounded by folds of soft skin - the labia minora (inner lips) and the labia majora (outer lips). Labia minora protects the vagina and urethral opening. Labia majora have hair and glands which release pheromones.

Bartholin's glands: are two pea-sized glands located on either side of the vaginal opening. Their ducts open in the space between the labia minora and the vagina. During sexual excitement, mucus secretions from these glands help in lubrication of this area and the vagina.

Wet Dreams

Wet dreams, also known as nocturnal emissions, are spontaneous orgasms that occur during sleep, typically accompanied by ejaculation in males or vaginal lubrication in females. They are a natural and normal part of sexual development and are most common during adolescence but can occur at any age. In males, wet dreams often involve ejaculation of semen, while in females, they involve vaginal lubrication and sometimes orgasm. Wet dreams are often the result of sexual arousal during dreams, though they can also happen without any sexual thoughts or dreams.

Erections

An erection is a physiological response in which the penis (in males) or clitoris (in females) fills up with blood and becomes enlarged and firm and the nerve endings become more sensitive. It is a natural response to sexual arousal or stimulation, though it can also occur spontaneously without sexual arousal, as in the case of nocturnal emission. This response can occur in various anatomical structures, such as the penis, clitoris, or other erectile tissue, depending on the individual's anatomy. The engorgement and firmness facilitate sexual activity, allowing for penetration, stimulation, or other sexual behaviors. In males, an erection typically involves the penis becoming stiff and erect, allowing for sexual intercourse or other sexual activities. In females, the clitoris can also become erect during sexual arousal, though it may not be as visually noticeable as a male erection.

Masturbation

Masturbation is a process of touching, rubbing or stroking one's own genitals for pleasure. People of all sexes and genders can masturbate. Masturbation is a common, normal and natural practice and has been observed in many non-human animals as well. Young children also rub their genitals as gentle, repeated touch to the genitals is perceived by the brain not only as touch, but also as pleasure. Sexual feelings towards another person arise as secondary sexual characteristics begin to develop with the onset of puberty. Many people manage their normal and natural sexual feelings by masturbating. Mutual masturbation is also commonly practised. Individuals touch each other's genitals and other body parts. Mutual exploration between same sex and other sexes is common and is not indicative of sexual orientation of the adolescent. STIs can be transmitted in such activities.

Menstruation

Menstruation, also known as menses or the menstrual period, is the regular monthly process where blood and tissue are shed from the inner lining of the uterus (womb). It usually signals the absence of a pregnancy. This shedding typically lasts 3 to 5 days, during which menstrual blood and tissue exit the uterus through the cervix and are expelled from the body through the vagina. Menstruation usually occurs approximately every 28 days, except during pregnancy, and its duration and frequency can vary from individual to individual. It typically commences during puberty and ceases at menopause.[10]

Myths around menstruation, some of them are mentioned below:

1. Blood is impure
2. Not allowed to go to religious places
3. Utensils should not be touched
4. Body is impure and bad
5. Plants will die if touched
6. Not allowed to go to the kitchen and cook food
7. Not allowed to eat pickles and sour items
8. Not allowed to touch babies
9. Not allowed to let hair flow freely
10. Compulsory to wash hair everyday

[10] NCI Dictionaries, https://www.cancer.gov/publications/dictionaries/cancer-terms/def/menstruation

Note to Facilitator: *Please explain the process of menstruation. In case the facilitator is facilitating a session with only women participants, you can add myths to be considered:*

Myths related to girls during puberty

1. *Eating certain foods like spicy or sour foods can delay or accelerate puberty.*
2. *Girls should not engage in physical activities like sports or exercise during menstruation as it can negatively impact their health.*
3. *Menstruating girls or women are impure and should not participate in religious or social activities during their periods.*
4. *Early marriage can accelerate puberty in girls.*
5. *Puberty ends once physical changes stop.*

Many of the myths regarding menstruation are extremely deep rooted and participants find it linked to their religious beliefs. When debunking these myths, ensure sensitivity and respect is maintained. Please also be prepared that many participants will find you wrong for trying to change their ways and not accept anything you are saying. Find ways to manage the tensions in the room by reiterating the values of respect or understanding. This may also require an activity to pause the arguments should any arise. A fun game can be used here.

Myths related to boys during puberty. In case the facilitator is facilitating a session with men, you can add

1. *Boys should not talk openly about puberty-related changes or seek information about reproductive health.*
2. *Masturbation is a sin.*
3. *Masturbation leads to loss of masculinity and infertility.*
4. *The length of the penis depends on the length of the palm and feet.*
5. *Masturbating multiple times a day increases life span.*
6. *A male who cannot masturbate is not a man.*
7. *Masturbation causes pimples.*
8. *One drop of semen is equal to 40 drops of blood - masturbation leads to weakness.*

General myths around puberty

1. *Puberty is a taboo topic that should not be openly discussed, especially within families.*
2. *You can "catch up" on growth spurts if you start puberty later.*
3. *Masturbation is harmful or abnormal during puberty.*
4. *Puberty is just about physical changes.*
5. *Acne is only a problem for teenagers.*
6. *Puberty happens at the same age for everyone.*

Session Plan

Opening: Guided Meditation
Find a comfortable position, either sitting or standing. Close your eyes if you feel comfortable doing so, or you can softly look down at the ground. Let's take a moment to just relax and focus on our breath.

Now, let's begin by taking a deep breath in through our nose.
Inhale deeply... (pause). And slowly exhale through your mouth. Exhale slowly... (pause). As you breathe in, imagine you're filling your body with calm, peaceful energy. As you breathe out, imagine letting go of any stress or worries. Now, take one more deep breath in... Inhale deeply... (pause)

And slowly exhale out...Exhale slowly... (pause)When you're ready, gently open your eyes and come back to the room. You can bring this calm feeling with you as we continue.

Talking Piece and Check-in: Explain about the talking piece. Refer to Annexure 1.

Check-in: How are you feeling now? Through using your body and expression, show us how you are feeling?

Community Building Question: When you were an adolescent, what is one question you had about puberty?

Circle Guidelines: Explain the four circle guidelines - Speak from the heart, Listen from the heart, No need to rehearse, Without feeling rushed, say just enough. Refer to Annexure 1.

Values: Reiterate values same as in Session 1. Ask participants if they would like to add or remove any Value, and have a discussion regarding the same. If everyone is comfortable with the Values co-created, ask for visible/verbal consensus.

Activities-related notes to facilitators:

- *The participants are CCI staff (mixed gender).*
- *Encourage participants to use their life experience as an adolescent to answer these questions.*
- *Encourage the participants to speak openly and also create space for them to express their hesitations or discomfort (if any).*
- *Chart, paper, pencils to be distributed for participants as needed for various activities.*

Activity 1 (Question based):

Step 1: Hand out the activity sheet of "outline of human body". Ask the participants to name (label) as many body parts as they can.

Step 2: Check how many of them have named the parts of the reproductive system. Discuss shame and guilt surrounding the genitals and that when we as adults are comfortable using these names, children will also feel comfortable.

Activity 2 (This activity can be done if there is more time at hand):

Step 1: Read the sentences mentioned below. Participants raise hands for the sentences they feel are true for adolescents. (Alternately, the facilitator will ask everyone to gather in a circle and take a moment to remember their adolescence. They will then read the following statements and ask anyone who resonates with them to step into the circle.)

1. Sometimes I feel that adults don't understand me.
2. As I am growing up, I can notice some new changes in my body.
3. I feel sad and embarrassed when other kids pass comments about me.
4. I sometimes feel confused about things and don't know whom to talk to.
5. At times I wish I looked more attractive - thinner, taller or better than now.
6. I sometimes find it difficult to say 'no' to my friends, even if I don't agree with them.
7. When I lose my temper, I hit people or break things.
8. I feel curious about the various sexes and how their bodies work.
9. It feels nice when someone compliments me.
10. I find it more comfortable to share my feelings with my friends than grownups.
11. I find myself feeling conscious and curious about my body.

Step 2:

1. Form two groups of participants and assign the following question one for each group.
2. What are some emotional changes that can be experienced or observed during adolescent age?
3. What are some emotional changes that the participants experienced during their adolescent years?

Step 3: Group discussion

1. Discuss the changes in the mental and emotional state of children as they grow into an adult.
2. The facilitator can explain this by explaining puberty, pubertal changes, adolescence and how children can manage it. Ensuring that these physical and emotional changes are normal is key.
3. Based on their sharing you can add or discuss attractions, anger, scared/anxious, we can avoid comparing our bodies with anyone, sense of independence (character/identity formation), peer group vitality.
4. Discuss how the CCI staff will impart this knowledge to children.

Activity 3 (Question based):

Step 1:

Form two groups of participants and assign the following question one for each group.

1. Are there any noticeable changes in an adolescent's physical appearance as compared to when they were under 8 years old?
2. What physical changes can be observed when comparing one's adolescent self to someone older?

Step 2 : Group Discussion

1. Discuss the physical changes during adolescence and how it is normal. Please make a note that this prompt is asked to understand the experiences when children compare themselves with others who are adults.
2. Discuss how the changes are similar in all sexes, but differ in onset, extent and duration - resulting in unique bodies.

Activity 4 (Question based):

Step 1: Please share one myth / belief / norm about puberty that you may have heard or experienced while growing up. How has it made you feel and did you do anything?

Step 2: **Group Discussion**

- Discuss some of the region specific myths of puberty based on one's gender.
- Discuss if the myths do not have any scientific explanation. However, since it is a social and cultural norm to follow, many groups and communities continue to follow it.
- Bring out the point that each person is entitled to their belief, but they should not impose it on anyone else and also, if their beliefs deny people equality and rights, then such beliefs can cause problems. Since we choose what to believe (there is no absolute TRUTH as such), we can choose empowering beliefs about our bodies and our own selves. Also, our beliefs and behaviour need to be in sync - if they are not, then there can be internal turmoil.
- Both - belief and behaviour - can be changed. Ask the participants to share about a belief or a behaviour they changed and how.

Activity 5 (Question based):

Ask participants: Why do you think these changes happen?

Popcorn Format : In the group - from a male bodied individual perspective, explain the basic parts of male reproductive system, erections, wet dreams and masturbation and for the female bodied individual perspective, explain the menstruation process, menstrual products, masturbation, white discharge.

Affirmation:
Encourage participants to promote affirming statements and behaviors that empower all children:

1. My body has been crafted by nature. I can take care of it.
2. My body allows me to experience life. It helps me create. I respect my body.

Reflection Question:

1. What is the one thing you will focus on for your health?
2. What impact can body shaming and negative talk have on the children in your institution?

Check-out: Personal Reflection and Takeaways
At the end of the session, ask participants:

1. How are you feeling about the activities today?
2. What can you implement in your work with children based on this session?
3. What further assistance do you need on this topic to better support the children in your care?

Participants can reflect on how they can create a supportive environment in their child care institution, where every child can get the support with the changes happening to them during adolescence.

Closing:

Balloon Activity: Blow a balloon as big as you can. Now throw it in the air, and as the facilitator calls each body part, touch the balloon with only that part of the body. Example: Now only use your hands. Now your feet. Now your shoulder. Etc. The objective is to ensure that the balloon does not touch the ground.

Play the video below:
Ovulation and Menstrual Cycle
https://www.youtube.com/watch?v=42WIByexiXc

Fertilization- medical animation
https://www.youtube.com/watch?v=u0y2Wvc0Jm0

SESSION 4

UNDERSTANDING SEXUALITY WITH RESPONSIBILITY, RESPECT AND SUPPORT



Session 4: Understanding Sexuality With Responsibility, Respect and Support

Learning Objectives:

1. Strengthen participants' knowledge and skills necessary to effectively discuss these concepts with the children in their care and clarify adolescents' questions about puberty, their experiences, and anxieties.
2. Normalize the understanding of sexual and reproductive functions and experiences (that include masturbation, watching pornography, consuming content that is sexually explicit)

Key Messages:

1. In many societies, including Indian society, there is a deep-seated discomfort around the topic of sexuality, sexual behaviours and sexual violence. It is important to recognise this and work to understand and alter beliefs and attitudes that come in the way of providing support and upholding children's right to information about their bodies, safety, dignity and justice.
2. Experiencing sexual pleasure is a natural part of human development. Masturbation is one way individuals may respond to sexual urges, and it carries no inherent harm. However, choosing not to engage in it is also completely normal. There is no absolute right or wrong—context matters, including when, where, with whom, and why certain actions are taken. Privacy, maintaining dignity and being safe are important when engaging in a sexual activity.
3. Watching pornography may stem from curiosity or serve as a pastime. However, individuals can be mindful and responsible to ensure it does not become a habit. If it begins to interfere with well-being, seeking support can be beneficial. Excessive consumption may contribute to unrealistic body expectations, distorted views on sexuality, and unhealthy beliefs about relationships.
4. Seeking guidance from trusted adults can provide clarity on these topics. Open conversations can help adolescents better understand their experiences.

Key Concepts

Attraction and sexual activities:
Acknowledge that this may happen as one enters puberty. These feelings may arise now, but continue to be experienced into adulthood and elder years as well. All feelings are fine and can be acknowledged. However, acting on these feelings needs to be with awareness of possible consequences - emotional, physical (pregnancy, sexually transmitted infections, etc), social as well as legal. As per the POCSO Act no one under 18 years of age can give consent for any sexual activity - even if it is with a person of their own age, and both parties are willing. The surge of sex hormones in early adolescence generates sexual and romantic interests and attractions. Adolescents may be tempted to engage in some forms of physical intimacy like holding hands with romantic partners, kissing or fondling. A way to manage the attraction is to accept that it exists. One may or may not take any further action. Sexual desires can be managed by a person by masturbation - it is not necessary to have sex with another person. Sexuality and sexual feelings will exist well into adulthood and into older years - so it is not necessary for an adolescent to act on all these feelings and get into sexual activities with another person. Like any other action - like driving a vehicle - a person can choose to do these actions with responsibility and accountability, make informed choices knowing about the consequences, and one's ability to handle the consequences without causing harm to oneself or others.

Masturbation
Many people manage their sexual feelings by masturbating. Different people have different sexual needs. Different people masturbate to different extents, and some may not masturbate at all. Since no other person is involved in self-stimulation, there is no risk of HIV/STI or pregnancy. It does not result in weakness, infertility, pimples etc. Semen is a natural body fluid like saliva or tears - just with a different function. Contrary to common misconceptions, semen is not the equivalent to any amount of blood and ejaculating semen does not amount to any loss of blood. Some individuals may engage in mutual masturbation. STIs can be transmitted in such activities. As with all sexual acts, the first and paramount step in any sexual activity that involves another person, is **consent**. As per the POCSO Act, no person under 18 years of age can give consent for any form of sexual activity.

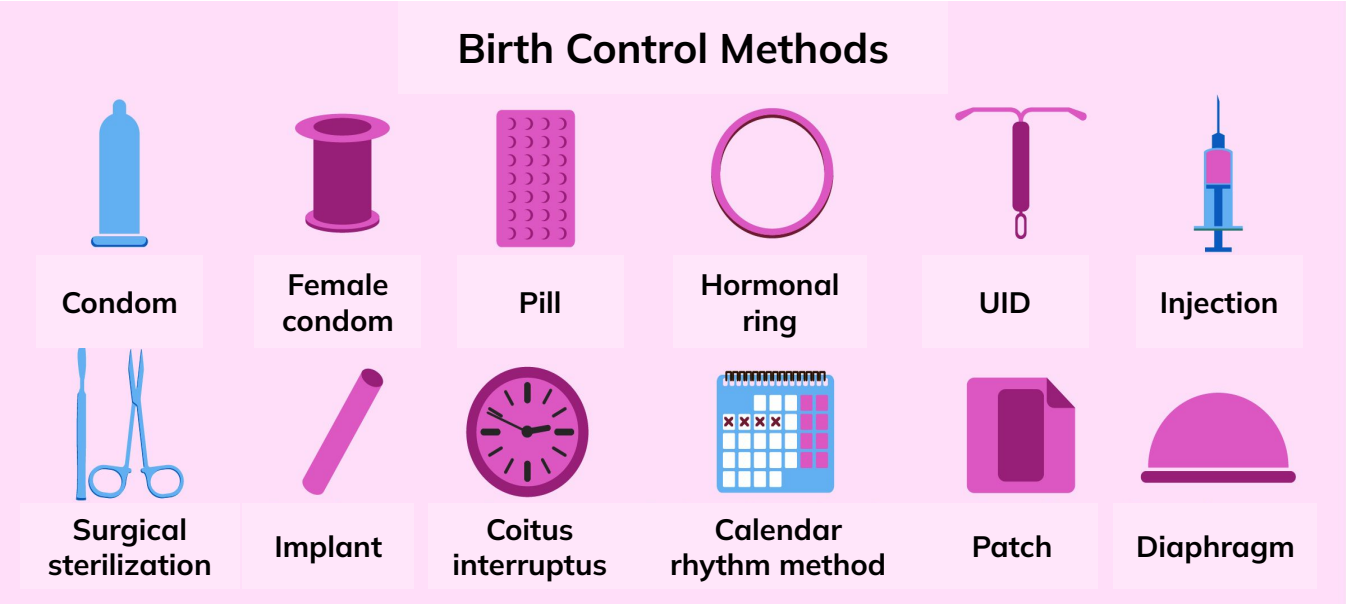
Privacy
It is 'the state of being alone and not watched or disturbed by other people'. By 5–6 years of age children begin to seek privacy, and become more modest (propriety in dress or behavior - Oxford English Dictionary) and prefer to bathe and dress in private. Caregivers can respect their wishes without disregarding or making fun of them. Between 6-9 years of age, children's sense of privacy and modesty continues to develop along with curiosity about the parts of the body that are kept covered with clothes - the private parts - adult bodies and physical differences between sexes. Children try to peek and catch a glimpse of people while they are bathing or undressing. Socio-sexual play among peers may also continue. Interest in sexual activity and masturbation increases, but as the sense of modesty develops, children take better care to ensure they won't be seen by others while exploring their own bodies or bathing or dressing.

With the onset of puberty, the sense of modesty and their desire for privacy heightens and continues during adolescence. Adults typically regard their sexual activities as private for a variety of reasons. While human concepts of sex in private as acceptable and those in public as condemnable or shameful can be the result of social constructs and learnt emotions like shame, Darwin (1872) stated that this sense of 'shame' - modesty and feeling shy - arose from a more primitive feeling of wanting and seeking cover for safety. According to MacCurdy (1930), humans preferred sex in privacy as rapid self-defence is not possible during sexual intercourse. Sexual jealousy may also play a role (Malinowski -1927). In 2017, the Supreme Court of India in K.S. Puttaswamy v. Union of India[11] established privacy as a fundamental right under Article 21 of the Constitution. This ruling paved the way for the decriminalisation of same-sex relationships in Navtej Singh Johar vs. Union of India,[12] which also recognised sexual orientation as an integral part of privacy. The Supreme Court emphasised that privacy is a vital aspect of human dignity and personal intimacies such as marriage, children, family, and one's sexual orientation are core elements of an individual's dignity.

Note on contraceptives and STIs[13]
Using contraceptives is a good way to prevent unwanted pregnancies and the spread of STDs. If questions on contraceptives, HIV, STIs come up, answer them factually in words that the participants can comprehend.

What is a contraceptive?

A contraceptive is a device or method or drug that prevents conception (pregnancy).



[11] Justice K.S. Puttaswamy Vs. Union Of India, (2017) 10 SCC 1
[12] Navtej Singh Johar & Ors. vs. Union of India, 2018 INSC 790
[13] How well contraception works at preventing pregnancy <.https://www.nhs.uk/contraception/choosing-contraception/how-well-it-works-at-preventing-pregnancy/>

Various types of contraceptives are:

- **Condom:** It is a contraceptive device made of latex. It is of two types - one used to cover the penis and the other is inserted into the vagina. It has a failure rate of about 8-10 pregnancies per 100 women in one year. Since the condom prevents direct exchange of bodily fluids between partners during a penetrative sexual act, using it also reduces the risk of HIV transmission and other STDs by 70%.
- **Copper-T or IUCD:** It is a contraceptive device placed in the uterus. It makes the uterine lining unsuitable for implantation. The failure rate is about 1 pregnancy per 100 women in one year.
- **Oral Contraceptive Pills (OCP):** These are tablets which prevent the development of ova in the ovaries. The failure rate is about 6 pregnancies per 100 women in one year in typical usage, though with diligent use, it can be much lower. These are meant to be taken after medical consultation.
- **Emergency Contraception:** These pills contain a very high dosage of hormones aimed at preventing the fertilized egg from implanting in the uterine lining. These should be taken as soon as possible (within 72 hours) after unprotected sex. EC failure rate is 0.5% to 48% depending on the time of intake. It is not meant for repeated or long-term use since their long term effects haven't been studied too well. If there is reason to use contraception on a long-term/repeated basis, then the person can take daily OC pills or follow some other regular method of contraception
- **Safe Period:** It is a method of calculating what days in one's menstrual cycle are 'safe' and is based on previous period dates. Generally, in a 28-day cycle, the first and last 7 days of the cycle are considered safe and the middle 14 days are considered unsafe. The failure rate is as high as 19 per hundred women in one year.

Sexually Transmitted Infections

STIs include Chlamydia, Gonorrhea, Syphilis, HIV, Genital herpes, Hepatitis B, Human papillomavirus (HPV), etc. Many cause ulcers, blisters, rashes in the genital area, discharge from the genitals, painful or burning urination, pain during sexual intercourse, or pain or pressure in the lower abdomen or pelvic area to name a few. Sometimes, there are no symptoms but the infection is still there.

What is HIV? What is AIDS?

HIV stands for Human Immunodeficiency Virus. It is a virus which attacks the human immune system. For many years, this virus can live in the body without the person becoming ill or showing any symptoms. During this time however, the virus remains in the body damaging the immune system and the person is infectious; is able to spread the infection to others if precautions are not followed. Over a period of time, HIV can damage the immune system to such an extent that various infections can start to occur. When this happens, it is called AIDS or Acquired Immune Deficiency Syndrome. The person's immune system is unable to fight off infections and other diseases.

How does HIV get transmitted?

HIV is found in the semen, blood, vaginal fluids and breast milk. Infection can occur when body fluids from an infected person enter the bloodstream or lymphatic system of another person. The most common methods of transmission of HIV are: unprotected sex with an infected partner, blood transfusion from an infected person to a healthy person and sharing of needles with an infected person.

What are the myths about HIV or how it does not get transmitted?

HIV does not get transmitted by: coughing, hugging, sneezing, spitting, shaking hands, crying, sharing clothes or plates, spoons, vessels, sharing bathrooms or toilets or by mosquitoes.

Pornography

Printed or visual material containing explicit descriptions or display of sexual organs or activity, intended to stimulate sexual excitement.[14]

- Watching pornography may be out of curiosity or as a pastime. One can be responsible and mindful and not let it become an addiction - in which case support can be sought.
- Pornography, while pleasurable or interesting, might create unhealthy attitudes towards sexuality, unrealistic body images and unrealistic and unhealthy conceptions of sex.

Section 2(da) of the Protection of Children from Sexual Offences Act, 2012, ""child pornography" means any visual depiction of sexually explicit conduct involving a child which include photograph, video, digital or computer generated image indistinguishable from an actual child and image created, adapted, or modified, but appear to depict a child." Pornography is the portrayal of sexual subject matter for the purpose of sexual pleasure. Such visuals depict people in sexual poses and acts. People may watch porn because they are curious about how sex happens (as most people find it difficult to talk about it, it is considered a taboo subject). Youngsters may be scared that if they ask their elders they might get scolded and some may be concerned about how others will judge them. Some people watch pornography because they feel pleasure watching it, others watch porn to learn about sex, some may watch it as entertainment. During puberty, curiosity about sexual behaviour increases and children begin seeking out sexual content in media (television, movies, games, music, magazines, internet). Adolescents use the internet to ask questions about sexual topics, exchange information with peers about sexuality, and explore their emerging sexuality (Subrahmanyam, Greenfield, & Tynes, 2004; Suzuki & Calzo, 2004). Unfortunately, the internet can be an unhealthy, and even dangerous, sex educator.

Watching pornography may start off out of curiosity, and may make the viewer feel hooked to it. Videos and pictures like these are meant to have the viewer keep coming back for more. Sometimes, without the awareness of a person, they can get addicted to watching pornographic pictures and videos - they may feel anxious if they don't get to watch them on a regular basis, they may feel distracted when they are doing other tasks and end up doing that task in a shoddy way (they may neglect their studies/time with friends/sports/family time to watch pornography), they may feel bored watching the same kind of stuff and keep looking for newer pornographic content.

[14] ENFOLD PROACTIVE HEALTH TRUST. Demystifying Sexuality Reference Book, 2021 <https://enfoldindia.org/wp-content/uploads/2021/07/Demystifying-Sexuality-Reference-Book-by-Enfold-2021.pdf>

When this happens to adolescents (and adults), they may feel ashamed or guilty about it and try to keep it a secret from others - even though they may genuinely want to get out of the addiction - as they wouldn't want to be judged. However, sometimes, it becomes difficult to do so by oneself. In such cases, it is okay to ask for help from trusted, safe adults or from professional helplines for such causes. One should make up their mind to overcome their hesitation and reach out for help. There is nothing shameful about it - in fact, it is a positive, healthy thing that one wants to get over their addiction.

Seeking and watching these kinds of images and videos can also be problematic, and can end up giving people a skewed idea about different genders, the act of sex, and their own bodies. The visuals are shot in unrealistic ways - using camera angles and multiple shots/takes so as to get the most alluring content. For someone who is a casual viewer, they may believe that that is how sex has to be for them, that sexual acts like those depicted are normal and exciting (which sometimes may be and sometimes may be harmful), that if they do not look like the people in these pictures, there is something lacking in them and so on.

The pornographic industry is also an exploitative one[15] (explain this - an industry that makes use of the helplessness, vulnerability of people) and is sometimes made using people and sometimes even children who are forced into the work. Many of these actors may be doing this because they are poor and this is the only source of income for them and their families, or they are in other difficult circumstances where they can't find other jobs, and children may be trafficked to be forced to make these videos.
This is one other reason we may want to discourage watching porn till we can make better judgments of how the material is made and made accessible to watch. With the widespread availability of explicit content online, often depicting unrealistic and potentially harmful portrayals of sex and relationships, just discouraging it will not work.

A systematic review conducted by Pathmendra, et al (2023)[16] found a significant relationship between exposure to pornography and an earlier initiation of sexual intercourse. Though the evidence for other sexual behaviours such as condomless sex, group sex, aggressive behaviour during sexual activities etc., were inconsistent, the review suggests a potential link between the two aforementioned variables. The review also advocates evidence-based sex education programs which is congruent with the studies conducted by Stephanie Pappas (2021)[17] and Goldschmidt-Gjerlow, et al (2025)[18] who talk about porn literacy programs and integration of discussions on pornography and human rights education within the curriculum respectively.

[15] ENFOLD PROACTIVE HEALTH TRUST. Demystifying Sexuality Reference Book, 2021 <https://enfoldindia.org/wp-content/uploads/2021/07/Demystifying-Sexuality-Reference-Book-by-Enfold-2021.pdf>
[16] Pranujan Pathmendra , Michelle Raggatt, Megan SC Lim, Jennifer L Marino , S Rachel Skinner 2023, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10015350/>
[17] Stephanie Pappas, 2021 <https://www.apa.org/monitor/2021/03/teaching-porn-literacy>
[18] Beate Goldschmidt-Gjerløw <https://www.tandfonline.com/doi/full/10.1080/25355406.2025.2452122?src=#d1e142>

These initiatives can equip young individuals with the knowledge and skills to navigate and critically assess explicit content. By doing so, it aims to foster informed decision-making and promote the protection of children's rights in the digital age.

Education for children and young people

Based on the research *On the effect of Pornography on children and young adults,*[19] *a focused conversation by caregivers* , teachers on the following areas can make a significant impact on reducing potential compulsive viewing of Pornnographic content.

The report defines pornography as a tool that communicates and shapes gender norms, particularly when it includes violence against women It suggests that caregivers/teachers facilitate discussions with children on key issues, including:

- Gender Dynamics & Power Imbalance: Increased male aggression, expectation for women to appear pleased, and pressure on women to satisfy men.
- Influence on Perceptions & Relationships: The belief that pornography reflects real-life sexual interactions and shapes men's expectations of intimacy.
- Coercion & Manipulation: Emotional manipulation, forced exposure via texting or social media, and lack of consent in discussions.
- Impact on Youth & Education: Normalization of extreme acts, misrepresentation of pleasure, early exposure before quality sex education, and effects on younger children.
- Predominant Male Consumption: The widespread use of pornography by men and boys.

This framework encourages critical discussions about the impact of pornography on relationships, consent, and sexual norms.

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[19] Australian Institute of Family Studies, 2017 <https://aifs.gov.au/sites/default/files/publication-documents/rr_the_effects_of_pornography_on_children_and_young_people_1_0.pdf>

Session Plan

Opening: Dance Movement
Stand in a big circle and find enough space to spread your arms. Come down to your hands and knees. Now imagine you are a small bird just hatched from an egg. Make your movements small. How is the bird reacting to the new environment? Now slowly raise your knees off the ground and begin to duck-walk around, slowly flapping your tiny wings. Now raise yourselves a little higher. Move your head in a pecking motion, like you are looking for food. Flap your wings a little bigger. Now stand a little taller, still walking around, pecking more, and your wings are getting bigger. Now you are a full-grown bird. Make your wings really large. Flap them stronger and stronger. Now break away from the Circle and go anywhere in the room. Slowly start returning to the Circle. Keep flapping till your wings are tired. The sun is setting outside, and the bird must now rest. Slow down the flapping. Slow down your breath. Slowly melt to the ground and wrap your wings around you. Sit in silence for 2 minutes with your eyes closed, or lowered, as you notice your breath and body. Try and bring your focus back to this space. And when you are ready, you may open your eyes.

Talking Piece and Check-in: Explain about the talking piece. Refer to Annexure 1.

Check-in: How are you feeling now? Through using your body and expression, show us how you are feeling?

Community Building Question: Name 1 or 2 of your hobbies. What made you choose them? Or What is one myth about how babies are born that you believed as a child?

Circle Guidelines: Explain the four circle guidelines -

1. Speak from the heart
2. Listen from the heart
3. No need to rehearse
4. Without feeling rushed, say just enough.

Refer to Annexure 1.

Values: Reiterate values same as in Session 1. Ask participants if they would like to add or remove any Value, and have a discussion regarding the same. If everyone is comfortable with the Values co-created, ask for visible/verbal consensus.

Activities-related notes to facilitators:

1. *The participants are CCI staff (mixed gender).*
2. *Encourage participants to use their life experience as an adolescent to answer these questions.*
3. *Encourage the participants to speak openly and also create space for them to express their hesitations or discomfort (if any).*
4. *Chart, paper, pencils to be distributed for participants as needed for various activities.*

Activity 1 (Question based):

Step 1: Ask participants to share anecdotes related to attraction and sexual activities during their adolescent years.

Note to Facilitator: *Based on the response, encourage participants to talk about contraception, abortion and sexually transmitted infections, discuss the safety aspects and the legal age of marriage with the adolescents in their care.*

Activity 2 (Question based):

Step 1:
Ask: Will sexuality education lead adolescents to engage in sexual activity?

Discuss: It's a common misconception that providing sexuality education to adolescents will encourage them to engage in sexual activity. Research, however, consistently shows the opposite is true. Rather than promoting sexual behavior, comprehensive sexuality education equips young people with the knowledge and skills needed to make informed and responsible decisions about their health and relationships. By learning about topics such as consent, contraception, safe sex practices, and the emotional aspects of relationships, adolescents are better prepared to navigate potential situations. This education doesn't pressure them into having sex, but instead empowers them to understand their own bodies and rights, helping them to delay sexual initiation and practice safer behaviors when they do become sexually active.

Activity 3 (Question based):

Step 1: What is pornography? Why do people watch it? What are the effects of watching pornography?

Discuss: If a person watches too much pornography, it may lead to addiction. The person may neglect studies/ time with friends/ sports/ family time to watch pornography. It could influence their behaviour as well. Watching porn can become a habit. People begin to watch more hard core porn. It also urges a person to act out what they have seen – they may sexually abuse someone. All this can result in harm to themselves or another person.
If the person cannot switch off the pornographic movie as planned, then it could mean that the person is addicted to it. If someone decided that they would watch porn for half an hour, but is not able to switch it off after 30 minutes, then it means that the person is no longer in control, the porn is controlling them.

Step 2: How do we manage this?

Discuss: Playing outdoor sports/ running/ jogging helps to channelize this energy in a way that is not harmful, taking professional help to deal with the compulsive habit.
Caregivers and School associations to encourage critical discussions with children about the impact of pornography on relationships, consent, and sexual norms. Provide knowledge and skills to navigate and critically assess explicit porn content. Make informed decisions about what they watch, what rights are being violated (Facilitator to refer to the Key concepts section for the key issues to be discussed.)

Activity 4:

Step 1: Prompt questions on Contraceptives and STI (Discuss with participants.
How to answer questions on contraceptives, HIV, STIs factually in words that the children can comprehend. The answers to these are in the facilitator content above on STI. Please refer to that.

Ask:

- What is a contraceptive?
- What are various types of contraceptives ?
- What is STI? What is HIV? AIDS?

Step 2 : Group discussion
Brainstorm how the CCI staff can effectively convey this knowledge to children, focusing on the key do’s and don'ts to emphasize.

Affirmation:
Encourage participants to promote affirming statements and behaviors that empower all children:

- I embrace the changes in my body with confidence, knowing that puberty is a natural and normal part of growing up.

Reflection Question:

1. What is the one thing you will focus on for your health?
2. What impact can body shaming and negative talk can have on the children in your institution?

Check-out: Personal Reflection and Takeaways
At the end of the session, ask participants:

- How are you feeling about the activities today?
- What can you implement in your work with children based on this session?
- What further assistance do you need on this topic to better support the children in your care?

Participants can reflect on how they can create a supportive environment in their child care institution, where every child can get the support with the changes happening to them during adolescence.

Closing:
Announcing the End of Period Taboos
https://www.youtube.com/watch?v=jb4sjCmyfe0



Keep Girls In School (Hindi)
https://www.youtube.com/watch?v=oLTlfPgmuXI



Tips for Facilitation

- Facilitators may have to process our own shame and embarrassment and get over it to feel comfortable to discuss it.
- When debunking these myths, ensure sensitivity and respect are maintained.
- Visual aids like charts and videos are extremely beneficial for this session.

SESSION 5

GENDER SENSITIVITY



Session 5: Gender Sensitivity

Learning Objectives:

1. Enable participants to understand gender, gender identities, and gender based violence.

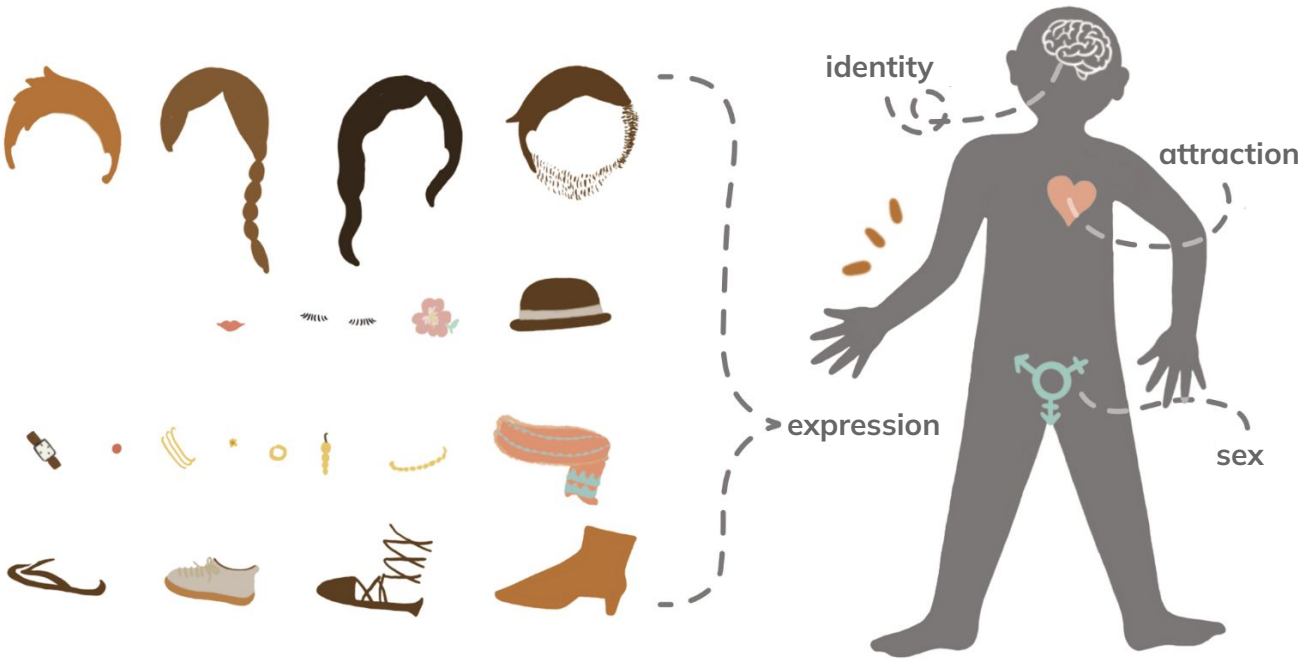
Key Messages:

1. Each one of us is equally human.
2. Gender identity should not restrict the expression and use of all of one's human qualities, feelings, and intelligences.

Key Concepts

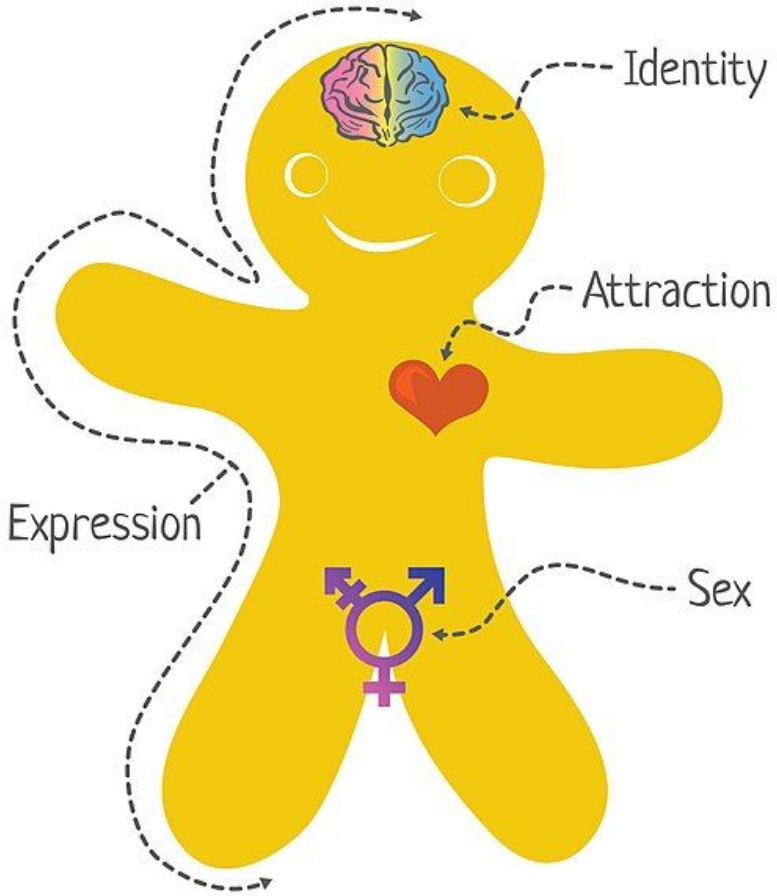
Sex

Sex refers to the biological attributes that distinguish male, female, and intersex individuals (e.g., reproductive organs, chromosomes).



The Genderbread Person v4

by it's pronounced METROsexual .com



⊘ means a lack of what's on the right side

Gender Identity
- ⊘ → Woman-ness
- ⊘ → Man-ness

Gender Expression
- ⊘ → Femininity
- ⊘ → Masculinity

Anatomical Sex
- ⊘ → Female-ness
- ⊘ → Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
☐ Female ☐ Intersex ☐ Male

Sexually Attracted to... and/or (a/o)
- ⊘ → Women a/o Feminine a/o Female People
- ⊘ → Men a/o Masculine a/o Male People

Romantically Attracted to...
- ⊘ → Women a/o Feminine a/o Female People
- ⊘ → Men a/o Masculine a/o Male People

Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at www.genderbread.org

Intersex

The term intersex refers to people who are born with sex characteristics that, according to the Office of the United Nations High Commissioner for Human Rights, "do not fit typical binary notions of male or female bodies". Intersex Human Rights Australia (IHRA)[20] defines sex characteristics as “physical features relating to sex, including chromosomes, genitals, gonads, hormones, and other reproductive anatomy, and secondary features that emerge from puberty.” As such, intersex is a category based on sex characteristics (and not gender).

Experts estimate that up to 1.7 percent of the population are born with intersex traits.[21] Intersex people may have any gender identity or sexual orientation.For example, an intersex person (sex characteristics), may identify as a man (gender identity) and as heterosexual (sexual orientation).

Intersex people are often subjected to medical interventions including surgeries in early childhood. Some medical interventions on infants may be necessary for their health, for instance, in cases where the infant has an inability to urinate. However, many medical interventions including surgeries on intersex infants and children or adolescents are done for the sole purpose of gender assignment. Such surgeries and interventions reflect and fulfill more of a societal need, rather than a need felt by intersex individuals themselves. In S. Amutha vs. C. Manivanna Bhupathy,[22] the Madras High Court recognised that consent of the parent cannot be considered as consent of the child, and in NALSA[23] the Supreme Court held that for legal recognition of identity, no one shall be forced to undergo medical procedures. Following these rulings, in 2019, in Arunkumar & Sreeja vs. The Inspector General of Registration[24] the Madras High Court delivered a Government Order (GO) as part of the judgment that banned Sex Reassignment Surgery (SRS) on intersex infants and children, except in life-threatening situations.

Such surgeries can cause permanent infertility, incontinence, and loss of sexual sensation and function, causing life-long pain and severe psychological suffering, including depression and shame linked to attempts to hide and erase intersex traits, and hence must be postponed until the individual could make an informed decision and give unbiased consent to the procedure.

[20] IHRA, <https://interaction.org.au/19853/welcome/>
[21] OHCHR <https://www.ohchr.org/en/sexual-orientation-and-gender-identity/intersex-people>
[22] S. Amutha v. C. Manivanna Bhupathy, In The High Court of Judicature at Madras, C.M.S.A. Nos.1 & 2 of 2010
[23] National Legal Services Authority (NALSA) Vs. Union Of India, AIR 2014 SC 1863
[24] Arunkumar & Other Vs. The Inspector General Of Registration & Others, W.P. (MD) No. 4125 of 2019 and W.M.P. (MD) No. 3220 of 2019

Gender

It is a concept that refers to socially constructed roles, behaviors, expressions and attitudes that a given culture associates with a particular sex. It depends a lot on existing social norms about how people of each category are supposed to behave, the kind of clothes and accessories they are supposed to use, the social roles they should perform and the kind of jobs they should take up. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Behaviours that are compatible with cultural expectations are referred to as gender-normative; behaviours that are viewed as incompatible with these expectations constitute gender nonconformity.

Gender identity

Gender identity is each person's internal experience of their gender. It is a person's sense of being a woman, a man, both, neither, queer or questioning or other gender identities. However, people tend to assign a gender to the baby based on the sex the baby has been assigned - a baby assigned the male sex is called a boy (gender) and a baby assigned the female sex is called a girl (gender). However, the inner sense of the child as they grow up may be different.

1. Cisgender: a cisgender (or cis) person is someone whose gender identity (their own sense of their gender) aligns with the sex and gender assigned to them at birth. For eg. a person who identifies as a woman, who was also assigned the sex 'female' at birth based on her genitals and other physical characteristics, is a cisgender person.

2. Trans*: an inclusive term to refer to all persons whose own sense of their gender does not match the sex and gender assigned to them at birth. Spelt with an asterisk in this way, trans* is an umbrella term coined within gender studies in order to refer to all non-cisgender gender identities including genderqueer, agender, third gender, two-spirit, bigender, transman, transwoman, other, and (m)any others.

Gender identity forms under biological-psycho-socio-cultural factors including exposure to prenatal hormones, genetic factors, socialisation factors - how one is perceived and treated by others, their own feelings and experiences, the level of stress experienced by the individual, the degree of feminization or masculinization of their bodies, their body image or even administration of puberty blocking hormones. Pubertal hormones could also be an influencer. Researchers concluded that, perhaps all these factors - pubertal changes, interactions with others, sexual feelings and exploration of sexuality - have to be experienced and explored by adolescents with gender non-conforming identities before their gender identity is consolidated (Steensma et al., 2013). There is considerable diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society.

Note:

- ***Gender is a spectrum,*** *and it* ***exists along a broad and diverse range of identities****. Children should be encouraged to explore it freely, without rigid societal expectations.*
- ***Children learn from what they see and hear,*** *so CCI staff should model inclusive behaviors and challenge gender stereotypes in their daily practices.*
- ***Create a safe, inclusive environment*** *where all children, regardless of gender identity or expression, feel respected and empowered.*
- ***Foster empathy, respect, and kindness*** *in the classroom to help children navigate diversity with openness and acceptance.*

Gender norms

It is a social concept and is identified as societal guidelines that regulate the conduct of girls, boys, women, and men, transgenders and gender diverse people, confining their gender identity to what is deemed “socially acceptable”. Gender norms are neither static nor universal and change over time. They are different in different cultures, regions and countries and have existed for many years. Gender norms can affect anyone who doesn't abide by these guidelines.

According to the International Labour Organization report,[25] Girls account for two-thirds of all children who perform household chores for at least 21 hours per week, which is the amount of time that can negatively impact a child’s schooling. Similarly, women spend 2 to 10 times more time on unpaid caregiving and domestic work than men. Household chores, for example, are much more likely and are expected to be performed by girls than boys. Boys and men are affected by the expectation to be breadwinners for the family, to support their family that can potentially lead to a lot of mental health concerns in boys and men. In most contexts, gender norms do not approve of gender identities other than men and women, or boys and girls. Gendering human qualities, feelings, and intelligence (boys can't cry, be sensitive and empathetic; girls can't be bold, assertive and outgoing) is wrong. It makes us grow into half human beings, developing only a part of our human nature. It limits our humanity - and hinders our development and our sense of self.

Sexual orientation

Sexual orientation refers to a person's emotional, romantic, or sexual attraction to others. Scientists think that sexual orientation develops from a complex interaction between several biological, psychological and sociocultural factors and processes. It is not something that is decided, but rather something that is discovered. This self-discovery can be a lifelong process with the possibility of changes over time. In fact, some studies suggest sexuality is innately fluid and that the current dominance of heterosexual behavior is primarily the result of cultural forces.

[25] ILO, 2017, <https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/documents/publication/wcms_575499.pdf>

Some common sexual orientations include:

Heterosexual: A heterosexual is someone who is attracted to people of a different sex than their own. For example, someone who considers themselves male and who is attracted to people who are not male might consider themselves to be heterosexual. If a person is attracted to more than one sex, they may use different words such as bisexual or pansexual.

Homosexual: A homosexual is someone who is sexually attracted towards people of the same gender and a significant lack of sexual interest in people of other genders. Note that sexual attraction and romantic attraction are different, and someone who feels romantic but not sexual attraction to the same gender may describe themselves as homoromantic rather than homosexual.

Bisexual: A person who experiences attraction towards both men and women. Their attraction is not limited to one specific gender.

Pansexual: A person who experiences attraction to individuals regardless of gender. Pansexuality emphasizes the idea that gender is not a factor in who someone is attracted to, meaning they can be attracted to people of all gender identities.

Demisexual: A person who experiences sexual attraction only after forming a deep emotional connection with someone. For demisexual individuals, the bond and emotional intimacy with a person are important before any sexual attraction develops.

Asexual: A person who experiences little to no sexual attraction to others. Asexuality is a sexual orientation where individuals might not feel a desire for sexual activity or relationships, though they can still experience romantic attraction or form emotional connections.

Session Plan

Opening: Gender Identity Short Film
https://www.youtube.com/watch?v=Mvxd-28ULlU

Talking piece (TP): Explain about the talking piece. Refer to Annexure 1.

Check-in: If how you're feeling right now were a song or a musical instrument, what would it be?

Community Building Question: What do you miss most about your childhood days?

Circle Guidelines: Explain the four circle guidelines - Speak from the heart, Listen from the heart, No need to rehearse, Without feeling rushed, say just enough. Refer to Annexure 1.

Values: Reiterate values same as in Session 1. Ask participants if they would like to add or remove any Value, and have a discussion regarding the same. If everyone is comfortable with the Values co-created, ask for visible/verbal consensus.

Note to Facilitator:
Chart paper and pencils can be used to note participants' responses to the prompts. Use of stick figures or images of certain gender roles can also make the activity easy to comprehend. During this activity, the facilitator should explain the concepts mentioned in the conceptual understanding of the chapter. These can also be explained before the session, as it will help participants understand them better and follow the session flow smoothly.

Activity 1: Responding with Empathy to Gender and Sexual Identity
Present the following scenarios to facilitators:

Scenario 1 : Have you ever heard or learned about Sex and Gender anywhere? If yes, where and what did you hear?

After hearing the staff's responses, use the information above on the differences between sex and gender. You can also use the Gender Bread person to help them understand better.

Scenario 2: Think about a close family member coming out as transgender or in love with someone of the same sex.

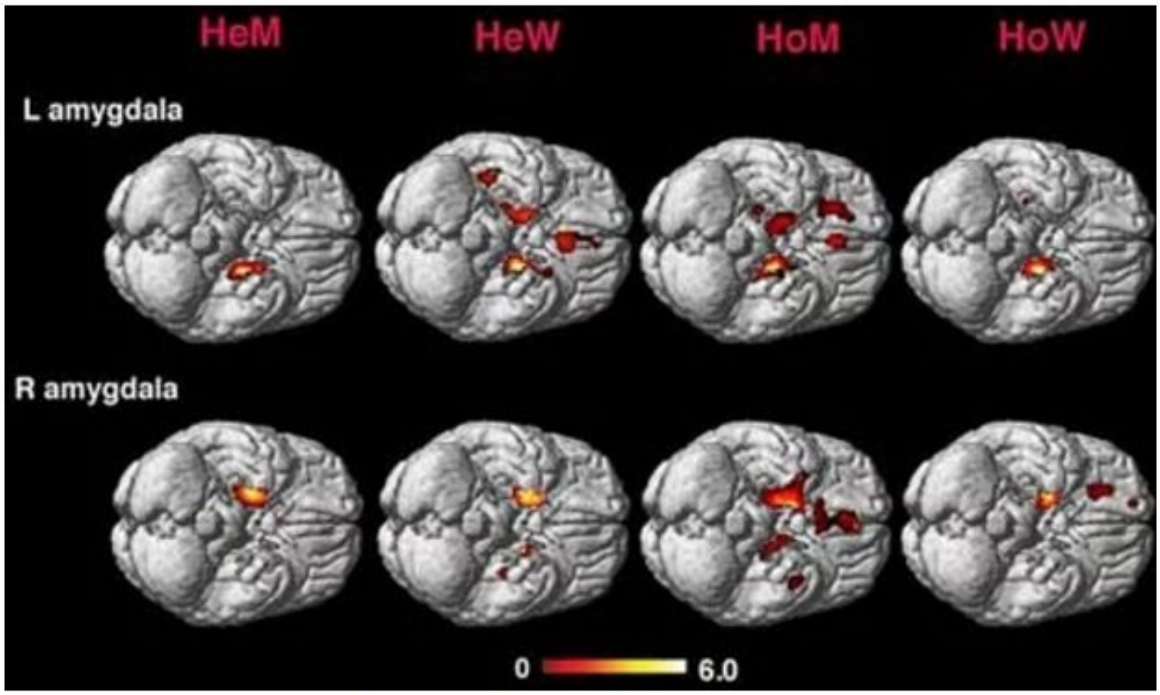
- What emotions/feelings/thoughts come up?
- Do you think your feelings would change depending on whether it's a close family member (e.g., sibling, parent) or a distant relative? Why?
- How do you think society's views on gender and sexual orientation might shape your initial reaction to such a situation?

Message on Homosexuality: *Homosexuality is considered a natural variation of human sexual orientation. It has been observed in various cultures throughout history and in many species of animals as well. From a scientific standpoint, studies in genetics, psychology, and biology suggest that sexual orientation, including homosexuality, is influenced by a combination of genetic, hormonal, developmental, and environmental factors.* ***Research shows that it is not a choice or a behavior that can be changed, but rather an inherent aspect of a person's identity.***[26] *Additionally, homosexuality has been observed in many animal species, indicating that same-sex attraction is part of the natural diversity of sexual behaviors in non-human animals as well. This further supports the idea that it is a natural phenomenon, rather than something "unnatural."In Navtej Singh Johar vs Union of India,*[27] *the Supreme Court held that criminalisation of "unnatural sex" violated the fundamental rights of equality, privacy, and personal liberty and therefore, 2018, the Court decriminalised consensual sexual acts between persons of the same sex. The most important thing is recognizing that sexual orientation, whether heterosexual, homosexual, or otherwise, is a part of human diversity and should be respected and accepted as a natural variation of human experience. It's important to recognize that our reactions are often shaped by societal norms and personal beliefs. However, every individual deserves respect, empathy, and support in their journey of self-discovery and love.*

[26] Mikhail Votinov et al, 2021 <https://www.nature.com/articles/s41598-021-84496-z#:~:text=Comparing%20the%20regional%20cortical%20thickness,relative%20to%20heterosexual%20women22.>
[27] Navtej Singh Johar & Ors. vs. Union of India, 2018 INSC 790

Gay men and heterosexual women have similarly shaped brains, research shows

- Lesbians and heterosexual men show same pattern
- Findings may throw light on depression and autism



Brain scans showing electrical activity according to sexuality

The above images[28] *of brain patterns of the left and right amygdala of gay men and heterosexual women throw more light into the fact that homosexuality is not a choice or behavior. The arousal pattern to pheromones was similar in the brains of heterosexual men (labelled HeM) and homosexual women (labelled HoW). Similarly, the arousal pattern was similar in the brains of heterosexual women (labelled as HeW) and homosexual males (labelled as HoM).*

The notion that homosexuals can't be parents as the child needs both mother and father; however, what truly matters is that the child is raised in a loving, supportive environment where they feel valued and cared for. Homosexual couples, like any parents, can provide this, demonstrating the essential qualities of empathy, respect, and human values. In fact, same-sex parenting has been observed in the animal kingdom as well, such as male penguin couples in zoos raising chicks together, showing that caregiving and bonding are not limited by gender or sexual orientation. The focus should be on the quality of care and the nurturing environment, not the gender of the parents.

[28] The Guardian,2008 <https://www.theguardian.com/science/2008/jun/16/neuroscience.psychology#:~:text=The%20study%2C%20led%20by%20the,in%20heterosexual%20men%20and%20lesbians.>

Scenario 3 : Imagine a group of children teasing another child because they are expressing a gender identity different from what is traditionally expected. What would you do?

Participants can reflect on their response to the above situation. Encourage them to consider how they can help children develop empathy for others who might be different. Also it is important to note that if someone is cisgender or homosexual, they did not choose it! Sexual orientation or gender identity is NOT a choice, they are an intrinsic aspect of who a person is. Just as a cisgender person doesn't choose their identity, a homosexual person doesn't choose theirs. While expression of identity may be personal, it's important to recognize that no one, including a parent, has the right to tell someone—regardless of their sexual orientation—not to express their love. Denying someone the freedom to express their love contradicts the fundamental principle of respecting each person's dignity and right.

Check-out: Personal Reflection and Takeaways
At the end of the session, ask participants:

- How are you feeling about the activities today?
- What will you take away from this session that you can implement in your work with children?

Closing Affirmation: Empowering Children's Gender Expression
Encourage participants to promote affirming statements and behaviors that empower all children:

- I dress for myself! – Teach children that clothes and toys should not define who they are. Boys and girls should feel free to choose what makes them happy.
- First they will laugh. Then they will copy. Don't give up. – Teach children the power of self-expression. Encourage them to embrace their uniqueness, even if others don't understand it at first.
- Equality has no gender. – Reinforce the idea that all children, regardless of gender, should have equal access to opportunities, affection, and freedom.
- No He or She, just Human. – Focus on humanity and the unique qualities each child brings to the classroom, rather than limiting them to gendered categories.

How CCI staff can create a safe and inclusive environment for LGBTQIA+ children

1. **Use Correct Pronouns and Names:**
    - Always ask children for their preferred name and pronouns, and consistently use them in conversations and activities.
    - When speaking about children to others (staff, visitors, etc.), make sure their name and pronouns are respected.

2. **Incorporate LGBTQ+ Representation in Daily Activities:**
    - Include books, movies, and educational materials that showcase LGBTQ+ characters and diverse family structures during group time, story time, or discussions.
    - Use visual aids such as posters or artwork that represent various gender identities and sexual orientations in the common areas.

3. **Active Bystanderism:**
    - Help children understand that being an active bystander means showing empathy for those who are being teased or bullied. Explain that standing up doesn't always require confrontation, but can involve offering a kind word to the person being targeted or simply standing beside them to show they are not alone.
    - Encourage children to understand that their actions, even if small, can make a big difference in someone's emotional well-being. They can offer words of encouragement like, "That's not okay," or "You deserve to be treated with respect." Helping children recognize the power of their words and actions fosters a culture of kindness and support. Explain that if they don't feel comfortable addressing the situation directly, it's just as important to tell a trusted adult (teacher, caregiver, counselor) who can intervene and stop the bullying.

4. **Encourage Open Dialogue:**
    - During daily routines (e.g., mealtime or group activities), ask open-ended questions about identity, diversity, and relationships to encourage children to share their thoughts and feelings.
    - Hold regular check-ins with children to create a space where they can talk about any concerns regarding their gender identity or sexual orientation.

5. **Normalize Gender Expression:**
    - Allow children to choose their clothing based on their preferences, without enforcing rigid gender norms. For example, a child who identifies as male should be free to wear clothes they feel comfortable in, whether traditionally masculine or not.
    - Provide a variety of toys and materials that don't reinforce gender stereotypes, like dolls, action figures, art supplies, or sports equipment for everyone.

6. **Teach about Personal Boundaries:**
    - It's essential to help children understand and respect personal boundaries, regardless of their sexual orientation. Just as students in a school setting are not permitted to engage in physical intimacy—whether heterosexual or homosexual—children in a CCI can also be guided to maintain appropriate boundaries.
    - While it's natural for children to explore relationships and emotions, physical intimacy is not acceptable in CCIs. The primary focus should be on creating a safe, supportive space for all children. By teaching respect for personal boundaries, we ensure that relationships remain healthy, age-appropriate, and in line with the CCI's and government laws.

SESSION 6

GENDER STEREOTYPES AND GENDER EQUITY



Session 6: Gender Stereotypes and Gender Equity

Learning Objectives:

1. Enable participants to identify gender stereotypes and understand how they limit the full expression of human qualities, emotions, and abilities.

Key Messages:

1. Each one of us is equally human.
2. Everyone deserves respect irrespective of their gender.
3. Each one of us can speak up for others and take action as active bystanders

Key Concepts

Gender stereotypes about women often fall into three categories:[29]

- Assumptions about "inherent traits" – like saying women are emotional, illogical, or weak. These beliefs are not true and ignore individual differences.
- Gender role expectations – such as women being seen only as caregivers or homemakers.Women who work don't care about their children.Wives should take care of their husband's parents etc
- Stereotypes about sexuality – including harmful myths around sexual behavior and violence, such as : A woman's clothes show she wants sex.If a woman drinks or smokes, she's asking for sex.Only strangers commit sexual assault.If a woman reports rape after some time, it must be false.

These stereotypes are incorrect and limit people based on gender, rather than recognizing their unique abilities and choices.

[29] Supreme Court of India, 2023 <https://cdnbbsr.s3waas.gov.in/s3ec0490f1f4972d133619a60c30f3559e/uploads/2024/01/2024012544.pdf>

Here are some common gender stereotypes about men:

- Men should be strong and not show emotions.
- Men are naturally aggressive or violent.
- Men must be the breadwinners.
- Men shouldn't do housework or caregiving.
- Real men are always interested in sex.
- Men can't be victims of abuse or sexual violence.

These stereotypes limit men's emotional well-being, relationships, and personal growth—just as harmful stereotypes limit women. Promoting equality means breaking down harmful ideas for all genders.

Note To facilitator: *Discuss with the participants as to why the above stereotypes are untrue or limiting*

Gender roles

Gender roles encompass behaviors, attitudes, and actions deemed suitable or unsuitable for individuals based on societal expectations and cultural norms, distinguishing between men and women, boys and girls. There is no mention of expected behaviours by people with diverse gender identities as traditionally only binary genders, i.e., man and woman and girls and boys were recognised. Therefore, there are times when one sees people with diverse gender identities, they are either ridiculed, ignored or bullied.

Gender discrimination

Gender discrimination means any exclusion or restriction made on the basis of gender that creates barriers for girls, boys, women and/or men, transgenders and gender diverse people in recognizing, enjoying or exercising their full and equal human rights. Gender discrimination occurs when an individual is treated unfairly or unequally due to their gender identity. Similar to all forms of discrimination, gender discrimination constitutes a violation of human rights.

Active Bystanderism

A bystander is an individual who observes violence or aggressive behavior. When one actively intervenes in a situation, they become an active bystander. While we often perceive bystanders as individuals, they can also collectively influence societal norms, culture, or any distressing situation. Involving bystanders enhances community awareness of violence, encouraging active participation at various stages.

Session Plan

Opening: Let's practise Gender Sensitivity at Home
https://www.youtube.com/watch?v=y4QxRV4pMcI

Talking Piece (TP): Explain about the talking piece. Refer to Annexure 1.

Check-in: How are you feeling now? Through using your body and expression, show us how you are feeling?

Community Building Question: If you could have a conversation with a famous person, living or from history, who would it be and what would you talk about?

Circle Guidelines: Explain the four circle guidelines - Speak from the heart, Listen from the heart, No need to rehearse, Without feeling rushed, say just enough. Refer to Annexure 1.

Values: Reiterate values same as in Session 1. Ask participants if they would like to add or remove any Value, and have a discussion regarding the same. If everyone is comfortable with the Values co-created, ask for visible/verbal consensus.

Note to Facilitator: *Chart paper and pencils can be used to note participants' responses to the prompts. Use of stick figures or images of certain gender roles can also make the activity easy to comprehend.*

Activity 1: Reflecting on Gender Roles and Personal Experiences

Arrange the participants into three groups and ask participants to think, discuss and share their own experiences related to gender roles /discrimination in the following scenarios. Assign a scenario to each group.

1. What gender roles / gender discrimination did you experience or observe at home while growing up?
2. What gender discrimination do you experience or observe in society?
3. What gender roles/gender discrimination does one observe or experience in any CCI?
4. Points to discuss and present:
    a. How did those roles affect how you saw yourself and others?
    b. What kind of messages on gender roles are being given to a child?
    c. What can we do to eliminate the gender discrimination we see in the above areas?

Participants can spend 5 minutes discussing the scenario as a group. Participants can acknowledge how societal expectations affected them. This can allow them to better understand how gendered expectations might also impact the children they care for.

- Encourage participants to share personal feelings and create a supportive environment.
- Use pictures, charts, or role-play to illustrate common gender stereotypes children may encounter (e.g., "boys don't cry," "girls are weak"). Discuss how these messages can limit children's emotional development and self-expression.
- Emphasize that children should be encouraged to follow their interests and feelings, regardless of whether those interests fit traditional gender norms.

How the CCI staff can gently handle gender stereotypes:

- Offering toys, activities, and books that feature a variety of gender roles.
- Encouraging children to explore all areas of play (e.g., cooking, building, caring for dolls, playing with trucks).
- Explaining that only biological roles like pregnancy or breastfeeding are limited by one's sex. All other roles (e.g., careers, hobbies, emotional expression) should be available to everyone, regardless of gender.
- Identifying language that promotes gender stereotypes and offer alternative words and phrases; For example:
    - Replace Dutiful wife / Faithful wife /Good wife / Obedient wife with Wife
    - Replace Indian woman / western woman /Career woman/Chaste woman with Woman
    - Replace Unwed Mother - with mother
    - Replace Eve teasing with Street sexual harassment
    - Replace Biological sex / biological male / biological female - Sex assigned at birth
    - Replace Born a girl / boy with Assigned female / male at birth

Scenarios: How would you respond to

- A boy in your CCI who wants to wear nail polish and have long hair
- A girl in your CCI who wants to have short hair
- A boy who says he likes another boy
- A girl who says she likes another girl

Activity 2
Break participants up into groups and ask them to work on the following statements: Making the CCI a safer place for children to express their gender identities

- One thing I will do more of
- One thing I will do less of
- One thing you I will do differently

Reflection Question: Imagining a Day of Freedom
Ask participants: If you could imagine a day where gender didn't limit anyone's actions, what would children be free to do?

Check-out: Personal Reflection and Takeaways
At the end of the session, ask participants:

- How are you feeling about the activities today?
- What will you take away from this session that you can implement in your work with children?
- Participants can reflect on how they can create a more inclusive environment in their child care institution, where every child feels safe, valued, and free to express their authentic selves.

Closing:
Show any of the following videos to tie up the session.

Run Like a Girl - Commercial
https://www.youtube.com/watch?v=qtDMyGjYlMg



Be PROUD. Be YOU.
https://www.youtube.com/watch?v=C2Poo-E2fDY



Let's raise a generation of equals! #GenerationEqual #GenE
https://www.youtube.com/watch?v=lVPlEiWNUxU



Once Upon a Boy/Minha vida de João
https://www.youtube.com/watch?v=YGAu8gRfv9c



Additional resources for reference:

For reference to similar Handbooks, see:

1. Enfold Proactive Health Trust, (2020) Facilitation of Life Skills in Child Care Institutions in Times of Covid-19 and Beyond <https://enfoldindia.org/wp-content/uploads/2020/10/Life-Skills-in-CCIs-during-COVID-27-Sept-2020.pdf>
2. Enfold Proactive Health Trust, (2021), Handbook for Facilitation of Restorative Practices in Child Care Institutions, <https://enfoldindia.org/wp-content/uploads/2019/06/Restorative-Circle-Handbook-for-CCI.pdf>

Tips for Facilitation

- In case of lack of response, the facilitators can share personal stories of gender bias and discrimination that they went through or observed in their childhood or their society. This can get the participants to open up and start sharing.
- Gender bias can be cultural or a family trait or belief system. So the facilitator needs to be mindful of the subtle nuances while discussing such bias. The point is to address the bias and not mock anyone.

SESSION 7

PERSONAL SAFETY EDUCATION



Session 7: Personal Safety Education

Learning Objectives:

1. Enable understanding of body safety rules for adults and children and how adults can model and teach safe boundaries.
2. Equipping participants to be safe adults for children in their care in CCIs and the community
3. Recognising and addressing unsafe behaviour with children.
4. Enhancing clarity on procedures to be followed within a CCI when sexual abuse occurs.

Key Messages:

1. **Everyone has a right to personal boundaries:** As an adult, I can respect and model personal boundaries, understanding that everyone, including children, has the right to decide what happens within their own comfort zone.
2. **Respecting personal space is a shared responsibility:** Just as I need to respect the personal space of children, I can also ensure that they understand and respect others' boundaries, fostering a culture of mutual respect.
3. **Body safety rules protect children:** It's essential that I understand and follow body safety guidelines to ensure the safety of the children in my care, creating an environment where children feel respected and secure.
4. **Children have the right to protect themselves:** I can support children to set their own boundaries and communicate when they feel uncomfortable, helping them understand that their feelings and safety are important.
5. **Children can take steps to stop unsafe behavior:** As an adult, I need to teach children that they have the right to say "NO," "Go away," or "Stop it" when they feel someone is violating their boundaries.
6. **Safe adults are key to protecting children:** I have a responsibility to be a safe adult that children can turn to when they feel unsafe, uncomfortable, or confused. I can also recognize and address unsafe behaviors in a timely and responsible manner, holding anyone who causes harm accountable.

Key Concepts

Personal space

Personal space entails the physical and emotional distance an individual maintains between themselves and others. It is the area around a person that they consider their own and if invaded they may feel uncomfortable. The notion of personal space differs among cultures, contexts and individuals. Factors like cultural norms, relationship dynamics, situational conditions and individual preferences can influence how much personal space someone can have in different situations. Respecting personal space is essential for maintaining healthy social interactions and relationships.

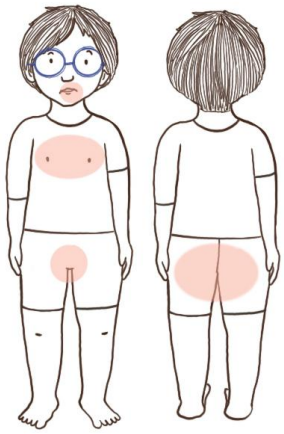
Personal boundaries

Personal boundaries are the emotional, physical, and mental limits individuals can establish to protect themselves from being manipulated, used, or violated by others. These boundaries define what is acceptable or unacceptable in terms of behavior, interactions, and communication for them. Setting personal boundaries contributes towards one's well-being, fostering healthy relationships, and ensuring a sense of autonomy and self-respect. Boundaries may vary depending on one's context, people involved and the emotions an individual holds. These boundaries may include having physical boundaries and verbal interactions.

Note to Facilitator: *Use simple examples of boundaries in Cricket or a Country, or other synonyms like fence, limits, barrier to explain the idea of personal boundary or space. Choose words from the vernacular for easier understanding of the audience.*

By citing the Road Safety rules or Fire Hazard Rules, the facilitator can emphasize the need for rules and social etiquettes around clothing, talking and touching. Following these rules will ensure that a person's personal space is respected and safe. Explain the Touching, Clothing and talking rules clearly with examples. You can say, "we do have rules everywhere, isn't it? On the road, in the classroom, in the kitchen, why, even when we play games we have rules. We have these rules for our safety, no doubt. Why else? Why do we have rules while playing carrom? Or hide and seek? Because that's what makes the game a game. In the same manner there are a few rules and social etiquettes that we have developed over time that enables us all to live together safely, fairly and harmoniously.

Personal / Body Safety Rules (as explained to children):



Touching Rules:

- We don't touch anybody's body in a way that makes others feel uncomfortable/sad/confused/scared.
- We don't touch our chest, genitals, anus/buttocks in public.

Why are the terms good touch and bad touch replaced by safe touch and unsafe touch?

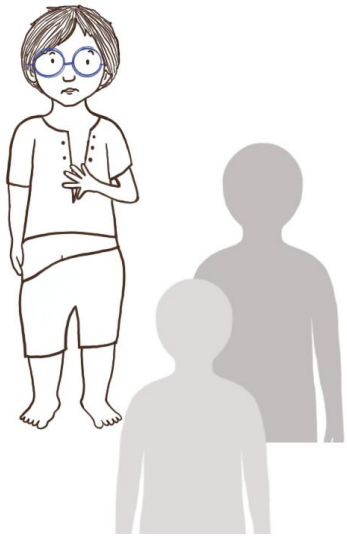
The terms **"Good Touch" and "Bad Touch"** were commonly used in child safety education to help young children distinguish between appropriate and inappropriate physical touch. However, over time, child protection experts, psychologists, and educators began to critique these terms for several important reasons. This led to a shift in terminology to **"Safe Touch" and "Unsafe Touch."**

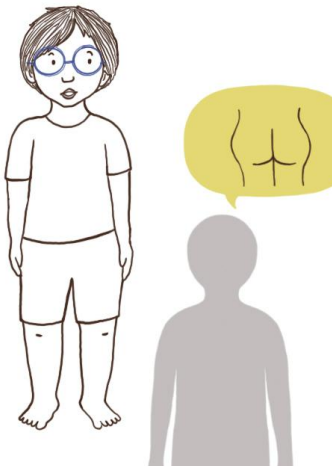
Sometimes, touching certain parts of the body may feel good, but it is not a safe touch. Also, a touch by a family member or someone known may feel uncomfortable, and children may struggle to name and report it as a bad touch. The new terms provide more clarity to children and help them report abuse without guilt.

Old terms	Good Touch / Bad Touch
Concerns	• A'"bad' touch may feel 'good' given the nature of the genitals. This is confusing to the child. • Using the word "bad" may be difficult for children, especially if the abuser is someone they love (like a relative or family friend). • Children might think they have become bad if someone touched them in a "bad" way. • We often say 'good boy' or 'bad boy' in day to day interactions - using similar words for inappropriate behaviour of others may be confusing for the child.
New terms	Safe Touch / Unsafe Touch
Benefits	• Focuses on safety, not morality. • Easier to understand that any touch making them uncomfortable is not safe, even if it's from a known person. • Helps them report without guilt or shame.

Clothing Rules:

- We don't show (by taking off our clothes) our own body in a way that makes others feel uncomfortable/sad/confused/scared.
- We keep our private parts covered when in public.





Talking Rules:

- We don't speak about others' bodies in a way that makes others feel uncomfortable/sad/confused/scared.
- We speak about our chest, genitals, anus/buttocks only with safe persons.

A person who follows these rules for themselves and others is a safe adult.
It is not okay for a person in authority to be breaking these rules.
"It is never a child's fault if someone else breaks Personal Safety Rules."

Safe Adults: A Safe Adult is an adult who follows all the personal safety rules and etiquettes for themselves and others. A safe adult is someone who is accountable, respects one's boundaries and holds a judgement-free attitude. Speaking to a safe adult can help one feel listened to and decide on next steps.

Activity: Ask participants to trace their palms on a sheet of paper and ask them to remember 5 people who they can reach out to seek support and help during their difficult time in life. The participants can then write each person's name on every finger drawn. Tell them they can also write as many people's names as they can on the page.

Safe and Unsafe Behaviour: Safe behaviour is defined as the one that follows the personal safety rules for self and others and breaking any or all the rules is termed as unsafe behaviour. If an adult breaks the body safety rules of a child - touches, talks or exposes inappropriately, it is never the child's fault.

Reporting unsafe behaviour: If someone enters one's personal space in a way that makes them uncomfortable, they can take steps to stop them. One can say "No," "Go away," or "Stop it" to discourage unsafe behavior.

Note to Facilitator: *You can give simple examples (at school, home or other environment) where safety rules are deliberately broken and personal space is violated and people are made to feel uncomfortable and unsafe.*

Types of Abuse:

- **Physical Abuse:** Inflicting harm through hitting, slapping, biting, pulling hair, or any physical violence. Denying medical care or forcing drug use also falls under this category.
- **Verbal Abuse:** Using hurtful language, name-calling, or speaking in a demeaning way to harm someone.
- **Emotional/Psychological Abuse:** Blackmailing, threatening, constant criticism, emotional bullying, neglect, or actions that damage a person's self-worth, relationships, or confidence.

Focus on Sexual Abuse: In these sessions our primary concern is safety, especially from child sexual abuse. So, take the time to make this part clear and factual.
Child sexual abuse includes any act involving a child of sexual context, whether physical, verbal, or online.

The table below explains the offences - penetrative, non-penetrative and touch based, non-touch based under the .frame of the POCSO Act.[30]

Category	Offence	Description
Penetrative Sexual Offences	Penetrative Sexual Assault	Involves penetration of penis or any object into vagina, mouth, urethra or anus of a child.
	Aggravated Penetrative Sexual Assault	When the assault is committed by a person in authority, gang assault, using deadly weapons, etc.
Non-Penetrative Sexual Offences	Sexual Assault	Touching the child inappropriately or without consent with sexual intent.
	Aggravated Sexual Assault	Similar to aggravated penetrative, but without penetration.

[30] NHRC, 2020 <https://nhrc.nic.in/sites/default/files/10_PROTECTION%20OF%20CHILDREN%20-%20SEXUAL%20OFFENCES.pdf>

Category	Offence	Description
Sexual Harassment(Non Touch)	Sexual Harassment of a Child	Includes showing pornography, sexual comments, gestures, stalking, etc.
Use of Child for Pornography	Use of Child for Pornographic Purposes	Involves using a child for pornographic content in any form.
Non Touch Based	Storage/Distribution of Child Pornography	Punishes possession, distribution, transmission of such material.
Miscellaneous Offences	Failure to Report or Record Offence	Penalizes those who do not report known offences.
	False Complaint or Information	Punishment for lodging false complaints with malicious intent.
	Abetment and Attempt to Commit Offence	Covers attempt, abetment and related punishments.

Session Plan

Format: This session can be facilitated in the form of a Restorative Circle or an interactive workshop including group discussions and case studies. Participants can either be seated in a Circle or any other formation that will encourage maximum interaction. If the facilitator is unfamiliar with Restorative Circles, after the opening activity, the facilitator can continue from 'Values'.

Opening: 3 minutes of deep breathing and guided meditation

Talking piece (TP): Explain about the talking piece. Refer to Annexure 1.

Check-in: How are you feeling now? Through using your body and expression, show us how you are feeling?

Community building question: What does being a 'safe adult' mean to you? Encourage participants to think about the qualities they associate with a "safe adult" and share these ideas within the group.

Circle guidelines: Explain the four circle guidelines - Speak from the heart, Listen from the heart, No need to rehearse, Without feeling rushed, say just enough. Refer to Annexure 1.

Values: Reiterate values same as in Session 1. Ask participants if they would like to add or remove any Value, and have a discussion regarding the same. If everyone is comfortable with the Values co-created, ask for visible/verbal consensus.

Note to Facilitator: *The following activities can be conducted in order of their mention below based on availability of time and the level of proactiveness from the participants.*

Activity 1:

Start the session by asking, **"Do you think children today are completely safe — at home, in school, and in the community? Why or why not?"**

Listen to a few responses and then connect them to research findings by saying, "*What you just shared matches what a major study in India with over 12,000 children found: 66% were physically abused — most often by people they knew like parents or teachers; 66% faced emotional abuse; and 53% were sexually abused — with 47% being girls and 53% boys. One in five children even reported severe sexual abuse. And here is the most alarming part — in POCSO cases reported to the police, 97% of perpetrators were people the child already knew or trusted."* Pause briefly and ask, *"If the abuser is someone the child knows, how does that affect whether the child reports it or not?"* Let participants share thoughts, acknowledge them, and conclude with, *"This is exactly why Personal Safety Education is so essential — it gives children the language, confidence, and skills to recognize unsafe situations, even with people they know, and to seek help."*

Scenario 1: Pair up participants. One person will role-play a child who is kneeling down, feels uncomfortable because an adult has entered their personal space without asking.
The child visibly showcases its discomfort with body language. The other person will role-play the adult who, after entering without asking, must acknowledge the child's discomfort and set a boundary by asking for permission to enter the child's space (e.g., "Can I come in to help you with your work?").

Scenario 2: After the first round, switch roles. In the second round, the child will assert their boundary by saying "NO" or "Stop it" when an adult enters their space, and the adult will model how to respond to that appropriately by respecting the child's wishes.

Reflection Questions:

- How did it feel to set a boundary as an adult? How about when you had to respect the boundary set by the child?
- What did you learn from the role-play about respecting children's personal space and boundaries?
- How can you apply this to your role in the CCI, especially when dealing with children who might be uncomfortable or shy about speaking up?

Activity 2: Safety Mapping – Personal Boundaries

Instructions:

1. Each participant receives a large sheet of paper with a printed outline of a body . They are asked to reflect on their own personal boundaries, and draw or write their comfort zones on this map.
2. **Red Zone (Uncomfortable Boundaries):** Using red markers, participants will outline areas of their body or their personal space where they would feel uncomfortable with any form of invasion or violation of their boundaries.
    - Example 1: Any form of unsolicited physical touch, such as someone touching your hair, shoulders, or arms without consent.
    - Example 2: Someone entering your personal space too closely, such as standing too near you in a way that feels overwhelming or invasive, especially in public or work settings.
    - Example 3: Being forced into a physical situation like a hug or a kiss when you have not expressed willingness or comfort with it.
3. **Yellow Zone (Neutral Boundaries):** With yellow markers, they will indicate areas where they feel neutral – places where others can enter with mutual consent but should still respect personal space (e.g., shaking hands, talking at a close distance).
    - Example 1: Shaking hands or giving a quick hug as a greeting, where both people are comfortable with the gesture, but it's not too personal or intimate.
    - Example 2: Talking at a close distance in a casual setting, like in a classroom or during a group discussion, where it's acceptable to be near someone but personal space is still respected.
    - Example 3: Sitting next to someone on a bench or in a meeting, where both parties are fine with the proximity, but physical contact isn't necessarily involved.
4. **Green Zone (Comfortable Boundaries):** With green markers, they will mark areas where they feel completely comfortable having someone enter their personal space, such as when they feel close to family or friends and can embrace or be physically close.
    - Example 1: Giving a hug to a close friend or family member in a moment of affection, such as during a greeting, celebration, or comforting someone.
    - Example 2: Sitting closely or snuggling with family members, like a parent sitting with their child, where physical closeness feels natural and comforting.
    - Example 3: Embracing a sibling or close friend after an emotional moment, showing warmth and affection in a space where both people feel fully at ease.

Reflection Questions:

- While participants are creating their body maps, they will reflect on the following questions:
- What kinds of behaviors make me feel unsafe or uncomfortable?
- How can I communicate my boundaries to others respectfully?
- Why is it important to understand these zones when working with children?

Activity 3: Safe Adult Mapping

Instructions:

1. On a separate piece of paper, participants are asked to draw a tree or a network of circles (depending on preference).
2. At the center of the network or tree, they will write the phrase “Safe Adult” (in bold letters).
3. Around this central idea, they will draw lines connecting the traits, behaviors, and characteristics they associate with a safe adult. They can use sticky notes with words or illustrations (e.g., "Empathy," "Respect," "Trustworthy," "Non-judgmental," "Accountable").
4. Participants will also identify where in a child’s environment a safe adult could be (e.g., teachers, caregivers, social workers) and write these roles around the tree or network.

Activity: Ask participants to trace their palms on a sheet of paper and ask them to remember 5 people who they can reach out to seek support and help during their difficult time in life. The participants can then write each person on every finger drawn. Tell them they can also write as many people's names as they can on the page.

Group Sharing:
After the mapping, participants are invited to share one or two traits they feel are critical to being a safe adult. This sharing helps reinforce the collective responsibility to model safety and boundaries with children.

Note to Facilitator: *Demonstrate using simple roleplay how permission can be asked and not assumed when it comes to entering someone’s personal space.*
As facilitators, it’s important to approach these topics with sensitivity and awareness. Even adults may find these discussions challenging, so it is crucial to observe how they are responding and adjust the pace and tone accordingly. Create an environment where participants feel valued and empowered to reflect on their own behavior and responsibility. If sensitive topics arise, it’s essential to approach them with empathy and support, guiding participants toward resources for additional help if needed.

Reinforcing the idea of being a “safe adult” will help ensure that all participants understand their responsibility in creating a nurturing environment for the children in their care. Emphasize that a safe adult is someone children can trust and feel secure with, and they can approach this person to report any form of verbal, non-verbal, physical, or sexual behavior that makes them feel uncomfortable or unsafe. This approach emphasizes the critical aspects of building trust and creating a space where everyone feels safe to engage, especially when dealing with sensitive issues like boundaries and safety. By modeling the behaviors of a "safe adult," facilitators empower others to do the same, ensuring children have the support they need.

Scenarios:

- A child comes and tells you that while walking back from school a person walked too close to them and they felt uncomfortable and unsafe. How would you respond?
- A child is crying that when walking outside the CCI someone looked at them and blew flying kisses at them. How would you respond?
- A child tells you that other children are staring at them when they change their clothes or go for a bath. How would you respond?

Practical Tips for CCI Staff to Implement in Daily Interactions with Children:

1. **Ask for Permission:** Always ask before entering a child's personal space. This shows respect and teaches them that they too have the right to control their space.
2. **Be Mindful of Non-Verbal Cues:** Pay attention to a child's body language. If they step back, avoid eye contact, or seem uneasy, this may indicate they feel uncomfortable.
3. **Set Boundaries Clearly and Consistently:** Children thrive in environments where expectations are clear. Set and communicate personal boundaries clearly and consistently.
4. **Be a Supportive Role Model:** Children look up to you as a safe and trusted adult. Demonstrate healthy boundaries in your own behavior and model respectful interactions with others.
5. **Reinforce Children's Power to Say "No":** Encourage children to use their voice and teach them that it's okay to say "no" to anything that makes them feel uncomfortable, whether it's a physical touch or something someone says.
6. **Keep Communication Open:** Let children know that you are always available to listen and support them. Create a space where they feel comfortable coming to you with any concerns.

Check-out: Personal Reflection and Takeaways:
How are you feeling now and what are you taking away?

Closing:
Helping Hands - Personal Safety Part 1
https://www.youtube.com/watch?v=BCA9djNLrZY

Tips for Facilitation

- Respond to participants' sharing with care and compassion. Avoid asking probing or intrusive questions—focus on empathetic, non-judgmental listening.
- Facilitators may choose to share stories of child sexual abuse involving diverse genders of both survivors and perpetrators, to promote understanding and inclusivity.

SESSION 8

SELECT LAWS THAT CAN PROTECT CHILDREN'S RIGHTS



Session 8: Select Laws that can protect children's rights

Learning Objectives:

1. Orient participants to key provisions of the Protection of Children from Sexual Offences Act, 2012 (POCSO Act), Juvenile Justice (Care and Protection of Chilrren) Act, 2015 Prohibition of Child Marriage Act, 2006 (PCM Act), and the Medical Termination of Pregnancy Act, 1971.
2. Enable participants to understand their roles and responsibilities as staff of a CCIs in the context of these laws.
3. Enable participants to respond in a trauma-informed manner to children who have faced any harm under the POCSO or PCMA.
4. Enable participants to be safe adults to children who are victims under the POCSO and PCMA.
5. To better understand and explain to the child their rights, resources, and remedies available per the aforementioned laws.

Key Messages:

1. Everyone needs a support system; it's okay to ask for help when you need it.
2. It's important to choose people who listen to you, respect you, and are there to support you.
3. Helplines, child care institutions and NGOs are all resources you can reach out to in times of need.
4. It's brave to ask for help when you feel unsafe—never hesitate to reach out.

Key Concepts

Overview of the Protection of Children from Sexual Offences Act, 2012 (POCSO Act)

The POCSO Act, 2012 is a comprehensive law which protects children form sexual abuse, sexual harrasment and exploitation. Under this Act, a child is defined as a person below the age of 18 years. Consent of the child to the act is irrelevant. The POCSO Act provides child-friendly procedures to be followed by the police, doctors, and courts to ensure the comfort and effective protection and participation of child victims. It also places an obligation on any person having knowledge about the commission of an offence or apprehension that it may be committed, to report to the police or Special Juvenile Police Unit.

What are sexual offences under the POCSO Act?

1. **Penetrative Sexual Assault (Sections 3 and 4):** Any form of penetrative sexual assault on the child or making the child penetrate them or any other person. The penetration could be in the form of vaginal, oral and anal penetration.
2. **Aggravated Penetrative Sexual Assault (Section 5 and 6) :** When a child has been a victim of penetrative sexual assault either by someone in the family, someone in position of authority, a person from the armed forces, person in government jobs, staff of a child care institution, if the act greviously injures or hurts the child, if the child is pregnant, if the child is below 12 years of age, or repeatedly assaults the child, then this constitutes aggravated penetrative sexual assault which carries higher punishment.
3. **Sexual Assault (Section 7 and 8):** Touching of the vagina, penis, anus, or breast of the child, or making the child touch them or any other person or doing any other sexual act with sexual intent.
4. **Aggravated Sexual Assault (Section 9 and 10):** When a child is a victim of sexual assault by someone in position of authority- police, armed forces, staff or management of a school, hospital or jail, is a relative of the child, gang sexual assault, sexual assault using deadly weapons, sexual assault causing grievous hurt, or that incapacitates a child, inflicts a child with HIV, repeated sexual assault, or takes advantage of a child with mental or physical disabilities.
5. **Sexual harassment (Section 11 and 12):** When a person with sexual intent utters a word, makes any sound, shows the child an object or part of the body, shows object to child for any pornographic purpose, follows the child around either physically or with electronic purposes, threatens to use it in any form of media is called sexual harassment.

6. **Using a child for pornographic purposes (Section 14):** Using a child in any form of media (including programme or advertisement telecast by television channels or internet or any other electronic form or printed form, whether or not such programme or advertisement is intended for personal use or for distribution), for the purposes of sexual gratification.
7. **Storage of pornographic material** involving a child and failure to delete or destroy or report it to the designated authority is an offence under Section 15. Transmission or distribution or storage for commercial purposes are also offences.
8. **Abetment or attempt to commit:** Instigation of a person to commit the offence, taking part in the planning, or helping in the commission of the offence.

Punishment under the POCSO Act, 2012

Offence	Minimum	Maximum	Fine
Section 4(1): Penetrative Sexual Assault	10 years	Life imprisonment	√
Section 4(2): Penetrative Sexual Assault on child below 16 years	20 years	Life imprisonment (remainder of life)	√
Section 6: Aggravated Penetrative Sexual Assault	RI 20 years	Life imprisonment (remainder of life) Or Death	√
Section 8 : Sexual Assault	3 years	5 years	√
Section 10: Aggravated Sexual Assault	5 years	7 years	√
Section 12: Sexual Harassment	-	3 years	√
Section 14: Using child for pornographic purposes	1st CV: 5 years 2nd CV: 7 years		√ √
Section 14(1) + Section 3	Punishment u/s 4 +S.14(1)		√
Section 14(1) + Section 5	Punishment u/s 6 +S.14(1)		√
Section 14 + Section 7	Punishment u/s 8 +S.14(1)		√
Section 14 + Section 9	Punishment u/s 10 +S.14(1)		

Offence	Minimum	Maximum	Fine
Section 15(1): Storage of pornographic material involving child with intention to share or transmit and failure to delete/destroy/report to prescribed authority	1st offence: Rs 5000 fine 2nd/subsequent offence: Rs 10000 fine		
Section 15(2): Storage or possession of pornographic material in any form involving a child for transmitting or propagating or displaying or distributing in any manner at any time except for the purpose of reporting, or for use as evidence in court		3 years	And/ Or
Section 15(3): Storage or possession of pornographic material in any form involving a child for commercial purpose	1st CV: 3 years 2nd/Subsequent CV: 5 years 3 years	1st CV: 5 years 2nd/Subsequent CV: 7 years	And/ Or √

Child-friendly Procedures

The police statement of the child must be taken in a place of the child's choice and in the presence of a parent, guardian, or person the child trusts. The child cannot be detained in the police station at night for any reason. The police should not be in uniform and should ensure that the child is not exposed to the accused during the investigation. Similarly, courts should also ensure that the child is not exposed to the accused during the evidence. The child should also not be called frequently to the court,given frequent breaks during the evidence, and their evidence should be recorded within 30 days of the court taking cognisance of the case. All questions to the child should be routed through the judge and the court should ensure that aggressive questions or character assassination should not be allowed. Assistance of translators, interpreters, or special educators can be taken, if necessary, for recording the statement of a child with disability. Victims can also be given compensation by the court at any point after the FIR is lodged.

A Support Person can be appointed by the Child Welfare Committee to support the child during investigation and trial. They can accompany the child for the recording of their statements and testimonies, medical examination, and bring to the attention of the court and the CWC specific concerns that the child may have. The Support Person can be an organization or staff of a CCI or District Child Protection Unit. Child victims are also entitled to legal representation. Most of the offences under the POCSO Act are non-bailable, meaning that the accused does not have the automatic or immediate right to get bail. Further, the child victim and the complainant have to be informed and heard during the bail application.

What are the roles and responsibilities of CCI Staff in the context of POCSO Act?

- According to Rule 76(1), JJ Model Rules, “every institution shall evolve a system of ensuring that there is no abuse, neglect and maltreatment and shall include the staff who is aware of what constitutes abuse, neglect and maltreatment, and their early indication and how to respond to these abuses.”
- Incidents of sexual violence should be reported to the police or SJPU immediately as per Section 19(1), POCSO Act. Failure to report is a punishable offence under Section 21, POCSO Act with imprisonment upto 6 months or fine or both. If the person-in-charge fails to report an offence committed by a subordinate under their control, the punishment may extend to one year and fine.
- Incidents of physical, sexual or emotional abuse should be reported by any staff member to the Person-in-charge who in turn should report to the CWC or JJB and the Management Committee.
- If the incident has taken place in the premises of the CCI, care should be taken to cordon the area and not let anyone access the space or tamper with it. Destruction of evidence is a punishable offence under the Bharatiya Nyaya Sanhita.
- Identity of the child victim has to be protected from the media and this includes their name, address, family details, and any other information that could lead to the identification of the child. Breach of the identity of the child is a punishable offence under the POCSO Act and the JJ Act.
- If the child is pregnant and is an orphan or their parents are not available or there is a conflict between the wishes of the child and the parent in the context of termination of pregnancy, the CWC may recognise the Superintendent or any other staff as guardian for the purposes of termination of pregnancy.

Compensation Rights

The POCSO Act, 2012 and POCSO Rules, 2020 entitle child victims of sexual offences to compensation. Under Section 33(8) of the POCSO Act, the Special Court may order compensation if it finds that the child has suffered loss or injury as a result of the offence. Rule 9 of the POCSO Rules outlines the procedure for two types of compensation:

- Interim Compensation (Rule 9(1)): Awarded at any stage of the trial to address the child's immediate needs—such as medical care or counselling—based on recommendations from the Child Welfare Committee (CWC) or the Special Court within 30 days of such direction.
- Final Compensation (Rule 9(2)): Granted at the end of the trial, irrespective of the verdict (conviction or acquittal), based on the extent of harm, trauma, or loss suffered by the child. The State Government must disburse this from the Victim Compensation Fund (under Section 357A CrPC, now Section 396 of the Bharatiya Nagarik Suraksha Sanhita, 2023) within 30 days of the Special Court’s order (Rule 9(5)).

Additionally, the Juvenile Justice (Care and Protection of Children) Act, 2015 recognises children who have suffered abuse, including sexual abuse, as children in need of care and protection under Section 2(14). Section 39 of the JJ Act supports rehabilitation and reintegration, including through monetary support. Rule 23(16) of the JJ Model Rules, 2016 empowers the CWC to recommend compensation via the Legal Services Authority or District Magistrate if a child has suffered abuse.

Overview of the Prohibition of Child Marriage Act, 2006

Why is child marriage prohibited?

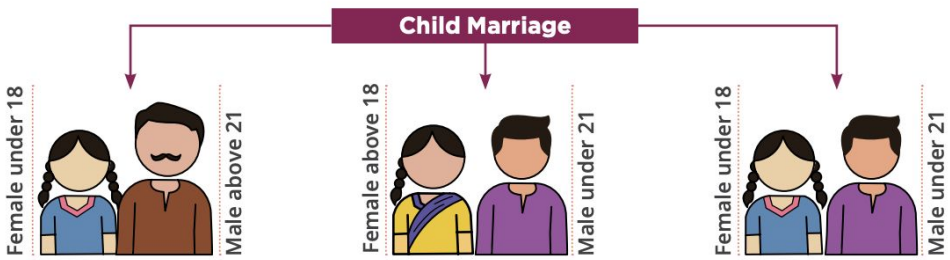
1. **Impact on Education:** After marriage most of the children drop out from school and miss their education. Which will be an obstacle to fulfill theirs and to get better future opportunities.
2. **Health complications:** Marriage at an early age can also affect children's health, especially early pregnancy, can cause maternal or infant mortality and sometimes affect the overall health of the mother and child.
3. **Burden of responsibility:** Children at their growing stages may be thought to not have the necessary skills for sound decision making and may be burdened with the additional responsibility of being married and taking care of a family.
4. **Missed childhood: S**ince early marriages impose responsibilities on the children they miss the opportunity to enjoy their childhood.

1. What is meant by "child marriage"?

The Prohibition of Child Marriage Act (PCMA), 2006 defines "child marriage" as "a marriage to which either of the contracting parties is a child"[35] and defines "child" as "a person, who if a male, has not completed 21 years of age, and if female, has not completed 18 years of age".[36]

Thus, a child marriage is a marriage where:

1 the **female** is **less than 18 years** of age; **or** 2 the **male** is **less than 21 years** of age; **or** 3 **both** are below the legal age of marriage.



The term "contracting party" has been defined as "in relation to a marriage, means either of the parties whose marriage is or is about to be thereby solemnised".[37] This means the bride and groom to a child marriage that is already performed or about to be performed.

Source: Enfold Proactive Health Trust, Annulment of Child Marriage under the Prohibition of Child Marriage Act, 2006 (2024).

A child marriage under the central law is considered “voidable” which means whoever was a child at the time of the marriage may choose to nullify the marriage within 2 years from attaining majority. However, as per The Prohibition Of Child Marriage (Karnataka Amendment) Act, 2016, a child marriage is “void ab initio” which means void from the begining and which does not exist in the eyes of law.[31]

Legal Status of Child Marriage



VOID

Under S.12, marriage of a "minor" child is void if they were taken/ enticed out of the keeping of the lawful guardian, sold, trafficked, or by force compelled or induced to go to any place by deceitful means. Child marriage solemnised in violation of court injunction is also void. All All child marriages are void in Karnataka and Haryana after respective State amendments came into effect.



VOIDABLE

Under S.3, either party who was a child when the marriage was solemnised has the option to nullify the marriage within 2 years of them attaining majority. Child marriage is valid unless it is nullified by the party who was a child at the time of the marriage.



VALID

Child marriage is valid unless it is nullified by the party who was a child at the time of the marriage.

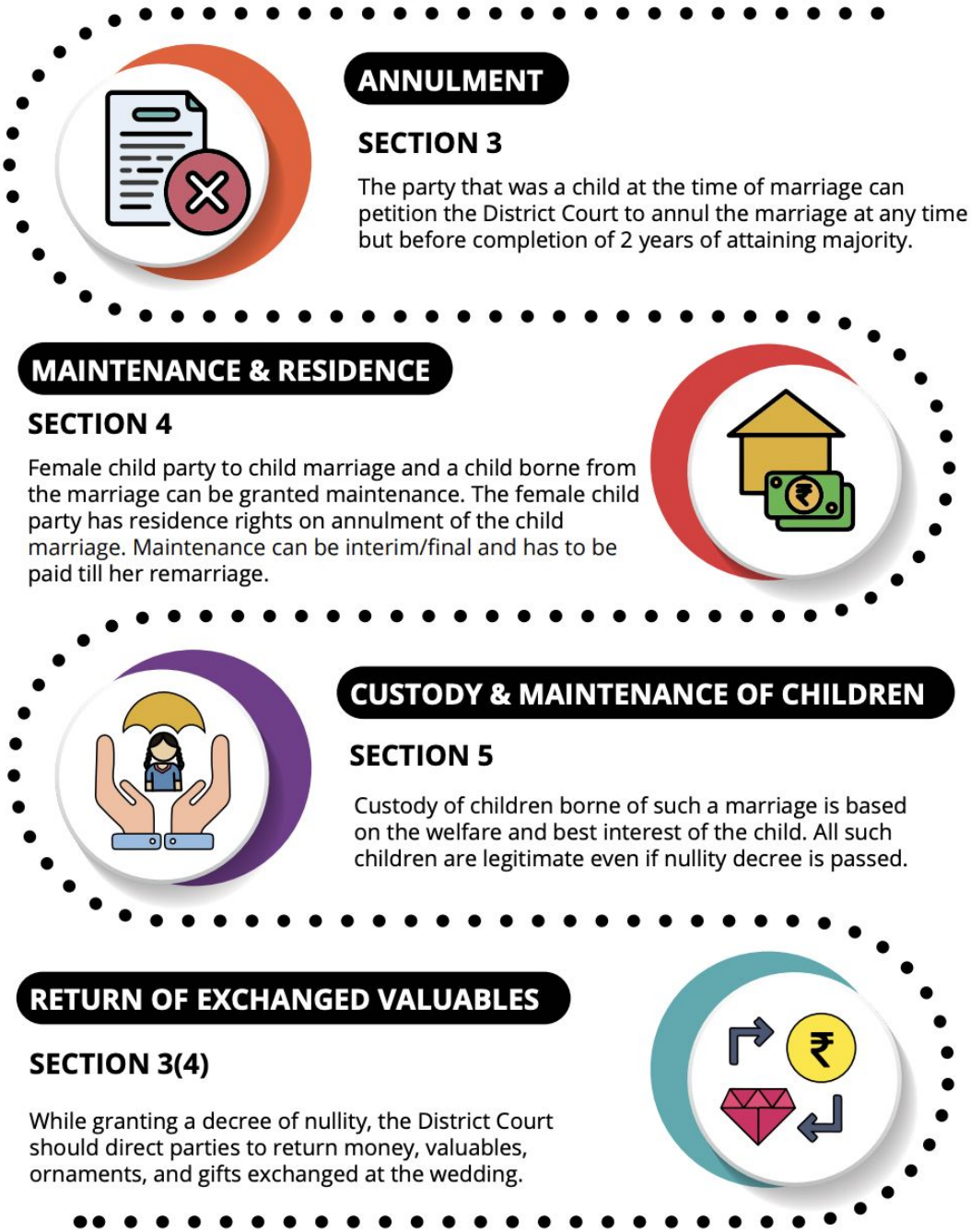
Source: Enfold Proactive Health Trust, Annulment of Child Marriage under the Prohibition of Child Marriage Act, 2006 (2024).

If a minor is married, they have a right to file a petition before the court to annul the marriage before they are 20 years of age. If they are below 18 at the time of filing the petition, they will require the assistance of a trusted adult in the procedure. However, in Karnataka child marriages are declared void ab initio and a child may consider a decree to declare the marriage void. Additionally, they are also entitled to residence in a safe environment, either with their parents, a child care institution, or a government shelter home, as per court directions. They can claim maintenance from the husband or guardian to ensure their financial security and basic needs. In cases of abuse or exploitation, they may receive protection, rehabilitation, and support services, including counseling and legal aid, to help them rebuild their lives.residence and maintenance, ensuring their well-being and protection.

[31] Clause 2, < https://dpal.karnataka.gov.in/storage/pdf-files/26of2017.pdf>

Civil Remedies under PCMA

Section 3(2): If at the time of filing a petition, the petitioner is a minor, the petition may be filed through his or her guardian or next friend along with the Child Marriage Prohibition Officer.



Source: Enfold Proactive Health Trust, Annulment of Child Marriage under the Prohibition of Child Marriage Act, 2006 (2024).

Illustrative Criminal Laws applicable in cases of child marriage

Conduct of Child Marriage

- S. 9, PCMA – Adult male marrying a child
- S. 10, 11, PMCA – Performing, conducting, directing, abetting, promoting or permitting a child marriage
- S. 13, PCMA – violation of court injunction prohibiting a child marriage
- S. 75, JJ Act read with Rule 55, Model JJ Rules– giving a child in marriage is cruelty

Sexual Offences

- Ss. 63 & 65, BNS/Ss. 375, 376, 376AB, IPC – Sexual intercourse with a wife below 18 years **attracts charges of rape for the male party**
- Ss 5(n) & 9(n), POCSO Act – Ground for aggravated penetrative sexual assault and aggravated sexual assault is commission of the offence by a "relative of the child through blood or adoption or **marriage**...."



Kidnapping and Abduction

- S. 135, 137 BNS/ Ss. 361, 363, IPC – Kidnapping from lawful guardianship
- S. 85, BNS/S. 366, IPC – Kidnapping woman to compel her marriage

Trafficking

- Ss. 141, 96 & 97, BNS/Ss. 370, 372 & 373, IPC – Trafficking for exploitation, sale and buying of children for prostitution
- Ss. 5 and 5A, ITPA – Procuring, recruiting, transporting or harbouring children for prostitution
- S. 81, JJ Act - Sale and procurement of children for any purpose

Exploitation and violence

- S. 84, BNS/S. 498A, IPC – Dowry Harassment, cruelty by husband and his relatives
- S. 75, JJ Act – Assault, exploitation and abuse and of child by person having actual charge of child amounts to cruelty

Source: Enfold Proactive Health Trust, Annulment of Child Marriage under the Prohibition of Child Marriage Act, 2006 (2024).

How can children protect themselves from forced child marriage

1. **Share it with trusted people:** If a child becomes aware that they are at risk of being forced into child marriage, they can talk about it with their trusted adults, like their teachers, safe relatives, neighbours, adult friends, or anyone else in the community.
2. **Ask for help:** Children can call Childline and seek support from them or from the NGOs who work to prevent child marriages. Children may also seek help from the police or the CWC directly.

Encourage children to keep 3 main things in mind when they need help.

1. Remind them of the activity where we have helped them identify their safe person. Tell children to inform their safe adults about the incident and seek help.
2. If they do not get the help from the safe person, seek help from ChildLine, or from an organisation that works for the protection of the children.
3. The child may also seek help directly from the police.

Sponsorship schemes that are available for children in Karnataka

1. Mission Vatsalya- Sponsorship Scheme
(This information is based on the order dated 18.06.2025)
The sponsorship programme is being implemented in the state as per the Juvenile Justice (Care and Protection of Children) Act-2015, Section 45 of the Juvenile Justice (Care and Protection of Children) Model Rules 2016, Rule-24. The revised sponsorship programme is being implemented from the year 2022-23 as per the Mission Vatsa guidelines issued by the Ministry of Women and Child Development, Government of India on 05-07-2022. In the revised guidelines, the financial support has been increased from Rs. 2,000/- to Rs. 4,000/-.

Sponsorship Programme Objective:
The Juvenile Justice (Care and Protection of Children) Act, 2015, amended by the Children's Welfare Act, 2021, provides that in the rehabilitation process of children in need of care and protection, placement in foster care institutions shall be the last resort (Section 3-XII)

With the principle that "it is the fundamental right of every child to grow up in a family", children in difficult/vulnerable families shall not be separated from their community, social and cultural environment. The main objective of the Juvenile Justice (Care and Protection of Children) Act, 2015 is to ensure that children in difficult/vulnerable families are not separated from their community, social and cultural environment.

The Juvenile Justice (Care and Protection of Children) Act, 2015, amended in, 2021, Section 2(58) defines that the sponsorship shall ensure that children in difficult/vulnerable families shall not be separated from their community, social, and cultural environment.

Period of Sponsorship:

The period of sponsorship shall be at least **one year** or till the child completes 18 years of age, as per the need.

The sponsorship program support may be extended up to the completion of 18 years of age by the JJB, CWC on the basis of reasons recorded in writing. If the Mission Vatsalya scheme is terminated before a child turns 18, sponsorship support will also end.

The District Child Protection Unit shall make every effort to financially and in every way empower the family to take proper care of the child. Sponsorship and Foster Care Approval Committee How to proceed with the fair procedure,

2. UPKAR Scheme (2020-21)

Upkar is a Karnataka Government Scheme that provides a monthly 5000/- financial assistance to children who have been released from children's Homes. This scheme is applicable to the children who attained 18years and the government provides up to 3 years of financial assistance of 5000/- every month. This scheme is also applicable to children who have attained 21 years, and the government provides up to 3 years of financial assistance of 5000/- every month. In case of exceptional circumstances, the financial assistance can continue for another 2 years. The aim of this scheme is to provide skill development training to children and help them to get jobs.

- This scheme is applicable to the children who are released by the Order of Child Welfare Committee and the Juvenile Justice Board.
- To apply under this scheme, these are the document requirements
    1. Release the order copy from CWC or JJB.
    2. Main priority given to the orphan children.
    3. Educational certificates.
    4. Every month attendance sheet is submitted by the vocational training institution or educational institution.
    5. Along with this document, the request is to be submitted to DCPO.

3. Special Care Plan

HIV-affected and HIV-infected children have financial assistance from the state government, -2000 rupees per month.

4. CM Baal Seva Yojana

Sponsorship for children who lost their parents during COVID-19 pandemic. Which is 3500 rupees for a month.

Session Plan

Opening: Finger Breathing Exercise
Begin by sitting comfortably. Rest your hands on your lap or a surface in front of you. Gently close your eyes or soften your gaze. Take a deep breath in... and slowly exhale. Now, bring your focus to your hands. Spread out one hand in front of you, palm facing up. With your other hand, place your index finger at the base of your thumb. We will now trace each finger as we breathe.

Finger Breathing Exercise

1. Thumb: Slowly inhale as you trace up your thumb. Exhale as you trace down the other side.
2. Index Finger: Inhale as you move up your index finger. Exhale as you move down.
3. Middle Finger: Inhale, tracing up. Exhale, tracing down.
4. Ring Finger: Inhale, moving up. Exhale, moving down.
5. Little Finger: Inhale as you trace up. Exhale as you trace down.

Now, pause for a moment. Feel the calmness settling in your body. If you like, repeat this exercise with your other hand. Take one final deep breath in... and exhale slowly. Gently wiggle your fingers and toes. When you're ready, open your eyes, bringing this sense of calm into your day.

Talking piece (TP): Explain about the talking piece. Refer to Annexure 1.

Check-in: How are you feeling now? If you could relate your feelings to an animal, which animal would it be and why?

Community building question: What is one thing you find interesting about laws, and how do you see it helping communities/people?

Circle guidelines: Explain the four circle guidelines - Speak from the heart, Listen from the heart, No need to rehearse, Without feeling rushed, say just enough. Refer to Annexure 1.

Values: Reiterate values same as in Session 1. Ask participants if they would like to add or remove any Value, and have a discussion regarding the same. If everyone is comfortable with the Values co-created, ask for visible/verbal consensus.

Pop-corn discussion

- Ask them to reflect on the children in their CCI and if all the children have a support system.
- What steps can you take to be a safe adult for children in your care?
- What does it mean to be child friendly?
- What does the principle of confidentiality mean?

Note to Facilitator: *Give the participants a conceptual understanding of the three Acts- POCSO, PCMA, and the MTP Act, using the handbook and the ppt tools provided.*

Activity:
Divide the participants into five groups and hand each group a distinct scenario. Give them 15-20 minutes time to respond to the questions. Debrief together each scenario for 30 minutes.

Scenario 1: Srija, an 11-year-old, was being sexually abused by her father Shibu for the last 2 years. She shared this with her teacher in a private school, who informed Childline. Srija also has mild intellectual disability. The child was rescued by the police and produced before the CWC. The mother Amita is a domestic worker, father works as a school bus driver. Amita pleads with CWC to release Srija and assures them that she will take care of Srija and ensure that Shibu doesn't come anywhere near their house. The police are worried that Srija will be forced to change her statement if she is sent home. The CWC places Srija in the Children's Home for Girls. Srija is crying a lot and does not want to stay in the Children's Home.

- What do you think Srija must be thinking and feeling?
- How will you respond to Srija?
- What are the do's and don'ts while communicating with Srija?

Scenario 2: The House Father finds that 14-year-old Bablu is engaging in sexual acts with younger boys in the Home.

- What are your thoughts on this behaviour?
- How would you respond to this situation? What would you say to Bablu in this situation?

Scenario 3: Revathi is a 17-year-old girl who eloped with Afzal, her 19-year-old boyfriend. A POCSO case was registered and Revathi was admitted to the Children's Home because she refused to return to her parents and they also refused to take her home unless she ended her relationship. When Revathi is admitted a medical examination is conducted revealing that she is pregnant. The pregnancy is about 10 weeks. Revathi wants to terminate the pregnancy and wants to be with Afzal or his family.

- How would you respond to this situation? ?
- List the options available to Revathi in this situation.
- What are your views on adolescents entering into such relationships?

Scenario 4: 15-year-old Meena was forcibly married to a 28-year-old Ashok during COVID. She was subjected to sexual abuse and beatings regularly by Ashok. Unable to bear it, she left her home and was later found and produced before the CWC. She was placed in the Children's Home. Meena wants to pursue her studies and does not want to live with her husband or her parents.

- What do you think Meena must be thinking and feeling?
- What are the do's and don'ts while communicating with Meena?
- List the options that Meena has in this situation.

Scenario 5: Three boys between 11-13 year olds were shown pornography by the night guard and asked to perform sexual acts on each other, while he filmed them. One of the boys disclosed this to the counsellor at the CCI.

- What do you think the children must be thinking and feeling?
- What should the Counsellor do in this situation?
- What is the role of the Superintendent of the CCI in this case?

Group Question: In which of the above situations is the child allowed a right to compensation?

Note to Facilitator: *Facilitator can refer to the compensation note in the conceptual understanding of the chapter and inform staff that a child can get compensation (interim and/or final) in a POCSO and PCMA case. Facilitator can explain the kinds of compensations as provided in the conceptual understanding section.*

React: Child victims in POCSO cases should be kept in a separate home as they may negatively influence other girls. Agree or Disagree.

Note to facilitator: *In case the staff agree with the above statement, the Facilitator can refresh their memory on sexuality, attraction, and emotional changes an adolescent goes through as discussed in Session 5, and also emphasise the principles of dignity, and equality and non-discrimination under Section 3, JJ Act.*

What are the Do's and Don'ts while interacting with children in a CCI?

Note to Facilitator: *Facilitator can end the session by handing out the list of schemes available to children as provided in the conceptual understanding part of the chapter. Please note that facilitators are required to be updated on any changes in schemes.*

Check-out: Personal Reflection and Takeaways
What are your takeaways from today's circle?

Closing: Distribute a rose to each participant. Ask them to stand in a circle, turn to the person on their right, and give them the rose while sharing one good thing they appreciate about them. The other person will then do the same. This activity happens in pairs and is meant to appreciate each other for who they are and to wish them a bright future!

ANNEXURE 1: ELEMENTS OF RESTORATIVE CIRCLE

Excerpt from: Enfold Proactive Health Trust, *Handbook for Facilitation of Restorative Practices in Child Care Institutions (2021)*

The elements of a Restorative Circle include the opening and closing ceremony, a Centre, Check-in, Check-out, Rounds and a Talking Piece. The ritualistic aspects of a Restorative Circle helps to attune the energy of the participants, and "...encourages people to drop the ordinary masks and protections that create distance from others."[32] Circle Keepers in the RP team have found it very helpful to personalise each of these elements depending upon the topic of a particular Circle. A participatory approach is taken while designing these elements, wherein the participants in the Restorative Circle are often entrusted with the task of preparing or bringing some of these elements - such as a special object for the Talking Piece, flowers or elements from nature for the Centre, etc.

Keepers and Co-Keepers

The Circle Keepers and Co- Keepers (also referred to as Facilitators and Co Facilitators), 'keep' the space by keenly observing whether participants are feeling safe and comfortable, the Circle. They are equal participants, not experts, and although they take on the responsibility of planning the Circle and the questions in the Rounds, they too share responses from their own life experience.

Opening

The Opening generally sets the tone for the Circle process and marks the space apart. The purpose of an opening is to help the Keepers and participants transition into the Circle, become centered and grounded so that they may then be able to leave the distractions of the day aside, and focus so as to bring their 'whole' selves to the experience of the Circle. This is normally some form of mindfulness practice that enables participants to become more in tune with their bodies, minds and feelings, as well as the ambience of the Circle space itself. Openings can include:

- inspirational quotes, poems, or songs aligned with the theme of the Circle;
- breathing exercises;
- instrumental or meditation music;
- moments of meditative silence.

In a Circle on 'Vision for a good life', a 14-year-old child in a Children's Home was energized when she heard a poem titled "कोशिश करने वालों की" by Sohan Lal Dwivedi, as she recalled hearing it when she used to attend school a few years back.

[32] Pranis, K. (2015). *Little book of circle processes: A new/old approach to peacemaking*. Simon and Schuster; 26

Centre

A Centre is a crucial element in a Restorative Circle. It is not only the centre of the circle in which participants are seated, in an in-person Circle, it is also a space that can be co-created online as well. The Centre contains objects, values, and elements from nature that are of importance to the participants and/or hold some relevance to the topic of a Circle. In some Circles, Keepers encourage participants to bring objects that have a special meaning attached to them and place it in the Centre (or briefly display it in an online Circle). The Centre often serves as an anchor that helps participants to focus and feel connected with the other participants. Children and adults have found strength from the Centre, especially when the Restorative Circle is emotionally heavy, or when there are difficult moments.

Aside from the personal objects of value, the Centre can be put together with any material that is available. It could be:

- A piece of cloth or dupatta;
- Dried or fresh leaves and flowers;
- Lamps;
- It is an arrangement of special objects/cloth/elements from nature, etc., that are placed in the Centre of the Circle.

A Centre can also be created in online Circles through a collage of pictures that can be collected from participants in advance. Participants can also be invited to create their own Centre next to them, in the space where they are attending the online Circle.

Talking Piece

The Talking Piece is any of the participant's special objects that are placed in the Centre, or which the Keeper or the children choose for the Circle. Children can be invited to pick the Talking Piece at the start of every Circle. Before using the object as a Talking Piece, the Keeper invites the person whose object it is, to share a story from their life about what the object means to them. The object is then respectfully passed around the Circle, from one participant to the next, with participants invited to use it in a manner that enables the holder to speak, while others listen with intent. Participants who do not feel like sharing are invited to accept the Talking Piece and pass it on to the next person in silence - without feeling compelled to speak. The Talking Piece equalizes power and enhances participation by ensuring that everyone has an equal opportunity to speak or express themselves. It also "slows the pace of conversation and encourages thoughtful and reflective interactions..."[33]
The agency of participants, irrespective of age or any other status, is recognised and encouraged. Participants are invited to share their thoughts, feelings and stories based on their comfort, and informed in the beginning of the Circle, that if they are uncomfortable sharing, they are welcome to pass it on.

[33] Pranis, K. (2015). *Little book of circle processes: A new/old approach to peacemaking*. Simon and Schuster; 30

Values

The heart of Circles are values that all participants agree to uphold during the Circle, to the best of their abilities. These values help create a safe container for the free and comfortable expression of emotions and stories from the heart. The term "value" may sound abstract to children and it can be difficult to convey to them what it means in the context of the Circle.

To help children understand and identify values for the Circle, Keepers may ask children to think of a person with whom they could share their dreams, secrets, desires, happiness, sadness and everything under the sun! Once children think of this person, they are asked "What is it about this person that makes you feel comfortable to share everything with this person?" Through these responses, the Keepers can derive the values that may be adopted by the participants.

The Keepers invite all participants to co-create values, and to own the space by sharing the responsibility to ensure adherence to them by encouraging each one to express themselves if their needs are not being met due to the non-adherence to values. The Keepers (and the participants too) can initiate a process of collective reexamination of the Circle space and whether any of the existing Circle values were being disrespected, and perhaps in identifying additional values that may need to be added too. Co-equalizing power and observing the Circle space for any bullying/teasing amongst children, or power dynamics amongst staff of the CCI is one of the key roles that Keepers must play.

Check-in

Check-ins are usually open-ended questions that are designed to "relax the group and build universality among participants." Check-ins serve as 'ice-breaking' tools, and also act as a catalyst for the initial steps in a relationship-building process. In this stage, it may also be helpful to invite participants to introduce themselves, even if they are already familiar with one another. The Keeper could also facilitate a deeper Check-in by providing an opportunity for each participant to express authentically what they are feeling at that moment in their day, and thereby share a little part of themselves with the other participants. Check-ins can be long or short, light or deep, depending on the time constraints, the level of trust in the Circle, and the theme for the Circle. Check-ins help everyone in the Circle to get a sense of what other participants in the Circle are feeling or carrying into the Circle, and therefore provides an opportunity for participants to also respond to the needs that may be expressed at this time, during the sharing that takes place subsequently in the Rounds.

Check-in questions can be:

- How are you feeling today?
- Draw and share with us what you are feeling today.
- Is there anything you feel that is important for the group to know?
- How are you feeling? If you were an animal, what animal would best describe how you are feeling?
- Please draw an outline of a heart. Now, fill it with drawings and colours of what is in your heart today.
- How are you feeling today? Think of a song that represents who you are and what you want from life? Do sing a few lines from it, if you are comfortable?

Community building round

The prompts are usually light-hearted at the beginning of the Circle, during the trust-building stage. Children are asked questions that they feel comfortable answering, without any fear of being ridiculed or judged for their responses.

Examples of such questions are:

- Share with us your favourite actor/sports person and what you like about them.
- If you had a super power what kind of a power would that be? What would you do with this power?
- If you were given an entire day to do whatever you wanted with no restrictions or instructions, what would you do?
- Tell us about your favourite film and why you like it.

Question Rounds

The question rounds help participants engage with, and reflect upon the theme chosen for the Circle. This is one of the central elements of the Circle, one that often takes up the most time. Questions are open-ended and invitational, they draw upon real life stories and emotions and not on cognitive theorizing. These are questions or reflective statements that the Keepers normally plan in advance, based on the theme identified for the Circle, and ask one at a time, inviting the participants to share. **The Keepers always answer the questions first to model the depth of the Circle and the nature of response.** Listening closely when in a Circle, the Keeper and Co-Keeper take a moment to quietly assess whether the group needs another round on a specific issue, based on what is arising in the group. They could either frame a question and ask it, or even invite the participants to collectively decide what question they would like to use for another round that best meets the needs of the group.

Check-out

The Circle Keepers ask a Check-out question to enable participants to share how they are feeling at the end of the Circle. This helps the Keepers to get a better understanding of how each participant is doing at this time, and whether or not the Keepers need to provide additional support to anyone after the Circle. Keepers could also invite participants to share the insights they derived from the Circle, which in turn helps the participants to share and draw from the wisdom that has been co-created together.

Check-out questions could be:

- How are you feeling after the Circle?
- In one word, share how you are feeling after the Circle?
- Share with us something new you learnt about yourself from this Circle experience.
- Share with us something new you learnt from someone else's sharing in the Circle today.
- Share in a few words what you learnt from today's Circle.
- Draw something which helps us to understand how you are feeling now.

Closing

A Closing marks the end of the group's time together in Circle, as it "reminds people of their interconnectedness, and emphasizes positive potential."[34] It is ideally something that is positive and uplifting - and can be affirmations, a secular prayer, a physical movement, inspirational poem or a popular song sung together. Closings convey a sense of hope for the future and prepare participants to return to the space of their daily lives.

The Closing may include:

- Quotations, poems, songs or video clippings that resonate with or summarize key insights / core messages on the theme of the Circle;
- Breathing exercise or mindfulness practice;
- Relationship building exercise;
- Art exercises such as collaborative art, Origami, Squash Painting, etc.

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[34] Pranis, K. (2015). *Little book of circle processes: A new/old approach to peacemaking*. Simon and Schuster; 42

ANNEXURE: 2: PRE-TEST AND POST-TEST QUESTIONNAIRE AND FEEDBACK QUESTIONS

Name: _____
Designation: _____
Name of the CCI: _____
Date: _____
Place: _____

I understand that responding to these questions is voluntary and I can stop at any time I wish to.

Have you participated in Enfold sessions before?
a. Yes
b. No

1. Lakshmi and Vijay are two friends. Lakshmi has come first in class and is good in sports. Vijay is weak in studies, but is good at dancing. Based on this, **what do you feel about Lakshmi and Vijay's intelligence?** (Choose only one response.)
   a. Lakshmi is intelligent.
   b. Vijay is intelligent.
   c. Vijay is not intelligent.
   d. Both Lakshmi and Vijay are intelligent.

2. Shankar and Rukmini, 15-year-old children, have been living in the Children's Homes for six months. No one from his/her family visits them. Over time, he/she gets sad and withdrawn and refuses to participate in any activities. He/She also starts getting into fights with other children. **How will you deal with Shankar/Rukmini?**

3. **A man should:** (Choose all applicable responses.)
   a. Not cry and always be strong.
   b. Be able to physically protect those around him.
   c. Not engage in household chores if there is a woman in the house who can do it.
   d. Be kind and gentle towards all.
   e. Have the freedom to express his feelings and emotions.

4. **A girl/woman should:** (Choose all applicable responses.)
   a. Cook and take care of her family and children.
   b. Always be kind and gentle and not get angry.
   c. Be able to study and take up work based on her interest.
   d. Be financially independent.
   e. Work or study only if her family allows her to.

5. **A trans person is:** (Choose all applicable responses.)
    a. a person born with female reproductive parts but feels themselves to be a man.
    b. a person born with male reproductive parts, but feels themselves to be a woman.
    c. a female with some male reproductive body parts.
    d. a male with some female reproductive body parts.
    e. I don't know.

6. **Homosexuality is a choice.** (Choose only one response.)
    a. Agree
    b. Disagree
    c. Not sure

7. **I believe, during menstrual periods, girls/women should:**
(Choose all applicable responses.)
    a. stay away from cooking food or entering the kitchen
    b. avoid visiting religious places or performing religious rites
    c. avoid exercise and sports
    d. not be stopped from doing their daily activities

8. **When should children be taught the names of the private parts of the body and sexuality education?** (Choose only one response.)
    a. Never
    b. From birth onwards
    c. From 5 years of age onwards
    d. At the onset of puberty and after that
    e. When they reach adulthood

9. **How comfortable do you feel teaching children the biological and clear names of the genitals (private parts)?** (Choose only one response.)
    a. Very comfortable
    b. Comfortable
    c. Somewhat comfortable
    d. Somewhat uncomfortable
    e. Uncomfortable
    f. Very uncomfortable

10. **Giving children information about their body will result in them exploring more and initiating sexual activity with others.** (Choose only one response.)
    a. Agree
    b. Disagree
    c. Not sure

11. **When I see a child touching their genitals in public, I will:**
(Choose all applicable responses.)
    a. tell them to stop immediately
    b. tell them it is not okay to do it in public
    c. tell them only bad children do this
    d. distract the child
    e. punish the child so that they can learn

12. **To prevent sexual abuse of children:**
(Choose all applicable responses.)
    a. accompany the child everywhere
    b. choose schools/centres that have camera surveillance
    c. give personal safety education from an early age
    d. teach the child to avoid strangers

13. Anita, a counsellor, learns that Kaveri, a child in the CCI, was sexually abused by her cousin brother when she visited home during the summer holidays. Kaveri doesn't want to report to the police or want any action taken as she is scared that her family will get upset with her. **What should Anita do?** (Choose all that apply)
    a. Respect Kaveri's wishes and not report the matter
    b. Inform the Superintendent of the CCI.
    c. Inform the CWC. CWC
    d. Inform the police/SJPU.
    e. Provide support to the child and prepare her for reporting to the police.

14. **What is the role of CWC when a child pregnant at 20 weeks wants to terminate the pregnancy?** (choose as many as you think are true)
    a. no role if the child and parent consent
    b. to appoint a guardian if the child is an orphan/ the wishes of the child and parent are in conflict
    c. CWC order is required for the child to terminate the pregnancy
    d. CWC must call to the Medical Board for further action

Feedback Questions:

To be asked while administering the post-test, to seek feedback from the participants about the quality of the training program

1. Please rate the training programme by choosing a rating between 1-5; 5 being the highest and 1 being the lowest.



2. Please mention three key learnings from this training.

3. How do you plan to use the knowledge from this training in your work?

4. What suggestions do you have to improve this training?

5. Would you recommend this training in other districts/states?
   a. Yes
   b. No

6. Would you like to learn about any other relevant topics?

7. Feedback about the facilitation and facilitators

8. Any other feedback?

ANNEXURE 3: ENERGISERS

Facilitators must have a list of energisers that they could consider using in order to shift the energy in the room, especially when participants may be mentally tired, emotionally drained or just sleepy after a meal. Here is an initial list of energisers for consideration.

1. **Zip-zap:** The facilitator asks the participants to stand in the circle after which they stand in the middle of the circle and explain the game to the participants. A participant is called to the middle of the circle and is asked at random to point at another participant in the circle and say “zip”. The person who is pointed out has to duck and the participants on either side of them have to point their hands in the centre and say “zap”. Whoever misses saying “zap” has to then go in the centre of the circle and the game continues. The words “zip” and “zap” can be replaced with any other fun words that may be relatable to the participants such as “Dum” and “Dhamaal” and the like.

2. **Count to 50:** Count 1 to 50, clapping on every number that has a 5, instead of saying the number. If a person misses, you start again from 1. Eg: “1, 2, 3, 4, clap, 6, 7,8, 9,10, 11, 12, 13, 14 clap,...”

3. **Simon Says:** Wherein a leader gives instructions, and players must only follow commands that start with "Simon Says," teaching them to carefully listen and only act when explicitly told to do so, thus promoting responsible behavior by considering the consequences of their actions. You could give instructions that if a person does not follow the instructions the person will need to step out of the game. Additionally, the person closest to them also has to step out of the game. After that the person who made the mistake must apologize to the person who was asked to drop out of the game along with them, and then ask what simple action they could do to ‘make up’ for the harm caused. The simple action could be like a - ‘forfeit’. Key points about "Simon Says": - Develops self-control: Players need to think before acting and avoid impulsive responses.

4. **Red Light, Green Light:** Players must stop when the leader calls "Red Light" and move when "Green Light" is called, teaching them to follow rules and respond appropriately.

5. **Freeze Tag:** Players freeze in place when tagged, encouraging awareness of their actions and the impact on others.

6. **Hot Potato:** Quickly pass an object around a circle and when the music stops, the person holding the object must share a commitment or responsibility they would like to be accountable for - for example - I will ensure that I wash my plate clean after eating.

ANNEXURE 4: SAMPLE SCHEDULE OF TWO-DAY STAFF TRAINING SESSION

Here is a sample schedule for a Two-day Capacity Building on Personal Safety and Sexuality Education (8.5 hours including breaks) that may be used to conduct this program for staff of Child Care Institutions

No.	Session/Activity	Duration
	DAY 1 – SCHEDULE	
1	Registration & Welcome	30 min
2	Introduction and setting up context, establishing values	60 min
3	Session 1: Self-esteem and body image	60 min
	— BREAK —	20 min
4	Session 2: Goal setting and achieving goals	70 min
	— BREAK —	45 min
5	Session 3: Dealing with feelings of rejections and failure	75 min
	— BREAK —	20 min
6	Session 4: Responsibility and accountability	90 min
7	Check-out and Feedback	30 min
	DAY 2- SCHEDULE	
8	Recap and Reflections	20 min
9	Session 5: Sexual Development in Adolescents	85 min
	— BREAK —	20 min
10	Session 6: Gender Sensitivity and Gender Equity	90 min
	— BREAK —	60 min
11	Session 7: Personal Safety Education	90 min
	— BREAK —	20 min
12	Session 8: Select Laws that can protect children's rights	90 min
13	Feedback and closure	30 min

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About Enfold

Enfold Proactive Health Trust is a nonprofit based in Bengaluru founded in 2001, and is working towards building safer, rights affirmative, inclusive spaces and justice systems for children and communities.

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