Part B (Section 2)

- Emotions and Feelings
- Relationship and Touch
- Sexual Abuse
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Training Module on Reproductive Health for CWSN 4
TRAINING MODULE
“LIVE LIFT, STAY SAFE”
Reproductive Health for Children and Adolescents with Disabilities

EMOTIONS
AND FEELINGS
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</table>
| Understanding Situational Causes of Emotions | To teach awareness of the origins of emotions in various situations | • Where Emotions Come From  
• Test Where Emotions Come From | • Workbook 8 & 9  
• Pencil  
• Paper | 10              |
| Understanding Physical Feelings | To teach the physical nature of emotions with regards to comfort | • Physical Feelings and Emotions | • Pencil  
• Paper | 10              |
| **TOTAL TIME**              |                                                          |                              |                               | **90 mins** (1 1/2 hrs)**
EMOTIONS AND FEELINGS

Introduction

Emotional communication skills are essential in the management of sexual behaviour and also coping with sexual abuse. The understanding of the link between emotions and sexual health would help children and adolescents deal with their sexuality and handle their feelings related to their sexual behaviour.

The understanding of emotions includes the ability to identify one’s own emotions, as well as knowing how to express them appropriately. This is something that is usually taken for granted or overlooked by people who are non-disabled. An individual with disability may have difficulties expressing their own emotions as well as reading others’ emotions from their facial expressions and behaviour.

A smile may not be seen as an indicator of happiness by children and adolescents with intellectual disability. They may not be able to understand their own feelings, let alone express them. This difficulty usually leads to misunderstanding of their needs by others. For example, in the case of autistic children, there is a tendency for them to squeal when excited. This squealing might be mistaken as anger or irritation by others. On the part of the child, squealing might mean more than excitement, but also anger, pleasure, anxiety or even expression of physical pain.

Therefore, the skills to recognise and appropriately express has to be taught to children and adolescents with disabilities so as to improve their communication and socialisation skills.

Teaching Emotional Understanding and Communication

The purpose of this section is to provide some guidelines as to how caregivers and related health and educational professionals can teach children and adolescents with disabilities about understanding and managing their emotions.

When teaching, facilitators need to be visually and verbally expressive, empathise the children and adolescents with disabilities and understand that these children may take longer to understand concepts.

Facilitators must familiarise themselves with effective teaching methods for children and adolescents with disabilities.

- Concepts need to be broken down into smaller and more manageable steps so as to improve the chance of success, making learning more encouraging.
- Instructions need to be short and concise so as to minimise confusion.
- Correct responses must be reinforced to promote more correct responses in future. This can be done by providing positive feedback in the form of social rewards such as praise; tangible rewards such as a toy or food item; and tokens leading to a bigger tangible rewards.

The understanding of emotions needs to be structured according to causes and consequences of emotions, as well as the management of emotions in others. Therefore the contents of teaching would need to include these components.

General Objective

This section is to enable the facilitator / trainer teach the identification and expression of feelings/ emotions.

Outcome

At the end of the section trainees will be able to teach children

- To recognise and express the 8 basic feelings i.e. Happiness, Sadness, Anger, Ashamed, Afraid, Confused, Calm and Worried.
- To understand link between cause and emotion.
- To recognise physical signs of emotions.

1. The ability to recognise and express emotions appropriately, as well as to respond appropriately to others’ expression of emotions is part of a person’s basic skills in socialisation and communication.
2. To increase the child’s self-esteem by providing him with skills for positive social interactions.
3. To facilitate improvement in the child’s problem solving skills in managing sexuality issues.
## ACTIVITIES

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<td>Introduction of 8 Basic Feelings</td>
<td>Activities included are POINTING to develop vocabulary and NAMING to develop verbal skills</td>
<td>Refer to Workbook 5</td>
</tr>
</tbody>
</table>
| 1. Pointing to Face Feeling | Show picture of face showing feeling and name the feeling  
- Name a feeling and ask child to point to the correct picture.  
  a. Say e.g. “Point to ‘HAPPY’ ”  
  b. Wait for response  
  c. Reward correct response or set up next trial  
- Train until 100% correct trials in all 8 feelings | Pictures of faces showing 8 basic feelings  
Flashcards in Emotions  
| Picture 1 : Angry  
Picture 2 : Happy  
Picture 3 : Shy  
Picture 4 : Sad  
Picture 5 : Scared  
Picture 6 : Confused  
Picture 7 : Funny  
Picture 8 : Ashamed |
| 2. Naming Feelings (Developing Verbal Skills) | Show picture of face showing feelings and model labelling of corresponding feeling  
- Instruct child to name corresponding feeling  
  a. Point to the face and say “What feeling?”  
  b. Wait for response  
  c. Reward correct response or set up next trial  
- Train until 100% correct trials in all 8 feelings | |

### Recognising Facial Expressions on others - Guess my feeling

1. Tell the child, “I’m going to show you an expression. I want you to tell me what feelings I’m showing”  
   a. Show an expression  
   b. Wait for response  
   c. Reward response or set up next trial  
2. Train until 100% correct trials
3. Take turns and introduce new partners

### Recognising Facial Expressions in pictures - Potluck Feelings

1. Instruct child to take a picture out of the tissue box and label the feeling of the person shown in the picture.  
   a. Say, “What does the face tell you?”  
   b. Wait for response  
   c. Reward response or set up next trial  
2. Train until 100% correct trials

### Activities

- **Recognising Facial Expressions on others - Guess my feeling**
- **Recognising Facial Expressions in pictures - Potluck Feelings**
## Recognising Facial Expressions on Self –

### i. Show a Feeling

1. Instruct the child to make faces to show how he/she feels when having an emotion.
   a. Ask the child, “How does your face look when you are ‘ANGRY’?”
   b. Wait for response
   c. Reward response or set up next trial
2. Train until 100% correct trials
3. Take turns

### ii. Multimouth

You can use ‘Multimouth’ and play a game:

1. Ask the child for a number and a colour to determine a corresponding feeling on the multimouth
2. The number indicates the number of times the mouth opens and closes and the colour determine the choice of feeling to express.
3. Move the multimouth according to the child’s request for number and colour
4. Instruct the child to express the corresponding feeling shown in the multimouth. Do as in above activity
5. Take turns and introduce new partners

### iii. Feelings Dice/Cube

Play the game using Feelings Dice/Cube

1. Instruct the child to role the dice and show the emotion that shows on top of the dice.
   a. Say to the child, “What emotion is that?”
   b. Wait for response – [Show corresponding emotion]
   c. Reward response or set up next trial
2. Train until 100% correct trials
3. Take turns and introduce new partners

### Description

- Recognising Facial
  Expressions on Self –

### Activity

- 1. Instruct the child to make faces to show how he/she feels when having an emotion.
  a. Ask the child, “How does your face look when you are ‘ANGRY’?”
  b. Wait for response
  c. Reward response or set up next trial
- 2. Train until 100% correct trials
- 3. Take turns

### Materials

- Refer to Workbook 5
- Pictures of faces showing 8 basic feelings
- Multimouth - Refer to Page 14
- Feelings Dice (can make dice with pictures of facial expression)
### Recognizing Personal Responses to Emotions

**What Do I Do?**

1. Ask the child, e.g. “What do you do when you feel ‘HAPPY’?”
2. Wait for response.
3. Reward response or set up next trial.
4. Write down child’s response if appropriate.
5. Repeat until all 8 emotions are covered.

### Expressing Emotions to Others

**Show and Tell Expressions**

1. Model to the child: Read a story book and express all the emotions from the story.
   a. Ask child to imitate modelled behaviour and expressions.

### Understanding Situational Causes of Emotions

**Where Do Emotions Come From?**

1. Show and describe pictures of various situations containing emotional reactions.
2. Instruct the child to label the emotions.
   a. Discuss the situation in the picture e.g. girl smelling perfume.
   b. Ask child to look at picture and tell what the person is feeling e.g. ‘girl is smiling’.
   c. Discuss why she is smiling e.g. ‘she likes the smell of perfume’.
3. Repeat until all 8 emotions are covered.
4. Explain that different situations can make you feel happy, sad etc.
5. Explain that different people can also make you feel happy, sad, afraid etc. Discuss people and situations.

**Where My Emotions Come From**

1. Ask the child, e.g. “When do you feel ‘HAPPY’?”
2. Wait for response Answer may be when he /she gets a present.
3. Write down child’s response to situations that make child happy if appropriate.
4. Repeat until all 8 emotions are covered.
5. Take turns.

### Materials

- **Children’s story book** with mention of feelings
- **Refer to Flashcards on Emotions (Pictures No. 9 - 21)**
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<thead>
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<th>Description</th>
<th>Activity</th>
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</table>
| Recognising Bodily Response in Self | Game to demonstrate bodily response to a feeling.  
1. Make a sudden loud sound e.g. burst a balloon.  
2. Ask participant/ child to  
   a. describe how they feel e.g. scared.  
   b. ask how the face looks, what happens to the hands, if the heart beats faster.  
3. Explain that its normal for the responses that happen. | | |
| What Happens in Me? | 1. Ask the child e.g. “What happens to your body when you are ‘HAPPY’?”  
2. Reward response or set up next trial  
3. Write down child’s response if appropriate.  
4. Repeat until all 8 emotions are covered.  
5. Later test by asking, “Do you [bodily response] when you feel [emotion]?” | | |
| Understanding Physical Feelings | Physical feelings that comes with emotions.  
1. Tell the child to imagine a situation and ask the child how he/she would feel.  
2. Ask the child to describe the bodily feelings that come with the emotion.  
3. Model physical feelings and report associated emotions to child.  
   a. Ask child to name emotions that can occur in a certain situation.  
   b. Ask the child, “Which part of your body feels different?”  
4. Discuss. Take turns.  
**Example of Situations**  
1. Pleasant activities (e.g. play, clown, ice-cream)  
2. Fearful activities (e.g. balloon about to burst, fierce animal)  
3. Intrusive actions (e.g. holding back, finger in mouth, etc.)  
4. Sexualised behaviour (e.g. inappropriate touching, exposure, etc)  
Note: For Context (1) and (2), demonstrations may help real feelings. | | |
Steps for Folding Multimouth

1. Fold outwards along the dotted lines so that the bold colours match the back of the lighter shade corresponding colour (i.e. Blue to the back of Faded Blue)

2. Fold inwards so that the +, -, x, o shapes match. Cue: You will see all the emotion labels. (See Figure 2)

3. Fold upwards along the thick line. Cue: You will see the colours Green and Yellow. (Figure 2: Left)

4. Unfold downwards to reveal all the emotion labels again.

5. Fold rightwards along the thick line (Figure 2: Right). Cue: You will see the colours Blue and Green.

6. Slip thumb and fingers under each colour flap and you’re ready to use the multimouth.
TRAINING MODULE
“LIVE LIFT, STAY SAFE”
Reproductive Health for Children and Adolescents with Disabilities

REFERENCES AND CONTRIBUTORS
Training Module on Reproductive Health for CWSN
REFERENCES


3. Moskal and Richards. Eight Basic Emotions

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TRAINING MODULE

“LIVE LIFT, STAY SAFE”
Reproductive Health for Children and Adolescents with Disabilities

RELATIONSHIP AND TOUCH
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<th>Material</th>
<th>Duration (mins)</th>
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<tr>
<td>What is Relationship</td>
<td>Understand simple definition of relationship</td>
<td>Brainstorm</td>
<td>• Mahjong paper • Marker pens</td>
<td>150</td>
</tr>
<tr>
<td>Home environment, School environment</td>
<td>Recognising the different people in the environment.</td>
<td>Discussion</td>
<td>• Mahjong paper • Marker pens</td>
<td></td>
</tr>
<tr>
<td>Circle of Relationship</td>
<td>Understand the circle of relationship, appropriate talk and appropriate behaviour with various levels of people around</td>
<td>Lecture Discussion Group work</td>
<td>• Slides • Workbook on Relationship and Touch</td>
<td></td>
</tr>
<tr>
<td>Touch</td>
<td>Know the different types of touch</td>
<td>Lecture Discussion Group work</td>
<td>• Slides • Workbook on Relationship and Touch • Flashcards on Relationship and Touch</td>
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<tr>
<td></td>
<td>Appropriate touch with different people</td>
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<td>Differentiate OK touch from NOT OK touch</td>
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<td>TOTAL TIME</td>
<td></td>
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<td>240 mins (4 hrs)</td>
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**CONTENTS**

- **What is Relationship**
  - Understand simple definition of relationship
  - Brainstorm
  - Mahjong paper
  - Marker pens
  - 150 mins

- **Home environment, School environment**
  - Recognising the different people in the environment.
  - Discussion
  - Mahjong paper
  - Marker pens
  - 90 mins

- **Circle of Relationship**
  - Understand the circle of relationship, appropriate talk and appropriate behaviour with various levels of people around
  - Lecture Discussion Group work
  - Slides
  - Workbook on Relationship and Touch
  - 240 mins

- **Touch**
  - Know the different types of touch
  - Lecture Discussion Group Work
  - Slides
  - Workbook on Relationship and Touch
  - Flashcards on Relationship and Touch
  - 90 mins

**TOTAL TIME**

- 240 mins (4 hrs)
Training Module on Reproductive Health for CWSN
RELATIONSHIP

**Introduction**

We all have different types of relationships with many different people. Knowing someone means having a relationship and all relationships are different. This section will illustrate the different types of relationships using the Relationship Circle. The circles concept helps to categorise relationships. It is used to define the different types of relationship and identify the quality of relationship, type of talk, degree of trust and appropriate touch in a healthy relationship.

There are also activities to help the trainer explain that relationships can change over time as people get to know one another better. People may begin as strangers and later become friends. This means that there will be differences in the degrees of intimacy in terms of touch, talk and trust with the same person depending on the level of relationship.

Trainers will have to familiarise themselves with the Relationship Circle (Appendix 1) before carrying out the training.

**Objective**

This section is to enable the facilitator / trainer to explain about the different types of relationships and the different levels of intimacy.

**Outcome**

At the end of this section the trainee will be able to explain

- Different relationships that people have with one another using the circles concept
- Different degrees of intimacy with the different people with respect to touch, talk and trust
- Appropriate types of touch associated with the different categories of people in their lives.

**Activity 1**

<table>
<thead>
<tr>
<th>Description</th>
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</table>
| 1.1 Understanding relationships | 1. Ask participant the meaning of relationship. Discuss.  
2. Explain relationship is the connection between two people. There are close relationship with people we know well. Sometimes there is no relationship e.g. people we don’t know. | • Mahjong Paper  
• Marker Pen  
• Slides |
<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
</table>
| **1.2 Identifying different people in the environment** | 1. Explain that we all live in different environments e.g. home environment, school environment, work environment.  
2. Explain that in each environment, there are many different people. For example in school, they have friends, teachers, gardeners, canteen person and so on.  
3. Ask the participant to list down / write on mahjong paper different people in a home environment (in and around the house including people e.g. salesman, persons providing service, strangers, neighbours).  
4. As an alternative, participants can draw the different persons on small cards.  
5. You can use flashcards to discuss about the different people in the environment. | - Mahjong Paper  
- Marker Pen  
- Workbook 6 on Relationship and Touch, Activity 1  
- Flashcards on Relationship and Touch, Picture 1-7 (about different types of relationships) |
| **1.3 Understand the concept of the Circle of Relationship** | 1. Explain the concept of the Relationship Circle for example say “There are many people in our lives, some are close to us and some are far”.  
2. Draw concentric circles on the mahjong paper. Then explain as follows; “If you are in the center of the circle, the next circle is for people closest to you. The circle after that is for people who are not so close. The furthest circle is for people you do not know”.  
3. Using people listed in Activity 1, ask trainee to identify appropriate circle for each of the people they know depending on how close the relationship. They can write/ stick a picture on the mahjong paper.  
4. Let each trainee explain briefly why they place the people on the different circle. Discuss. | - Mahjong Paper  
- Marker Pen  
- Workbook 6 on Relationship and Touch, Activity 2 |
| **1.4 Understand the different interactions and barriers based on the circle of relationship** | 1. Draw the circles on a mahjong paper and explain the different colours. “it is like the traffic light” Red meaning stop or danger, green means safe while yellow and orange means be careful.  
2. Explain the different ‘touch’ in relation to the circles. Explain:  
Blue – hug is for people who are very close e.g. family.  
Green – far away hug is for friends.  
Yellow – handshake is for people we know by face and name.  
Orange – wave is for people we only know by face but not by name.  
Red – stranger, we do not know their face or their name.  
3. Do Activity 3 in Workbook 6 on Relationship and Touch. | - Mahjong Paper  
- Marker Pen  
- Workbook 6 on Relationship and Touch, Activity 3 |
### 1.5 Understand the different levels of intimacy in terms of talk, behaviour and trust.

1. Use the same circles concept.
2. Discuss the different levels of talk, behaviour and trust the child can have with persons in each circle.

You can say:
- ‘People in the blue circle are people you trust; you can tell your problems or share your feelings’.
- ‘You cannot share personal information with people in yellow, orange and red circles.’

3. Discuss. Trainer should guide and facilitate the trainee and explain what is appropriate.

**Trainer can use the details as in Activity 2 when training children.**

### 1.6 Understanding relationships in school environment.

1. Repeat Activities from 1.1 to 1.5 for school environment.

### Note for Trainer

- For the above activities, to prepare the ‘list’ of people to be put on the Circle of Relationship we can:
  - Write the name of person or who the person represents e.g. father, mother, sister, neighbour, salesman, gardener etc.
  - Draw pictures of those people
  - Use real photographs
  - Use pictures from magazines to represent the different people

- To make the Relationship Circle, trainers can
  - Make a big canvas sample with Circles on it
  - Draw on mahjong paper using coloured pens/crayons
  - Prepare workbook with pictures of the Relationship Circle

### Activity 2

#### 2.1. ME AND MY CIRCLE

Understand that everyone has their own circle (personal space)

1. Demonstrate this activity. Ask a participant to stand 3-4 meters away from trainer.
2. Trainer walks towards trainee. Ask trainee to say STOP when they feel uncomfortable or when they feel trainer is too close.
3. Ask trainee to draw a circle on the floor around him/her. Trainer also draws a circle on the floor around the trainer.
4. Discuss. Each person has their own personal space.

**Materials**

- Mahjong Paper
- Marker Pen
### 2.1. ME AND MY CIRCLE

Understand that everyone has their own circle (personal space)

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
</table>
| Understand that everyone has their own circle (personal space) | 5. Demonstrate. Get ‘close’ into trainee’s personal space. Ask trainee how he/she feels. Discuss. **Note to trainer** Many people get very close when talking to children and adolescents with disabilities i.e. enter their personal space. Children learn by example. As such it is not surprising if these children also do the same to others. | • Big set of Relationship Circle  
• Mahjong paper  
• Marker Pen / Crayon  
• Picture of self  
• Workbook 6 on Relationship and Touch, Activities 4, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6 and 4.7 |

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
</table>
| Understand that each person is the center in their own circle. (Purple circle) | 1. Put up a big set of the coloured Relationship Circle or trainer can draw the circles on mahjong paper.  
2. Explain that each person has their own Circles of Relationship.  
3. Trainer demonstrates on the mahjong paper / big set of coloured Circle of Relationship.  
4. Each trainee is asked to paste his/her picture in the purple circle in their copy of circles. You can use Workbook on Relationship. | • Photos of participants & people in their family  
• Glue  
• Copy of coloured Circles Personal Graph  
• Workbook 6 on Relationship and Touch, Activity 5, 5.1  
• Picture from Flashcards on Relationship and Touch, Picture 1 |

### 2.2. MY FAMILY

Identify people in the blue circle

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 1. Put up the big Relationship Circle on the board / draw the circles on mahjong paper.  
2. Tell trainee that the second circle is blue and for family members.  
3. Discuss who are family members*  
4. Ask a few trainee to take turns and demonstrate by putting their family photos in the appropriate circle.  
5. Trainer confirms that it is correct.  
6. Ask trainee to paste pictures of their family members in their own blue circles in their Workbook on Relationship and Touch, Activity 5. | **Tips for trainers to share with trainees**  
*Know the person for a long, long time.  
*See them or have seen them often.  
*Share many common bonds.  
*Know them very, very well.  
*Share deep emotions.  
*Person is not hurtful, supportive and looks after them. |

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 1. Put up the big Relationship Circle on the board / draw the circles on mahjong paper.  
2. Tell trainee that the second circle is blue and for family members.  
3. Discuss who are family members*  
4. Ask a few trainee to take turns and demonstrate by putting their family photos in the appropriate circle.  
5. Trainer confirms that it is correct.  
6. Ask trainee to paste pictures of their family members in their own blue circles in their Workbook on Relationship and Touch, Activity 5. | **Tips for trainers to share with trainees**  
*Know the person for a long, long time.  
*See them or have seen them often.  
*Share many common bonds.  
*Know them very, very well.  
*Share deep emotions.  
*Person is not hurtful, supportive and looks after them. | • Big set of Relationship Circle  
• Mahjong paper  
• Marker Pen / Crayon  
• Picture of self  
• Workbook 6 on Relationship and Touch, Activities 4, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6 and 4.7 |
Identify degree of intimacy associated with people in the blue circle

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Discuss type of touch e.g. people in the blue circle can give you a close hug.</td>
</tr>
<tr>
<td>Trainer must do cumulative teaching. Recapitulate about private body parts i.e. no one can see or touch private parts with exceptions e.g. for assistance in toileting, dressing, putting medication.</td>
</tr>
<tr>
<td>Reinforce the type of talk that is appropriate with people in blue circle. Can talk about any topic e.g. talk about friends, tell family about what happened during the day. Can talk about personal topics.</td>
</tr>
<tr>
<td>Discuss on degree of trust and general tone of emotions.</td>
</tr>
</tbody>
</table>

Note to trainer
- Parents must know or get to know their children’s friends.
- Parents must listen to their children and show they care.

Activity

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Icons/Photo</td>
</tr>
<tr>
<td>Glue</td>
</tr>
<tr>
<td>Workbook 6 on Relationship and Touch, Activity 6</td>
</tr>
<tr>
<td>Picture from Flashcards on Relationship and Touch, Picture 2</td>
</tr>
</tbody>
</table>

2.3. MY RELATIVES AND CLOSE FRIENDS
Identify people in the green circle

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat the same procedure as in activity 2.2.</td>
</tr>
<tr>
<td>Discuss who are relatives and friends*</td>
</tr>
<tr>
<td>Ask 2 trainees to take turns and demonstrate by putting their photos of relatives and friends in the green circle.</td>
</tr>
<tr>
<td>Ask trainees to paste pictures of their relatives and friends in the green circle in their Workbook 6 on Relationship and Touch, Activity 6.</td>
</tr>
</tbody>
</table>

*Tips for trainer to share with trainees about people in green circle
- Know the person for a long time.
- See them or be in touch with them often.
- Share some common bonds.
- Know them well.
- Have affection feeling for them (relatives).
- Have friendly feelings for them (Friend).
<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
</table>

**Identify degree of intimacy associated with people in the green circle**

1. Discuss type of touch e.g. people in the green circle can give you a friendly hug.
2. Trainer must do cumulative teaching. Recapitulate about private body parts i.e.
   - no one can see or touch private parts with exceptions e.g. for assistance in toileting, dressing, putting medication.
3. Reinforce the type of talk that is appropriate with people in green circle i.e. can share some personal information.
4. Discuss about degree of trust i.e. can be trusted and the feelings of affectionate and friendly.

**2.4. NEIGHBOURS AND ACQUAINTANCES**

Identify people in the yellow circle - people you know by name and face

1. Put up the Relationship Circle on the board.
2. Review the relationship with people in blue and green circle.
3. Discuss criteria on who are people in the yellow circle i.e. people you know by name and face *
4. Ask 2 trainees to take turns putting photos or icons and friends in the green circle.
5. Ask trainees to paste pictures / icons of people they recognize by name and face in the yellow circle in their workbook.

* **Tips for trainer to share with trainees**
  - Been introduced to the person at least once by name.
  - Seen them once in a while.
  - Have at least one common interest.
  - Know their names.
  - Be polite and smile and make eye contact.
  - Show mutual respect.
  - Support in specific situation and emergency.

**Materials**

- Big relationship circle
- Icons of neighbours and acquaintances
- Circle Personal Graph (CPG)
- Workbook 6 on Relationship and Touch, Activities 7, 8 and 9
- Picture from Flashcards on Relationship and Touch, Picture 3
<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
</table>
| Identify degree of intimacy associated with people in the yellow circle | 1. Compare the difference of the way of greetings people in blue, green and yellow circle (handshake).  
2. Discuss the following questions when putting the icon in the yellow circle  
   • Who is this person? What does this person do?  
   • Would you let them give you a hug? Why or why not  
   • Would you talk to them?  
   • Would you go to their house?  
3. Trainer must also recapitulate about private body parts.  
4. Discuss about level of trust and emotions. | - Icons  
- Big Relationship Circle  
- Workbook 6 on Relationship and Touch, Activity 10 and 11  
- Picture from Flashcards on Relationship and Touch, Picture 4 |
| 2.5. PEOPLE WHO ARE FAMILIAR | 1. Put up the Relationship Circle on the board.  
2. Review the relationship with people in blue green and yellow circle.  
3. Discuss the criteria for people in the orange circle i.e. people you know only face *  
4. Ask 2 trainees to take turns putting icons of these people in the orange circle.  
5. Ask trainees to paste icons of people they recognize by face ONLY in the orange circle in their workbook.  
* Tips for trainer to share about people in orange circle.  
  • You know only by face e.g. someone in the housing area, children you always meet at the playground.  
  • You do not know their name.  
  • No close relationship.  
  • Hardly ever talk. | |
| Identify degree of intimacy associated with people in the orange circle | 1. Compare the difference of the way of greetings people in blue, green, yellow and orange circle (wave only).  
2. Trainer can use a scenario to discuss appropriate behaviour, talk and trust e.g.  
   • At the playground, someone kicks a football. Suddenly the ball rolls /comes towards you. | |
3. Discuss the following questions
   • Who is this person?
   • Do you know his name?
   • Do you recognize his face?
   • Would you talk to them?
   • What do you do about the ball? You should throw back the ball to them, smile and wave.
   • If they invited you, would you go to their house? If anyone invites you must inform parents and get their permission (so that they know where you are).
   • Would you let them give you a hug? Why or why not?

4. Trainer must also discuss about level of trust and emotions.

2.6. STRANGERS
Identify people in the red circle – ‘you don’t know their name and you don’t know their face’

1. Put up the Relationship Circle on the board.
2. Review the relationship with people in blue, green, yellow and orange circle.
3. Discuss the criteria for people in the red circle e.g. passerby, people at the shops, salesman i.e. PEOPLE YOU DO NOT KNOW AT ALL * or ‘you don’t know their name and you don’t know their face’ - Strangers.
   There are 2 categories in the red stranger circle i.e.
   i. No common interest but is a service provider and have ‘business communication’ e.g. sales person, nurses, doctor, etc.
   ii. No relationship at all and have no need for any interaction.
4. Discuss the two categories of strangers.
5. Prepare little cards with pictures of people who provide service e.g. doctor, shop keeper etc. and cards marked stranger.
6. Ask trainees to place /cards in the red circle on the board / workbook.
7. You can use flashcards to discuss.
8. Trainer can use scenarios/ role play to explain appropriate behaviour, talk and trust with people in red circle e.g. ‘Someone offers RM10, what must you do?’

- Red crayon
- Photo
- Glue
- RM 10.00 note
- Workbook 6 on Relationship and Touch, Activity 11 and 12
- Picture from Flashcards on Relationship and Touch, Picture 5

Workbook 8 on Flash Cards
### Activity 2

**2.6. STRANGERS**

- Identify people in the red circle – ‘you don’t know their name and you don’t know their face’

- **Activity**
  - Use picture of a stranger. Discuss the following questions:
    - Who is this person?
    - Do you know his/her name?
    - Do you recognize his/her face?
    - Would you talk to them?
    - What to do about the RM 10?
    - If they invited you, would you go to their house?
    - Would you let them give you a hug? Why or why not?

- **Tips for trainer to share with trainees.**
  - Cannot share personal facts with strangers.
  - Do not accept help from a stranger. Not sure if can be trusted.
  - Must ask permission from parent/guardian before taking anything from anyone.

- **Materials**
  - Workbook 7
  - Picture from Flashcards on Relationship and Touch, Picture 6 and 7

---

### Activity 3

As children become adolescents, they may develop attraction towards the opposite sex. Feelings and emotions may change from just being friends to one which is romantic in nature. They need to be able to talk about it to someone they can trust. They need to be reminded about issues of public/private, relationships and boundaries.

- **Activity**
  - Discuss how a person from a red circle, may move to the orange circle then yellow and later even into green circle.

  - Give examples e.g. moving to a new house and getting to know new neighbours.

  - Trainer can discuss as follows:
    - New neighbour know face and don’t know name – Red circle.
    - When you recognise face but don’t know name – Orange Circle.
    - Get to know name and you already know face – Yellow Circle.
    - Become close, play together, know well – Green Circle.

  - Draw the circles and show on the board how the neighbour becomes an acquaintance and later friends (moving from red circle, orange, yellow, and green).

- **Materials**
  - Mahjong Paper
  - Marker Pen

---
Identify degree of intimacy associated with people in the yellow circle

3. Discuss the following questions
   • Who is this person?
   • Do you know his name?
   • Do you recognize his face?
   • Would you talk to them?
   • What do you do about the ball? You should throw back the ball to them, smile and wave.
   • If they invited you, would you go to their house? If anyone invites you must inform parents and get their permission (so that they know where you are).
   • Would you let them give you a hug? Why or why not?

4. Discuss scenarios e.g. a group of children are playing ball and the ball rolls over to you.

5. Trainer must also discuss about level of trust and emotions.

3.2 Understand that relationships can become closer and sometimes even romantic in nature

NOTE TO TRAINER
This activity needs to be dealt with very carefully making sure child is of age to know and capable of understanding. Trainer also has to keep in mind issues of culture and religion. Ensure parents understand what will be explained and the need to address issue.

1. Discuss how a person from the red circle, may move to the orange circle then yellow and later even into green circle. This is called making friends.

2. Explain we have friends, some are girls and some are boys. Talk about degree of touch among friends that is OK between boy-boy, girls-girl and boy-girl relationships.

3. Discuss type of talk and the degree of personal information that one would share: boy-boy, girl-girl and boy-girl relationships.

4. Explain that as time goes on and we get to know a person better i.e. learn more about them, share experiences with them, feel safe with them, we may then develop strong feelings for them. This is the same for all relationships.

5. Explain that sometimes relationships become deeper and romantic i.e. special girlfriend or special boyfriend which may lead to marriage. When this happens the person has entered into the blue hug circle.
### 3.3 Understand dating as the process of getting someone better

<table>
<thead>
<tr>
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</thead>
</table>
| **3.3** Understand dating as the process of getting someone better | 1. Ask the adolescent what they understand by dating. Ask what people do when dating. Discuss.  
2. Explain dating as the process of getting to know someone better. Dating is preferably done in public places. Discuss.  
3. Explain that it is important to emphasise to the child/adolescent that they must share information about their friends with their parents or caregivers. Discuss. |           |
The concept uses six colours of the rainbow, namely purple, blue, green, yellow, orange and red. The code for the colours are likened to the traffic light. Green meaning OK, Yellow and Orange being ‘Beware’ whilst Red signifies danger – ‘Stranger Danger’.

- The inner most circle is for the child and called the ‘Me’ Circle (Purple Circle).
- Outside the ‘Me’ circle, we have people who are very close to us that are our parents, family members, (Blue Circle).
- The next circle is the Green Circle and is for friends.
- The Yellow Circle is next and is for close people we know by face and by name.
- Next is the Orange Circle for people whom we only know by face only. We do not know their name.
- The outer most is the Red Circle and this is for Strangers i.e. people we do not know at all (we do not know their face or their name).
- The distance from the inner circle (Me Circle) shows the degree of relationship. The colours also assist to discriminate different degrees of intimacy and adapt behaviours accordingly.
RELATIONSHIP CIRCLE

**PURPLE CIRCLE**
The ‘ME’ Circle

- In this circle, that only one person, that is you
- Each person has their own PERSONAL space.
- You are important and you decide who can touch you.
- No one should touch you unless you allow to be touched.
- Sometimes when people try get too close to you, you need to say NO and SHOUT, then GO & TELL.
- No one touches you unless you give permission to be touched and you do not touch other people unless they allow to be touched.

**BLUE CIRCLE**
They are a few people I give a close hug. I hug – parents (mother, father), siblings (brothers, sisters), very close family members (grandmother, grandfather)

- FAMILY, SIBLINGS, PARENTS

**GREEN CIRCLE**
They are a few more people I give ‘Friendly’ hug to such as, my aunt, my uncle, my best friend

- FRIENDS

**This circle is for people who are very, very close to you.**
- Know the person for a long, long time
- See them or have seen them often
- Share many common bonds
- Know them very, very well
- Share deep emotions
- Not be hurtful; be supportive
- Look after them
- Sometimes you may not feel like being touched. This does not mean you are no longer close with parent, sibling but only you are not in a good mood.
- It is a mutual decision to hug and be close. If you do not want to, you must say NO and SHOUT, then GO & TELL.

**This circle is for people who are close to you.**
- Know the person for a long time
- See them or be in touch with them often
- Share some common bonds
- Know them well
- Have affection feeling for them (relatives)
- Have friendly feelings for them (friend)
- Not hurtful on purpose
- Sometimes a friend may want to be closer to you than you want.
- Explain to your friend you do not want to be touched. If the person continues, then you need to say NO and SHOUT, then GO & TELL.
Tips to recognize people in this category

- Have been introduced to at least once by name
- Have seen them once in a while
- Have at least one common interest
- Know their names
- Be polite and smile and make eye contact
- Show mutual respect
- Support in specific situation and emergency

People in this category include your parents’ friends, the school counselor etc.

- Sometimes someone whose name you know may ask for a ‘Friendly’ hug.
- You can say, “No” if you don’t want.
- No one can touch you unless you allow to be touched.

People in this circle, you only know by face. You do not know their name.

You should not join in because you do not know them.

- You can offer help,
- If they invite you to join them, ask permission from parent or caregiver. If you are alone, do not go.
- Wave to an acquaintance who is too far away for a handshake
- Sometimes children and others will want to hug and kiss you, but you must say, “No”.
- It is best to wave to children and others.
- Children do not know as much as you and so you have to show them the correct behaviour.
This is the outermost space. It includes two categories:

a) **The Community Helpers:**

The community helper is designated by the job he does, and it is not known on a personal basis. Interaction is not emotional and relates directly to the job of the community helper. Touch, if it occurs at all, is clinical, such as during a medical exam in the presence of family members.

b) **Strangers:**

Strangers are unknown and there is no need for interrelation or touch.

You should not join in because you do not know them

- You should not take things from strangers
- You should not go with strangers
- If they invite you to join them, ask permission from parent or caregiver. If you are alone, do not go.
- They are strangers and belong to the red circle.
Training Module on Reproductive Health for CWSN
TRAINING MODULE

― LIVE LIFT, STAY SAFE‖
Reproductive Health for Children and Adolescents with Disabilities

TOUCH
Training Module on Reproductive Health for CWSN 40
Introduction

Touch is any physical contact between two persons e.g. shake hands, kiss, kick, pull hair, etc

A good touch or an OK touch is
• touching done with the permission of the person involved and can be a form of encouragement and support. An OK touch is a touch where the receiver feels happy, loved, cared for, secure and comforted when receiving it.

A bad touch or a NOT OK touch is when
• touching is done without the permission of the person involved. It can be very intimidating and sometimes force is used. A NOT OK touch is where the receiver feels hurt, angry, not loved, intimidated and disgusted when receiving it.

When we deny that children are sexual beings, we deny that they enjoy touching themselves and each other. Touching is an essential part of life. It also becomes an issue for children and adolescents with disabilities.

Objectives

• To introduce the different types of OK and NOT OK touches.
• To identify the different types of touch in relation to the Relationship Circle
• To provide opportunities to practice saying ‘No’ to unwanted and inappropriate touching.
• To impart knowledge on ways to say ‘NO’ when;
  o Someone touches them sexually
  o They are confused about the appropriateness of touching
  o Their requests to resist is ignored by perpetrator
  o To identify the individuals who they can get help from.

Outcome

By the end of this section the participants will be able to
• identify different types of touch i.e. OK Touch and NOT OK Touch
• differentiate touches in relation to the Relationship Circle
• identify inappropriate touch and able to say ‘No’ to inappropriate touch
• identify individuals who they could tell about the inappropriate touch and people who could help them.
### ACTIVITY 1 : INTRODUCTION TO DIFFERENT TYPES OF TOUCH

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
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</thead>
<tbody>
<tr>
<td>1.1 What is “touch”?</td>
<td>1. Ask participants:-&lt;br&gt;• What is touch?&lt;br&gt;• Give your own definition of touch?&lt;br&gt;• Explain some are good or ‘OK’ touch and some are bad or ‘NOT OK’ touch&lt;br&gt;&lt;br&gt;Definition: Any physical contact between two individuals, e.g. hugging, kissing, shaking hands, pinching, slapping, kicking, pulling hair, tickling etc.</td>
<td>• WORKBOOK 6 &amp; 7 ON TOUCH&lt;br&gt;• Mahjong paper&lt;br&gt;• White board&lt;br&gt;• Marker pen</td>
</tr>
</tbody>
</table>

### ACTIVITY 2 : WHAT IS “OK” AND “NOT OK” TOUCHES

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Introduction to different type of OK touch</td>
<td>1. Ask participants to give examples of touches. Write on board.&lt;br&gt;2. Are they good or bad touches? Discuss what makes it a good touch or bad touch.&lt;br&gt;3. Explain that some people refer good touch as OK touch and bad touch as ‘NOT OK’ touch&lt;br&gt;&lt;br&gt;Definition of ‘OK’ touch is a good touch plus touching to show caring, love and sometimes can be pleasurable&lt;br&gt;&lt;br&gt;‘NOT OK’ touch: is a bad touch plus it can be hurtful, shameful and can make the person involve become angry, sad, scared and confused&lt;br&gt;4. You can use picture from Flashcards on Relationship and Touch&lt;br&gt;• For each picture ask participants:-&lt;br&gt;• Who could the people in the picture be?&lt;br&gt;• What does the picture show?&lt;br&gt;• What type of touch is shown?&lt;br&gt;• Is it an ‘OK’ touch?&lt;br&gt;• Is it a good touch?</td>
<td>• WORKBOOK ON TOUCH&lt;br&gt;• 6 and 7&lt;br&gt;• Mahjong paper&lt;br&gt;• White board&lt;br&gt;• Marker pen</td>
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</table>

### 2.2 Introduction to different types of ‘NOT OK’ touch

1. Ask participants to
   - define what are ‘NOT OK’ touches.
   - give examples of ‘NOT OK’ touches

2. Use pictures from Flashcards from Relationship and Touch
   - for each picture ask participants:-
     - Who could the people in the picture be?
     - What does the picture show?
     - What type of touch is shown?
   - read explanation given behind each picture after they have given their opinion

Flashcards included the following:-
- Girl pulling hair of another [Picture 26]
- Girl pinching boy’s cheek [Picture 27]
- Boy threatening to expose small girl’s private parts [Picture 28]
- Boy threatening to expose small boy’s private parts [Picture 29]
- Combination of ‘NOT OK’ touches [Picture 30]

### Activity

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Friends walking together [Picture 18]</td>
<td></td>
<td>Slides</td>
</tr>
<tr>
<td>- Girl feeding grandma [Picture 19]</td>
<td></td>
<td>Mahjong paper</td>
</tr>
<tr>
<td>- Mom hugging son [Picture 20]</td>
<td></td>
<td>White board</td>
</tr>
<tr>
<td>- Grandma rubbing back of grandson [Picture 21]</td>
<td></td>
<td>Marker pen</td>
</tr>
<tr>
<td>- Girl sitting with father watching TV [Picture 22]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mom kissing son goodnight [Picture 23]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Old man patting child [Picture 24]</td>
<td></td>
<td></td>
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<tr>
<td>- Combination of ‘OK’ touches [Picture 25]</td>
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</tbody>
</table>

Continuation from page 39
### Description

2.3  ‘OK’ touches that can be ‘NOT OK’ touch [slide 56-61]

2.4  What should you do when someone gives you a ‘NOT OK’ TOUCH?

### Activity

1. Ask the participants of an ‘OK’ touch that can turn into ‘NOT OK’ TOUCH. Write down suggestion given by participants on white board or mahjong paper.

2. Use picture 31 and 32 from Flashcards on Relationship and Touch. Discuss what is happening.

3. Two types of touch that can turn from an ‘OK’ touch to a ‘NOT OK’ touch include
   - Tickling [Picture 31]
   - Being thrown in the air [Picture 32]

4. Discuss other examples of ‘OK’ touch turning into ‘NOT OK’ touch.

5. Discuss what the child can do when touch becomes ‘NOT OK’ touch i.e. say NO and SHOUT, then GO & TELL.
   - Give a few examples i.e. stroking and hugging
   - Tell participants to role play
   - Ask them about their feelings. What should they do? Discuss.

### Materials

- Workbook 7
- Flashcards from Relationship and Touch, Picture 31 and 32
- Mahjong paper
- White board
- Marker pen
**ACTIVITY 3 : TOUCH THAT NEEDS PERMISSION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
</table>
| 3.1 Ask for permission before touching | 1. Tell the participants that certain touches needs permission that is:  

  ==> NO ONE TOUCHES you unless you want to be touched and you give them the permission  
  ==> you should be able to say “STOP” in a polite manner if you do not want to be touched  
  ==> you DO NOT TOUCH ANYONE unless they give you the permission to touch them |

  Workbook 7  
  Flashcards from Relationship and Touch, Picture 25  
  Summation  
  Facilitator would discuss with the participants:  
  1) the different types of touch and the appropriateness of the touch  
  2) the different types of touch in relation to the various people in the Relationship Circle |

  2. Go to Picture 25 in Flashcards on Relationship and Touch. Discuss with participants about pictures. Observe facial expressions, stance, proximity and the appropriateness of the touch  

  • A. Play time.  
  • B. Distress and injured boy.  
  • C. Security and comfort?  
  • D. Getting a jab from the doctor. |

  3. Ask participants to give other examples where permission is needed before touching. Demonstrate using doll. Pretend to change doll’s clothes. |

  4. Ask participants to role play and discuss activity below:  

  • Touching during a doctor’s examination  
  • Touching to attract attention [on shoulder, hand, arm]  
  • Touching to comfort [pat on the back/shoulder, hug]  
  • Touching to help a person [in distress, injured in accidents]  
  • Accidental Touch [during games, public transport & public places] |
## ACTIVITY 4: TOUCH AND RELATIONSHIP

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Review the Relationship Circle and appropriate touches</td>
<td>1. Ask participants to</td>
<td>• White board&lt;br&gt;• Marker pen</td>
</tr>
<tr>
<td></td>
<td>a. revise the Relationship Circle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. review and reinforce the Relationship Circle and touch</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. explain the meaning of the colored circles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. <strong>Red Stranger Circle:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. YOU DO NOT TOUCH strangers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. STRANGERS DO NOT TOUCH you</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. You decide who can touch you – you decide when to say “STOP” and when to walk away</td>
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<td></td>
<td>d. Understand that strangers can be safe and nice. They can interact with strangers if parents or teacher are with them.</td>
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<td></td>
<td>ii. <strong>Orange Wave Circle:</strong></td>
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<tr>
<td></td>
<td>a. You wave to children and nod to people with familiar faces</td>
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<td></td>
<td>iii. <strong>Yellow Handshake Circle:</strong></td>
<td></td>
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<tr>
<td></td>
<td>a. You shake hands with acquaintances and when you are introduced to someone.</td>
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<td></td>
<td>iv. <strong>Green Far Away Hug Circle:</strong></td>
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<tr>
<td></td>
<td>a. There are a few more people you give far away hugs to (i.e. friendly but not intimate hug) such as your friends, auntie and uncle on special occasion e.g. birthdays</td>
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<td></td>
<td>v. <strong>Blue Hug Circle</strong></td>
<td></td>
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<tr>
<td></td>
<td>a. There are very few people who hug you and whom you hug: your father, your mother, grandparents</td>
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<tr>
<td></td>
<td>vi. <strong>Purple Private Circle</strong></td>
<td></td>
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<tr>
<td></td>
<td>a. You are the most important person in the world</td>
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<tr>
<td></td>
<td>b. No one touches you unless you want to be touched and you give permission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. You do not touch anyone unless they want to be touched and give permission</td>
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</tbody>
</table>
### Description
4.2 You must take care of yourself

### Activity
1. Revise charts on:
   - **Body Parts**
     - Public/private body part
     - Public/private behaviour
     - Public/private places

2. Ask participants to discuss about permitted behaviour on different touches relating to emotions and relationship that an individual is permitted to show in public and private places.

3. Write down the suggestions on the white board/mahjong paper. Give some examples of behaviour listed below:
   - Behaviour in public places
     - Help your friend who had fallen from the bike.
     - Hold your big brother’s hand while crossing the road.
     - Kiss/hug your mother/father to show that you love them.
   - Behaviour in private places
     - Undress
     - Expose your private parts
     - Clean/scratch your private parts

### Materials
- Slides
- White board
- Marker pen
Training Module on Reproductive Health for CWSN
TRAINING MODULE
“LIVE LIFT, STAY SAFE”
Reproductive Health for Children and Adolescents with Disabilities

REFERENCES AND CONTRIBUTORS
Training Module on Reproductive Health for CWSN
REFERENCES


3. Gianni Amelio, Keys To The House. 1993

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Training Module on Reproductive Health for CWSN
TRAINING MODULE

“LIVE LIFE, STAY SAFE”

Reproductive Health for Children and Adolescents with Disabilities

SEXUAL ABUSE
Training Module on Reproductive Health for CWSN
<table>
<thead>
<tr>
<th>Topic</th>
<th>Teaching Objectives</th>
<th>Method</th>
<th>Material</th>
<th>Duration (mins)</th>
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</thead>
<tbody>
<tr>
<td>Understanding Sexual Abuse</td>
<td>Teach about&lt;br&gt;- Types of Child Sexual Abuse (CSA)&lt;br&gt;- Signs of CSA&lt;br&gt;- David Finkelhor’s 4 Precondition to CSA&lt;br&gt;- Prevention of CSA</td>
<td>Lecture Discussion</td>
<td>• Slides&lt;br&gt;• Workbook</td>
<td>120</td>
</tr>
<tr>
<td>Understanding about Disclosures</td>
<td>• Fears of Disclosure&lt;br&gt;• Handling Disclosure</td>
<td>Lecture Discussion</td>
<td>• Slides&lt;br&gt;• Workbook</td>
<td>120</td>
</tr>
<tr>
<td><strong>TOTAL TIME</strong></td>
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<td><strong>240 mins</strong></td>
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</table>
SEXUAL ABUSE

Introduction

Sexual abuse takes place when a person in power coerces, tricks, and/or forces a child to take part in sexual activity, using the child to satisfy his or her own sexual desires.

Sexual abuse is also defined as any act on a more vulnerable person for the sexual gratification of the more powerful person.

Children and adolescents with special needs are more vulnerable to abuse. This section provides information to parents and caregivers on abuse, prevention of abuse and how to handle the situation when one suspects that an abusive incident has occurred.

Objective 1

Educating caregivers about the dynamics and prevention of child sexual abuse

Outcome

Caregivers have increased knowledge about the dynamics and prevention of child sexual abuse

Description

1) Definition
2) Types of Child Sexual Abuse (CSA)
3) Signs of CSA

Activity

Parents participation:
• Introduce yourself. Activity 1.
• Distribute to each participant a piece of paper and ask them to write down the first word or phrase that comes to their mind when they hear the term “child sexual abuse”.
• Ask participants to brainstorm for some examples of child sexual abuse.
• Write the responses on a whiteboard/blackboard/piece of mahjong paper if available.
• Summarize on the definition of child sexual and types and forms of child sexual abuse from the slides.

Lecture – Facts: Definition and Types of Child Sexual Abuse (CSA)
• In Malaysia, the definition of “child” is one who is under 18 years old (Child Act 2001).
• The more powerful person over a child is normally an adult, but it can also be another minor who is older, stronger, bigger, richer, smarter and so forth.
• Child sexual abuse is not just rape but includes other sexual acts which may not include touching or penetration.
• A child who has been sexually harassed or fondled can experience the same effects of shame, guilt, and powerlessness as a child who is raped.
• Voyeurism is watching someone else perform a sex act.

Materials

Power Point Slide
Workbook on Personal Safety (Child’s Section) and (Parent’s Section)

Power Point Slide
### Description

1) Definition
2) Types of Child Sexual Abuse (CSA)
3) Signs of CSA

### Activity

- Frotteurism is where sexual arousal or orgasm is achieved by rubbing up against another person, usually in a crowded place with an unsuspecting victim, or by fantasies of such actions.
- Sexual arousal achieved by real or fantasized touching or fondling is called frottage.

#### Signs of CSA:

**Emotional or behavioural signs. Activity 2.**

- Disclosure of abuse.
- Refusing/resisting participation in certain activities or contact with specific person or place.
- Sleep disturbance, nightmares.
- Appetite changes.
- Regression/withdrawal.
- Mood changes.
- Avoidance of touch/resistance to physical examination.
- Self-destructive behaviour.
- Difficulties in concentrating or learning.
- Sexual acting out, developmentally inappropriate knowledge of sexual behaviour, excessive masturbation.
- Protectiveness of anal and/or genital area.
- Smearing of faeces.

#### Physical signs

- Generalized bruising
- Redness, soreness, itchiness, bruising, bleeding, warts or infections in the genital and anal area.
- Urinary tract infection.
- Torn, stained or missing clothing.
- Semen on mouth, genitals or clothing.
- Sore throat (forced oral sex or pressure from choking).
- Difficulty in walking, sitting or urinating.
- Sexually transmitted diseases.
- Pregnancy.

The signs or behaviours listed above are not exhaustive. Not all these signs are caused by being sexually abused. Some of the signs may indicate that the child may be troubled and in need of help and support, rather than they have been sexually abused.

Sexualized behaviour and physical signs such as bruising or redening of the breast and genital areas are more likely to be specific to sexual abuse.

The presence of one or more of these signs or behaviours may be cause for concern. Before assuming sexual abuse, it is important to consider the following questions:

Power Point Slide
### Description

1) Definition
2) Types of Child Sexual Abuse (CSA)
3) Signs of CSA

### Activity

- Combination – How many of these signs or behaviours are occurring?
- Frequency – How often are the signs occurring?
- Timing – Are the signs timed around other changes in your child’s life, such as a change in teacher or caregiver or move to a new school program?
- Duration – Have the signs just occurred or have they continued over a period of time?
- Intensity – Are the changes subtle or pronounced?

### Materials

- Case Study
- Role Play
- Power Point Slides

---

### 2) David Finkelhor’s 4 Preconditions to CSA

- Dynamics of the sex offender and how he grooms the child
- Vulnerability of Special Needs Children

#### Parents participation:
- Analyse case study

#### Lecture: Facts

**First Precondition:** Motivation to have Sex with Children

- The first precondition for abuse is that a person has to be motivated to have sex with children.
- And offender may sexually abuse a child without necessarily becoming sexually aroused by the child; the offender may abuse the child simply because the abuse satisfies an emotional need to degrade.
- A sex offender can be anyone – doctors, lawyers, teachers, fathers, mothers, brothers, sisters, neighbours, religious leaders, community leaders. Most sex offenders are known to the children.

**Grooming process**

Facts:
- Child sexual abuse is not a one-off incident, but a RELATIONSHIP which involves a process.
- Grooming is a normal process we all engage in when setting or building any relationship, whether it be in courting or friendships. The sexual offender uses this same process to win the trust of the child.
- Offenders seek access to children in schools, playgrounds, shopping malls, tuition centers.
- The offender could be a teacher, counsellor, religious person, doctor, lawyer, neighbour.
- The offender seeks out a particular child, preying on the child’s needs and vulnerabilities.
### 2) David Finkelhor’s 4 Preconditions to CSA

- **Dynamics of the sex offender and how he grooms the child**
- **Vulnerability of Special Needs Children**

**Activity:**

- The offender initiates a relationship with the child by giving him/her the attention, love, sweets, gifts, money, etc.
- The relationship develops. The child is isolated from peers and other support. If necessary, the offender will also get to know the child’s parents and gain their trust.
- The child grows to love the offender.
- The touching begins. If the child runs away, the offender begins grooming another child. If this child does not resist, it is likely because he/she is confused by the touching and the love he/she has toward the offender. Many times, children love their offenders but don’t like the touch. Offenders can even teach their victims to physiologically enjoy the sex.
- The touching increases to fondling and kissing and sometimes to sexual intercourse.
- It is important to stress that the grooming process may take a long time before any sexual intercourse occurs. The relationship building in the grooming process brings the child deeper into an artificial trust and care that is being created by the offender. This confuses the child where he/she cannot differentiate between care and affection and sexual abuse. Coupled with the more powerful position held by the offender (e.g. as his/her father, or religious teacher), it further prevents the child from resisting for fear of punishment or reprimand.

**Ambivalence Activity:**

- Ask trainees – “For a child who is sexually abused, what could make that child feel happy?” (Answer – the child receives gifts, enjoys sex, loves the offender, receives attention from someone he/she loves.)
- Ask trainees – “What could make that child feel sad?” (Answer – child doesn’t like the sex, child is not believed when he/she tells.)
- Ask trainees – “What could make that child feel angry?” (Answer – child cannot say no to offender, has no control over what is done to his/her body, nobody does anything to stop the abuse)

### Power Point Slides

- Workbook 8 on Personal Safety (Child’s Section)
- Role Play
2) David Finkelhor’s 4 Preconditions to CSA

- Dynamics of the sex offender and how he grooms the child
- Vulnerability of Special Needs Children

### Activity

- Ask trainees – “What could make that child feel scared?” (Answer – child is threatened, afraid he/she will not be loved if someone should find out, the sex hurts.)

**Fact:**
- In CSA, there is always confusion. The child may feel happy, sad, angry, scared all at the same time. This is how the sexually abused child feels – confused. This represents the feeling of confusion that a child experience simultaneously and in every single incident of abuse.

### Exploitation

**Fact:**
- Exploitation exists in every case of CSA because there is a difference in power between the sex offender and the child. The offender takes advantage of his position and uses the child in a manner beyond the scope, responsibility, development of the child.

### Force

**Facts:**
- Force does not have to be physical. The force used in CSA is not so much of physical force like sticking a knife to the child’s throat. Some examples of psychological force used by offender are
  - If you tell, I will kill you.
  - If you tell, no one will believe you.
  - If you tell, I will be sent to jail.
  - If you tell, you will be taken away to a children’s home.
  - If you tell, I will hurt your sister/brother/mother.

### Second Precondition – overcome internal inhibitors

**Activity:**
- Ask the trainees – when you are angry with someone, what do you do? Do you take a knife and kill that person? Get responses and answers from the participants.
- Ask the trainees – what prevents you from acting aggressively/irrationally? Get responses and answers from the participants.
2) David Finkelhor’s 4 Preconditions to CSA
   • Dynamics of the sex offender and how he grooms the child
   • Vulnerability of Special Needs Children

Facts:
- What prevents most people from acting aggressively or irrationally is what is called internal inhibitors. These are factors that help us to do the right thing. These factors include empathy, decision-making skills, anger management and impulse control skills. We learn this from our family, schools, through religion/religious teachings, and societal laws. These inhibitors help to provide us with appropriate behaviours. In order for a sex offender to abuse a child, he must first overcome his internal inhibitors.

- These internal inhibitors can be overcome through alcohol abuse, drug/substance abuse, pornography, extreme stress (such as poverty) or, perhaps most commonly, through rationalization. These factors limit, if not remove our ability to make good decisions or our empathy.

Third Precondition – overcoming external inhibitors

Lecture – Facts:
- Norms give messages to children and the sex offender:
  - Always obey adults (what happens if an adult tells a child to touch his private parts?).
  - Never talk back to adults (a child is not allowed to tell an adult sex offender not to touch him/her).

- Offenders are intelligent people and they are aware about the norms that we uphold and they use these norms to overcome us and abuse the child.

- The sex offender’s task is made easier because of norms which insist that the child obey what the offender tells the child to do, norms which tolerate the abuse – “mind your own business.”

Activity:
- After explaining what the third precondition is, have the trainees think about all the norms which allow this to happen.

- Have a big group discussion with the participants –
  i) List out the norms of society that has allowed this to happen.
  ii) how can we prevent the norms from helping the offender.

Materials:

Power Point Slides
2) David Finkelhor’s 4 Preconditions to CSA

- Dynamics of the sex offender and how he grooms the child
- Vulnerability of Special Needs Children

Facts (Closing):

- External inhibitors are variables which protect the child including parents, relatives, teachers, neighbours, religious leaders, you and me.

- One of the very important reasons that external inhibitors are so easily overcome are norms or societal behaviours which actually help sex offenders. For example:
  - Lower status for women and children.
  - Male as head of the household.
  - Children as being “owned” by their parents.
  - Children are to be seen and not heard.
  - Religious value of forgiveness.
  - Respect for adults and those in authority.
  - Media portrayal of women and children as objects.
  - “Mind your own business”.
  - Family sanctity.
  - National sanctity and “face”.

- Norms are good and they serve as guidelines for the society but we MUST teach our children to voice up if abuse happens to them and we NEED to listen to them.

Fourth Precondition – Overcoming the Child

Lecture - Facts:

- The last precondition to sexual abuse is the child. The offender must overcome the resistance of a child. If the child resists by saying “NO” from the offender and SHOUT, then GO & TELL, telling someone, then there will be no sexual abuse. Most of the time, these are children with high self-esteem, have good telling skills, and good support systems. Children with disabilities are 4 – 10% more vulnerable to abuse.

- Generally it is difficult for a child to resist the offender because of their vulnerabilities. These include:

<table>
<thead>
<tr>
<th>Description</th>
<th>Activity</th>
<th>Materials</th>
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</thead>
<tbody>
<tr>
<td>2) David Finkelhor’s 4 Preconditions to CSA</td>
<td>Facts (Closing):</td>
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<tbody>
<tr>
<td>i) Child factor</td>
<td>• Age of the child. • Size of the child. • Lack of adult role models outside the family. • Lack of sexuality education. • Lack of abuse prevention training (personal safety). • Lack of private parts vocabulary or other telling language. • Low self-esteem, few friends, unhappy family environment. • Difficulty with communication. • Loneliness/isolation.</td>
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<tr>
<td>ii) Caregivers factor</td>
<td>• Greater dependent on caregivers for physical needs e.g. food, shelter, etc. • Receiving intimate and personal care from caregivers. • Contact with multiple caregivers. • Dependent on caregivers for emotional needs e.g. friendship.</td>
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<tr>
<td>iii) Additional vulnerability factors</td>
<td>Myths – • Children and adolescents with disabilities are not sexual. • Children and adolescents with disabilities are oversexed. • Boys are safer than girls. • The physical contact may be their only opportunity for intimacy. • The abuse is not harmful because the children don’t understand what happen.</td>
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• A good relationship with parents helps the child overcome some of their vulnerabilities such as low self-esteem, unhappiness, lack of vocabulary and make it more difficult to for the sex offender to sexually abuse that child.
### 3) Prevention
- Teach life skills
- Develop self-esteem
- Promoting safety skills

#### Description

**Lecture : Facts –**

Prevention Components - Refer to other groups for life skills and self-esteem.

Personal safety equips children with the skills to protect themselves from all situations that harm them including abuse. The most successful programs are those which involve parents at every stage so that they can reinforce concepts at home and provide opportunities to practice problem solving and the application of new skills with all related situations.

The personal safety components include teaching children vocabulary for their private parts, the touch continuum (“ok” and “not ok” touch), the safety rules, building the support system (“relationship gallery” and “intimacy circle”) and self-esteem, and teaching them decision making, assertiveness and telling skills.

**Safety Rules – Activity 3**

Remind the children that our bodies are special so we need to keep our bodies safe. Ask children about safety rules from their parents to help keep them safe. Tell them their private parts, covered by their underwear, have special safety rule:

**Rule 1 :**

No one should touch your private parts except to keep you clean and healthy
- No tickling or touching is allowed if we say “NO”.
- No tickling or touching is allowed under your clothes.
- No one is allowed to touch your private parts just for fun.
- Even if a doctor needs to touch our private parts, a nurse, or mother will be there.
- No one is allowed to ask you to touch their private parts.
- If you need help with personal hygiene, your private part should not be tickled, touched with fingers or touch for fun.

**Rule 2 :**

If someone touches you and you don’t like it, say NO and SHOUT, then GO & TELL.

#### Activity

**Power Point Slides**

**Power Point Slides**

**Power Point Slides D2 : Safety Rules**

- Workbook on Personal Safety (Parent’s Section) and (Child’s Section)
- Flashcards on Relationships and Touch
### Objective 1

Dealing with the “incident”

### Outcome

Caregivers have increased knowledge about handling disclosure

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td><strong>1) Fears of Disclosure</strong></td>
<td><strong>Parent Participation –</strong>&lt;br&gt;<strong>Activity:</strong>&lt;br&gt;Ask participants why they think children do not tell about sexual abuse. Get them to voice their answers.&lt;br&gt;&lt;br&gt;&lt;br&gt;<strong>Facts:</strong>&lt;br&gt;- <strong>Child fears further harm if they disclose.</strong>&lt;br&gt;Offenders often threaten their victims and their families as a means of maintaining control. Victims then carry the burden of keeping their families safe by not telling.&lt;br&gt;- <strong>Children fear being blamed for the abuse.</strong>&lt;br&gt;Children fear that they will be blamed for the sexual touches and that they somehow wanted it. People tend to believe adults more than they would believe children. Offenders also often make the excuse</td>
<td>Power Point Slide</td>
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</table>

| **3) Prevention** | **• Teach life skills**<br>**• Develop self-esteem**<br>**• Promoting safety skills**<br>**Rule 3:**<br>Tell a trusted adult. Keep telling until someone helps you.<br>- It is never your fault if someone touches your private parts.<br>- It is never too late to tell, so tell when you can.<br>**Support System –**<br>We need to build children’s support system i.e. who to tell when they are in trouble. Let children choose their own trusted adult.<br>**Telling Skills –**<br>Parents need to teach children how to report about any uncomfortable incidents. They can role play scenarios that children can relate to e.g. being pinched by the maid, quarrel with siblings, broke a plate, lost an ear ring. | **• Role Play**<br>**• Workbook on Personal Safety (Parent’s Section) and (Child’s Section)** |
### 1) Fears of Disclosure

- **Child feels ashamed and guilty.** Children either know or can sense that their sexual experiences with adults are wrong. This makes telling someone and acknowledging it occurred shameful. Older children have also been known to suffer more from a sense of guilt than younger children. Offenders place the responsibility onto children, thus the child tends to also accept the shame for the offender’s behaviour.

- **Children fear losing love.** Abuse makes most victims feel “dirty.” Child victims also often feel responsible for what happened to them. Because of this, they worry that their parents and friends will stop loving them once they find out about the abuse. They fear separation from loved ones that could result from their telling.

- **Children fear remembering.** Sexually abused children often cope with the abuse by pushing the experience as far back into their minds as they can, to “forget” and avoid feeling hurt again.

### 2) Handling disclosure

- **Lecture, Power Point, Role Play, Video**

**Lecture - Facts:**

All organization that comes in contact with children should have a protection policy for handling situations of suspected sexual abuse.

A clear guideline screening and reporting of sexual abuse cases should be available. All their staff and volunteers should be aware of these. Reported guidelines are more likely to be followed if staff feels they will be supported and situation handled in a sensitive manner.

**Reporting System.**

- **Power Point Slide:** Handling Disclosure
- **Power Point Slide:** Common Reactions
- **Power Point Slide:** Barriers to Disclosure
- **Power Point Slide**
## Handling Disclosure Of Abuse

### i) Direct disclosure

#### Believe the child

Children rarely invent stories of abuse. They hesitate to tell, mainly because they may fear that they will not be believed. Believing the child is a major step in helping him/her overcome the trauma from the abuse. Statements like “I believe you” or “It’s not your fault” will help in his/her healing. **Do not belittle the child. Do not blame the child for reporting late. Do not belittle the story e.g. it’s only a touch. Do not doubt the child. Do not show negative reactions i.e. verbal and non-verbal.**

#### Be calm

Children are generally sensitive to your reactions. The child may interpret your anger or disgust over the incident as anger or disgust with him or her. Remaining calm will help minimize the child’s tendency to feel “different” as a result of the abuse. It will also help him or her regain his or her sense of dignity that is often lost when a person is sexually abused. Assurances like, “Other children have had similar experiences” or “I am sorry that this happened, let us see what we can do” can encourage the child to feel more comfortable and to open up more. **Do not act shocked, outraged or fearful as this may inhibit the child and make him or her feel more anxious or ashamed.**

#### Listen

Be attentive. Pay attention to what the child is saying. **Do not ask probing question. Do not interrogate or interview the child regarding the abuse. Do not be judgemental. It shows in your body language. Do not attempt your own investigation. You do not have to “prove” anything.**

#### Reassure

Tell the child that what happened is not his or her fault and they will not get into trouble for telling. Praise them for being courageous to tell. **Do not ask ‘why’ questions as the child may interpret it as he or she is to blame for the abuse.**

#### Affirm

Tell the child that you are glad that he or she has told you; he or she has done the right thing. Tell him or her you are sorry for what has happened and you help the child to get protection. **Do not make promises that you will be able to protect the child from further harm. Do not promise that the sex offender will be removed immediately.**

#### Give choices

Tell the child that he or she is important and you must report the abuse to protect himself or herself. Ask if he or she would like to stay with you while you make the report, or would he or she like to make the call themselves. **Do not force a child to make a decision immediately to disclose the incident. Do not force the child to be present during the report.**

#### Prepare the child for what will happen next

Children who have been abused may feel helpless. They need to know that the consequences of sexual abuse cannot be overcome alone, and that other people must be allowed to help in order for things to get better. But they must also have their part in the whole process – how to relate the incident, what resources and support is available to them, whom to tell, what support is needed and how they could get it. “You are very important, and other people need to be involved to keep you safe from now on” would certainly boost the child’s morale. **Do not tell the child that you will keep the abuse a secret** because you need to get help from other individuals.
<table>
<thead>
<tr>
<th>Report</th>
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<tbody>
<tr>
<td>Call “Teledera” (1800883040) / “TeleNur” (159999) or report to the nearest police station where the abuse occurred or bring the child to a government hospital.</td>
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<tr>
<td>Refer to the Reporting Handbook “Child Sexual Abuse – What you need to know to intervene and stop the abuse” from the Social Welfare Department for thorough details.</td>
</tr>
<tr>
<td><strong>Do not add your personal impression or assumptions about the abuse.</strong> Reporting has to be truthful, consistent and accurate.</td>
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<td>Keep notes on the child’s disclosure including any statements (verbatim), drawing, dates and times of disclosure. Note the time and date of your call to ‘teledera’, social worker, or the visit to police and hospital. Note any unpleasant reporting procedures e.g. waiting too long.</td>
</tr>
<tr>
<td><strong>Do not rephrase or add extra information or your personal interpretation of the abuse.</strong></td>
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<th>Follow up</th>
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<tr>
<td>You can check police, hospital or social worker to learn if anything has been done as a result of your call. <strong>Do not harass the personnel involved in investigating the case.</strong></td>
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<tr>
<th>Take care of self</th>
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<tr>
<td>Hearing disclosures of abuse to children can be emotionally difficult. Be gentle with yourself and seek support from family, friends or employers while maintaining confidentiality. <strong>Do not be a “hero” or a “martyr”. Do not be over involved</strong> by allowing the incident to affect your personal life. Sometimes we will</td>
</tr>
</tbody>
</table>
Common reaction of parents whose disabled children has been sexually abused

- Fear: Terrified that sexual abuse could happen.
- Powerlessness: There is nothing I could have done to prevent it.
- Anger: How could an older person or adult hurt my child?
- Guilt: I let my child down, I made the wrong decision.
- Overwhelmed: I have enough struggles with the system already.
- Alone: Will anyone be able to help my child?
- Betrayed: I thought I could trust him/her.
- Distrust: No one will believe my child.

Barrier to detection

Children with disabilities often cannot or do not disclose that they are being sexually abused. Even when abuse of a child with disabilities is indicated and/or disclosed, it is not always reported. Some of the barrier to disclosure and reporting:

i) Barriers to disclosure (by the child or youth)

- limited communication abilities.
- lack of vocabulary to describe the sexual abuse.
- lack of education concerning abusive touch.
- fear of retaliation from the abuser or others.
- fear of losing the abuser’s affection and attention.
- guilt or shame about the sexual abuse.
- learned compliance to adult in position of authority (including the abuser).
- fear of being punished for ‘doing something wrong’, either because they feel responsible for being involved or because they didn’t keep the abuser’s secret.

ii) Barriers to reporting (by other)

- General disbelief that children and youth will disabilities are abused, especially in a sexual way.
- Disbelief that sexual abuse happened to this child, or was committed by the alleged abuser.
- Belief that the abuse wasn’t serious or didn’t really hurt the child.
- Perceived lack of credibility of the child.
- Lack of guidelines for reporting.
- Lack of support for reporting from within a family or organization.
- Fear of retaliation from the alleged abuser or others.
- Concerns about trauma to the child or youth if the “system” becomes involved.
- Concerns about finding other placements for children in care.
- Perceptions that an investigation or prosecution won’t be successful.
STANDARD OPERATING PROCEDURE FOR CHILD ABUSE AND NEGLECT

Brought by parents/teacher/public to hospital/Govt. clinic

Brought by police/NGO/GP referral to hospital/Govt. clinic

Critical/Semi-critical

Triage at Accident & Emergency

Non-critical

Prior appt. made with SCAN member (by Social Welfare officer/police/NGO/doctors/others)

Acute medical treatment at A&E? Proper documentation & collection of evidence as required

One Stop Crisis Centre (OSCC)
Review by SCAN/ Multi-disciplinary medical team:
History Examination (with video-colposcope, if available) Counselling/Mental health assessment

Stable for interview and/or need genital exam.? Yes

No

Admit to ward

Case Conference

Medical treatment if necessary Discharge according to case conference decision Follow-up appointment Inform Child Protector/Police

Admit if:
- Concern with safety or neglect
- Requires continuing inpatient medical treatment
- Outside office hours

Case review and closure of cases Forward relevant cases to Child Protection team
REFERENCES AND CONTRIBUTORS
Training Module on
Reproductive Health for CWSN

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REFERENCES

2. Facing our Fears: Protecting Children with Disabilities from Sexual Abuse – Sunny Hill Health Centre for Children Sexual Health Resources Network
5. Protect & Save the Children Association of Selangor & Kuala Lumpur, Child Sexual Abuse Information Kit., 2003
6. Reporting Handbook by the Malaysian Coalition for the Prevention of Child Sexual Abuse
7. Say No, Run & Tel For Pre-Schoolers – A Personal Safety Programme • Teachers Manual PS. The Children Malaysia. 2003

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