Make it Work!

Prevention of Sexual and Gender-based Violence in the European Reception and Asylum Sector

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Colophon


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Feedback: If you have any feedback on this Make it Work! Prevention of SGBV in the European Reception and Asylum Sector Training Manual, please contact the authors on: Ines.Keygnaert@ugent.be and/or Erika.Frans@sensoa.be.
# Contents

<table>
<thead>
<tr>
<th>Module 1:</th>
<th>Module 2:</th>
<th>Module 3:</th>
<th>Module 4:</th>
<th>Module 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Started and Wrapping Up</td>
<td>Sexual and Reproductive Health and Rights</td>
<td>Communication</td>
<td>Gender</td>
<td>Sexual and Gender-based Violence</td>
</tr>
<tr>
<td>Salt and pepper</td>
<td>What’s in a word?</td>
<td>Words and myths on the external sexual body parts</td>
<td>Gender concepts in different cultures</td>
<td>Flag situations</td>
</tr>
<tr>
<td>Expectations, worries and needs</td>
<td>Sexual expressions</td>
<td>Words and myths about the internal sexual and reproductive body parts and functions</td>
<td>Changing sexes</td>
<td>Violence perception</td>
</tr>
<tr>
<td>PICCASOLST</td>
<td>Common myths about sexuality</td>
<td>Sexuality and feelings</td>
<td>Definition of the different components of sexual identity</td>
<td>Definitions of sexual and gender-based violence in the refugee cycle</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Sexual development and lifeline</td>
<td>Sexuality and touching/talking/looking</td>
<td>Gender expectations</td>
<td>Causes and Consequences of sexual and gender-based violence in the refugee cycle</td>
</tr>
<tr>
<td></td>
<td>Definition of sexual and reproductive health</td>
<td>Sex language</td>
<td></td>
<td>Psychological dynamics of (sexual) violence</td>
</tr>
<tr>
<td></td>
<td>Definition of sexual and reproductive rights</td>
<td></td>
<td></td>
<td>Secrets in a box</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Myths about sexual violence</td>
</tr>
</tbody>
</table>

## Appendices
- List of the handouts
- Selection tool

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ERIKA FRANS (SENSA) AND IREN KEYGAERT (ICHR-UGENT UNIVERSITY)
Abbreviations and Acronyms

CBPR  Community-based participatory research
ICRH  International Centre for Reproductive Health
IPPF  International Planned Parenthood Federation
NGO  Non-governmental organization
SGBV  Sexual and gender-based violence
UNFPA  United Nations Population Fund
UNHCR  United Nations High Commissioner on Refugees

Legend

Title

Estimated time

Aim

Materials

Method
Introduction

Context

Cairo, September 1994, International Conference on Population and Development: the objectives are clear. In order to achieve equality and equity between women and men, and to ensure that all women as well as men are able to exercise their human rights and participate fully in all areas of life, 179 governments acknowledge that all couples and individuals have the right to attain the highest standards of sexual and reproductive health and make decisions concerning their sexual health free of discrimination, coercion and violence. To this end, these governments state that countries should take full preventive, protective and rehabilitative measures to eliminate all forms of exploitation, abuse and violence against women and adolescents while paying special attention to protecting the rights and safety and meeting the needs of those in potentially exploitable situations. Documented and undocumented migrant women, refugee women and refugee children are specified as such.1

European Union Member States ratify this action plan. One year later, during the Fourth World Conference on Women in Beijing, the definition of gender-based violence is expanded. It now comprises any act of physical, sexual or psychological violence in the family, community or perpetrated or condoned by the State that results in, or is likely to result in, physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life or in situations of armed conflict.2 Furthermore, specific groups of women are recognized as being particularly vulnerable to gender-based violence. These are women belonging to minorities: the elderly and the displaced; indigenous, refugee and migrant communities; and women living in impoverished rural or remote areas, or in detention.

Taking this information into account, the International Centre for Reproductive Health (ICRH) at Ghent University (Keygnaert and Temmerman) coordinated a participatory research project called ‘Hidden Violence is a Silent Rape’ (2006–2008). The results3 of this research project indicate that young refugees, asylum seekers and unaccompanied minors are extremely vulnerable to sexual and gender-based victimization within European reception facilities. Offenders are often close peers but also reception and asylum professionals. In more than 90% of the cases (n=332) victimization was not reported to the police.

The Senperforto Project

While presenting the results of the Hidden Violence is a Silent Rape project in many different settings, professionals in the reception and asylum sector indicated that they lack the capacity, means and tools to: a) develop preventive measures in a culturally competent and participatory way; b) identify risk and indicative factors for upcoming sexual and gender-based violence (SGBV); and c) intervene when SGBV occurs. Data and regulations on SGBV against young refugees, asylum seekers and unaccompanied minors remain sparse. Furthermore neither a code of conduct nor a standard operating procedure exists for professionals in the reception and asylum sector.

With a transnational, multidisciplinary and multisectoral group of 14 partners in Belgium, Greece, Hungary, Ireland, Malta, the Netherlands, Portugal and Spain, we aim to tackle this issue and fill the current gap. We want to address SGBV prevention in the European reception and asylum sector from within by combining the forces of necessary stakeholders in different European Union Member States right from the start. We do this in the Senperforto Project, funded by the European Commission Daphne Fund.

By applying the particularly participatory and crosscutting approach of researching and raising awareness called community-based participatory research (CBPR), we want to investigate what the exact knowledge, attitude, practice and needs of both professionals and people residing in the European reception and asylum sector are, in order to develop a needs-, rights- and evidence-based, participatory and gender-balanced European Frame of Reference for Prevention of SGBV in the European Asylum and Reception Sector that is fit for both beneficiaries.

The Senperforto Frame of Reference for Prevention of SGBV in the European Reception and Asylum Sector consists of a Standard Operating Procedure, a Code of Conduct, an SGBV Prevention Knowledge Set and this Make it Work! Training Manual. The Frame of Reference will be available on CD-ROM and on the ICRH website from December 2010.

The Senperforto Project is a joint research project between academic partners (ICRH-Ghent University, Belgium; IHMT-Universidade Nova de Lisboa, Portugal; NIVEL, the Netherlands; and University College of Dublin, Ireland), non-governmental organizations (NGOs) (Greek Refugee Council, Greece; Jesuit Refugee Service, Malta; Ménedek, Hungary; Red Cross and Sensoa, Belgium) and policymakers (Fedasíl, Belgium; UNHCR, Benelux). It covers eight European countries: Belgium, Greece, Hungary, Ireland, Malta, the Netherlands, Portugal and Spain.

**Prevention concept**

SGBV is globally recognized as a major public health issue, a violation of human rights and in some cases as a crime against humanity. Being rooted in the broader socio-cultural, political and economic fabric of society, it frequently occurs in diverse populations and settings transcending cultural, ethnic or economic boundaries.

Gender-based violence can be of a physical, emotional-psychological, socio-economic, socio-cultural or sexual nature. In addition to important negative effects on the well-being and the participation in society of the survivor, gender-based violence may have significant consequences on the survivor’s sexual, reproductive, physical and psychological health. These consequences are the most severe among youth. Other groups considered to be particularly vulnerable to sexual violence are women and refugees.

Increasing empirical evidence suggests that health and health-related behaviour are determined by the interplay of a complex set of contextual stressors, health promoters and genetic endowment. Stressors include social, cultural, economic and physical environmental factors such as poverty, discrimination, inadequate housing, socially disintegrated communities, material deprivation, income inequality, oppression, unemployment, lack of social support and lack of education.

These stressors are all ill-health factors which minorities such as immigrants, asylum seekers, refugees and undocumented migrants in Europe face on a daily basis. These are also ill-health factors whose counterparts are recognized as basic economic, social, cultural, civil and political human rights. But realization of these rights is far from self-evident when the possibility to do so is completely intertwined with the legal status one has or has not. Refugees have obtained an official residence permit. This status assures access to health care services and entitles them to realize most rights notwithstanding the multiple financial, cultural, physical and psychological barriers they might encounter when try-

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5 Senperforto is Esperanto for “No more violence, without violence”.

ing to do so. Asylum seekers are still in the insecure process of achieving such a status or having it denied. This has significant implications for their access to health care as well as for the fulfilment of the above-mentioned rights.

From a socio-ecological perspective on health and violence, these stressors are identified on multiple levels including individual, interpersonal, organizational and community levels as well as public policy. Within each level the targets of change and possible prevention and intervention strategies are extensive. However, the central premise of this socio-ecological model is that none of its levels should function in isolation from the others. Thus, effective prevention programmes can best be achieved by stimulating synergy among the several levels that comprise the model.

According to the concept of emancipative prevention, prevention is defined as: "Initiatives which anticipate risk factors in a targeted and systematic way", and emancipative prevention as: "Initiatives which anticipate risk factors in a targeted and systematic way are desirable if they, in order to enhance or protect the health and wellbeing of the target group, anticipate risk factors ever earlier, are maximally offensive, have an integrale approach, work in a participatory way and have a democratic nature."

This concurs with research findings, which suggest that all prevention and intervention strategies for survivors of sexual violence should be based on principles that include cultural competence and empowerment. Together with CBPR as the umbrella approach, we apply the concept of emancipative prevention and the socio-ecologic model on health and violence in the Senperforto Project, thus also in this Training Manual.

Purpose and target group of the Make it Work! Training Manual

“This manual is primarily designed for professionals and/or residents who wish to set up SGBV prevention activities or to develop an SGBV prevention policy in their asylum or reception centre. However, with slight adaptations of wording in the exercises, it can easily be used in any other intercultural setting where prevention of SGBV is at stake.”

The purpose is to:

- develop a better understanding of the factors that influence SGBV;
- increase communication skills on sexual health and SGBV; and
- stimulate group cohesion within the working group of professionals and residents.

Not all residents are able to act as community leaders and advocate for a prevention policy. A selection of participants should be made, based on a documented list of selection criteria. A selection tool was developed to select the Senperforto Community Researchers, who were residents and professionals residing or working in the European reception and asylum sector, and it seemed to do its job. You can find it in the Appendix.

The trainer should be a professional trainer who is familiar with the topics of sexual health, gender and SGBV, who can communicate in an open and non-judgemental way with participants, and who knows how to build a group with a comfortable working spirit and culture.

This manual is tested, evaluated and improved with input from professionals as well as refugees and asylum seekers during the trainings of Community Researchers of the Senperforto Project in Belgium, Greece, Hungary, Ireland, Malta, the Netherlands, Portugal and Spain. Training for trainers can be organized by Sensoa and/or ICRH on request (for more information, see www.sensoa.be or www.icrh.org).

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10 Campbell and Campbell (1996).
Suggestions and recommendations for trainers

The Training Manual consists of five different modules, each treating a different topic. Every module has a logical build-up of exercises and information. We indicate what the aims are, what material you need, approximately how much time the exercise takes, and guide you step by step through the exercises. You can find background information for the participants on handouts. (The Training Manual is only available in English, but the handouts will be available in 12 languages on the ICRH website by the end of 2010.)

Although we used a logical build-up in the order of modules and exercises, a well-experienced trainer can select from these exercises, depending on the level and size of the group, the needs of the participants, and the time available.

We advise the following:

- Work in sessions of a minimum of three hours, with a minimum of four sessions.
- Do not focus solely on violence, but also on the positive aspects of gender and sexuality.
- All exercises are highly interactive and should not only address knowledge but also attitudes, skills, emotions and finding and giving support.
- Work with a group that is restricted to 10 to 15 participants. If residents are participating, there should be a group of at least three.
- Organize a mix of men and women, and of age.
- Organize the training room so that participants can see and talk to each other, sitting around a table or in a circle. Make them feel at home.
- It is advised to have a co-trainer, or someone who can give additional support or attention to individuals who need it. Because of the nature of the training, personal experiences can sometimes disturb a participant and should be addressed. We always give the participants the possibility of having a personal time-out. Discuss this possibility with the participants beforehand and agree upon a discrete signal.
- Start each session with a warm-up, and take time to listen to the participants' worries, needs and expectations.
- Evaluate shortly after each session, and at the end of the training.
- Use the PICCASOLST rules at the very start of the training.
- Your training attitude should be accepting and non-judgemental. Avoid statements that could stigmatize a participant in any way (“men are bad”, “homosexuals are feminine” etc.).
- Check if the concepts used and referred to in this training are clear to everyone.

We wish you good luck and Senperforto!

Ines Keygnaert and Erika Frans
Module 1
Getting Started and Wrapping Up

Training professionals or volunteers in the field of prevention of SGBV requires a safe atmosphere and working conditions. People have to be able to think and talk about negative and harmful experiences – either their own or other people’s. The group of trainees is the first support system, and it is very important to take time to build a connection between the participants. The first exercises give an example of those steps.
Salt and pepper

To learn each other’s names
To be able to identify each person’s special blend of spices

Bottle of mixed herbs and spices
Flip chart

Step 1
Ask the participants to:
   a think about their name: what is their official name, does it have a meaning, what is it? Do they like their name, or do they want to be called differently during the training?
   b compare who they are with a spice or a herb. This can be a single herb or spice like salt or basil or a blend of spices like Ras-el-Hanout or curry.

Step 2
One by one, the participants explain the meaning of her/his name first and subsequently the herb or spice matching her/his personality. They explain their choice. If they prefer a different name, use this one during the training. They write their preferred name on a name tag, and you write the name with the meaning and the herb or spice on the flip chart.

Step 3
Explain that everybody has multiple identities. We are not just black or white. We are probably rather greyish with some red spots, blue stripes and, depending on the moment, even fluorescent yellow lights. It is impossible to put a person in just one box with only one name on it. We all fit into different boxes depending on what we have lived, experienced, where we are, with whom we are living. So to be correct we would need a lot of names for who we are and what we stand for: a bottle of salt with a lot of spices, herbs and who knows what other interesting and tasteful things in it.

Stress that this rich identity is important and that during the training you want to respect the richness in every participant. At the end of the Salt and Pepper session, attach this sheet to the wall. During the training you can point back at the meanings and the personality of the participants.
Expectations, worries and needs

To answer any questions the participants still have
To agree on how the training will be organized
To give an idea on what we expect to do

Flip chart

Step 1
Ask participants to think about what they expect of this training, what they would like to learn, what they want to take home after this training. Each of them can think for a moment and write it down.

Step 2
Ask participants to think about their worries: what are the doubts, questions or problems they have. They write them down.

Step 3
Ask for needs; what do they really need in order to concentrate and work together? They write down their needs.

Step 4: Plenary
Take three sheets of flip chart paper and write on top EXPECTATIONS, WORRIES, NEEDS. Ask participants to explain what they were thinking about. You write it down on each sheet.

Discuss and give feedback. Make it clear which expectations, worries and needs will be dealt with in the programme, and which will not.

If the training lasts several days, look at the sheets at the start of each day, and participants can evaluate the way the topics mentioned have been addressed. They can also add topics to or remove them from the list.
PICCASOLST

To understand what are good working rules on this subject
To make participants feel safe

Handout 1: PICCASOLST Rules

Step 1
Explain that working on subjects such as sexuality and sexual violence is not always easy, and we need to agree on what participants can do and what we would suggest not to do. Ask if they have any suggestions. Write them down, bearing PICCASOLST in mind.

Step 2
Explain PICCASOLST
These agreements have been developed through experience in working with training groups.

Step 3: Discussion
Do you feel these agreements are covering what we need? Do you want to add any more suggestions?
Handout 1

PICCASOLST Rules
Good agreements make good friends

P
Privacy: what I say about my own experiences is confidential and cannot be discussed outside this group. I will respect the privacy of others. The trainers and other project participants are also required to respect the privacy of every participant.

I
I am important, so I can talk about my own experiences, feelings and thoughts. I can have different opinions and perspectives from the others. I can learn to express myself. I will respect the personal experience of others.

C
Choices: I can choose what to say or not to say. I will not be obliged to disclose things and experiences that I do not want others to know. I will also respect the choice of others.

C
Culture: my culture is the unique way in which I have learned to respect values and traditions. I can respect my culture, and I respect the culture of others.

A
Active learning: I can be an active player in these sessions. I can express my wishes, can ask the questions that I have, can give directions and feedback. I will also respect others’ questions.

S
Sexual diversity: I am in some ways different from other people, and they will be different from me. I don’t judge their sexual experiences, orientation, culture, choices, gender etc. I will not be judged.

O
Orientation: I am homosexual, heterosexual, bisexual or asexual. I will not be discriminated against because of that. I will not discriminate.

L
Listening, laughter: I am willing to listen to what other participants say and will try to understand. This can be a lot of fun.

S
Support: I can ask for support from the supervisor or for a short time-out at any time during this project. I will ask for it when I need it.

T
Team: we will work together as a team during this training and in the work ahead.
Evaluation

Giving trust and a positive feeling about your learning process
To build the team

A ball

**Step 1**
Throw the ball to a person in the group and make a positive remark to this person. In her/his turn the person throws the ball to another in the group until everyone has received a compliment.

**Step 2**
Next, give yourself a compliment and then throw the ball to another person.

**Step 3**
Give a compliment to the group, about the training, the programme etc.
Module 2
Sexual and Reproductive Health and Rights

In this chapter we focus on sexuality as a broad concept with a lot of different aspects. Since sexuality has been a taboo subject for a long time, people often have some stereotypical ideas about what human sexuality should be and is. This doesn’t help the professional working in the field of sexual health.

In this module the aims are to:

• understand that sexuality is a broad concept
• see the diversity of sexuality
• talk about different aspects of sexuality
• ask detailed questions about a person’s sexual expression
• experience questioning and being questioned
• identify good questions
• be open about different sexual expressions
• understand that people have different needs according to their sexual development stage
• identify important supportive/hindering factors of sexual development
• notice that we have all different paths to follow
• understand the elements of a definition of sexual and reproductive health
• understand the differences between sexual and reproductive health
• be aware that sexual and reproductive rights are part of the definition
• understand the concept of sexual and reproductive rights (history, purpose, meaning).
What’s in a word?

To understand that sexuality is a broad concept
To be able to see the diversity of sexuality
To be able to talk about different aspects of sexuality

Handout 2: Sexuality

**Step 1**
Ask participants to write down (on post-its) five words that they associate with sexuality. The first words that come to the mind are the best.

**Step 2**
We present the diagram of sexuality (sex/intimacy).

**Step 3**
After we have presented the diagram of sexuality/intimacy, ask participants to put each word in the diagram where they think it belongs. Participants can ask each other questions and explain what the word means and why it is in that place.

**Step 4**
If they have not yet been mentioned, add the words ‘prostitution’, ‘kinky sex’, ‘asexual relationship’ and ‘masturbation’, and put them after deliberation in the diagram.

**Step 5: Discussion**
Focus on the diversity of meanings and choices people can make regarding their sexual life, depending on aspects such as age, health, circumstances, gender, partners, culture, values etc.

Stress the fact that it is not our role to judge or evaluate people’s choices. Our attitude should be non-judgemental. This is not always easy. What makes it sometimes difficult?

**Suggestion**
Keep this exercise short and simple. Try to avoid discussion. There are no right or wrong answers.
Handout 2

Sexuality

Sex
Expressions in the area of the sex life: sexual arousal, sexual pleasure, sexual response, sexual acts, together or alone, without emotional closeness.

Sexual intimacy
Characterized by the authentic experience of sexual closeness with an exclusive other. A confidential, intimate experience, where you accept and know your own and the other’s sexual needs and wishes.

Intimacy
Emotional closeness, togetherness and reciprocity.

Examples:
- To make love
- To be sexy
- Desire
- Longing
- Intercourse
- Fun
- Dreams
- Hugging and kissing
- Masturbation
- Lingerie
Sexual expressions

To be able to ask detailed questions about a person’s sexual expression
To experience questioning and being questioned
To be able to identify good questions
To be open about different sexual expressions

Handout 3: Sexual Expressions cards
Handout 4: Tips on Asking Questions

Step 1
Explain the purpose of the exercise: to be able to discover the sexual expression of your partner. He or she is not willing to give it free from the beginning. Demonstrate with a volunteer (she/he receives a card; you ask the questions).

Step 2: Form pairs
One of the pair receives a card. A sexual expression is mentioned, with a few words of explanation. Participants interview their partner and try to get as much information as possible about the specific sexual expression.

Step 3: Change roles
When you see that a participant has the right answer, the partners can change roles. The other participant starts with another sexual expression.

Step 4: Plenary questions
Explain to the group what facts you have found out about the sexual expression of your partner. If you didn’t find out, explain in your own words what is on the card.
- Do you know that expression?
- Was it difficult to discover? Why?
- What sort of questions did you use?
- What were good/bad questions? Why?
- How did you feel about being questioned/questioning?

Step 5: Discussion
- What are your feelings about this exercise?
- Note: most people experience going down a certain track; it is difficult to think outside the box.
- What is difficult about questioning and being questioned? Hand out the tips on Handout 4: Tips on Asking Questions.
- What works well when questioning and being questioned?
Handout 3
Sexual Expressions

**Prostitution or sex work**
I have been engaged in sex work for four years, which means that I get money for sex. I have worked mostly at home, where I receive my clients in the basement. My partner was too disturbed by my profession, so I work nowadays out of my home. I have a regular clientele.

**Arranged marriage**
I live in an arranged marriage. My father picked out a partner, and our parents agreed upon our wedding when I was 19. We saw each other three times before our marriage, and we only had the chance to talk to each other once. We agreed not to have sex until we were both ready. Now we have three children and are very happy. My mother-in-law lives with us.

**Exhibitionist**
I like to show my genitals and other private body parts to an innocent audience. I feel a boost of sexual energy produced by the anticipation of the reaction of people passing by, and by the danger of being caught by the police.

**Homosexuality**
I feel attracted by someone of the same gender. When I was a child, I discovered that I was not like the other children. I had several sexual partners before I fell in love. I love my partner very much.

**Bisexual**
I am attracted by both women and men. I have had relationships with women and men. Both genders have a unique and distinct energy that can be passionate or nurturing. Now I have a steady relationship with a woman, and I have casual male sex partners.

**Pornography**
I very much like to look at pornographic films and magazines. I have some favourite websites where you have a rich choice, and some of the material is really heavy. I like to watch with my partner and get aroused.

**Safe sex**
I always practice safe sex, by only having sex with my partner (and my partner only having sex with me). We always used contraception: the pill, condoms and a few times an emergency pill. I hope to have children, one day. I hope my partner agrees.

**Sexual harassment**
I have often experienced unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature at work. I have changed my work place twice because of that. It makes me feel very angry.
Handout 4
Tips on Asking Questions

Be aware of some of the most common stereotypes (see next exercise).

Ask open questions
- Ask what, where, how, who, but not why
- Give the other the time and opportunity to answer in his or her own words
- Ask for feelings or thoughts

Closed questions
- Only to check if you understood (“did you say ‘pleasure’?”)
- If the person didn’t find the right words
- To ask for details (“did she look angry?”)
- To check the facts (“It was night?”)

Paraphrase
- Say in your own words what you understood
- When there is confusion about what the person wants to say
- To make a summary
Common myths about sexuality 45 minutes

+ To be able to identify common myths about sexuality
+ To be able to explain the facts and arguments

Handout 5a: Common Myths about Sexuality
Handout 5b: Common Myths about Sexuality Explained

Step 1
Explain that in working with sexuality as a subject, you often have to be very critical about your own opinions and be willing to examine whether these opinions are myths or facts. We will also have to explain to clients and colleagues why certain opinions are myths.

Step 2: Common myths
Each participant receives a list of myths, of which one is selected. They have to explain to the rest of the group why this is a myth and what the facts are. They can prepare their explanation in a small group.

Step 3: Presentation of five myths
The facilitator takes one of the myth cards, and the participant who has prepared this myth explains. Repeat this exercise for five myths.

Step 4
Ask the participants to look at the list of the myths and to identify those they would have difficulties explaining.
Give out the handout with the most common myths explained.
### Handout 5a
#### Common Myths about Sexuality

<table>
<thead>
<tr>
<th>Myth (Male)</th>
<th>Myth (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every person has a sex life</td>
<td>Men always want sex</td>
</tr>
<tr>
<td>Sex is always fun</td>
<td>The reason why we have sex is because we have a desire for sex</td>
</tr>
<tr>
<td>People are heterosexual</td>
<td>People who have sex together love each other</td>
</tr>
<tr>
<td>People will stay together</td>
<td>Masturbation fills in the gap of a missing partner</td>
</tr>
<tr>
<td>People have no sexual past</td>
<td>Men need to have sex regularly or they get angry and frustrated</td>
</tr>
<tr>
<td>Your relationship is a loving one</td>
<td>Women do not like sex as much as men</td>
</tr>
<tr>
<td>You know everything about your partner</td>
<td>Sex is natural and spontaneous behaviour</td>
</tr>
<tr>
<td>You are intimate with your partner</td>
<td>The best proof of love is sex</td>
</tr>
<tr>
<td>Once you are heterosexual, you will stay heterosexual</td>
<td>The proof of a good woman is that she does not deny her partner sex</td>
</tr>
<tr>
<td>All women have a desire for children</td>
<td>Men should know what women want from sex</td>
</tr>
<tr>
<td>Most people have partners of their own age</td>
<td>When people have sex, they have intercourse</td>
</tr>
</tbody>
</table>
## Handout 5b

**Common Myths about Sexuality Explained**

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every person has a sex life</td>
<td>A lot of people have sex every now and then or no sex at all for a period in their life. Not all people masturbate.</td>
</tr>
<tr>
<td>Sex is always fun</td>
<td>Some people have sex to please their partner or have had bad and troubling experiences</td>
</tr>
<tr>
<td>People are heterosexual</td>
<td>People are homosexual, bisexual or heterosexual</td>
</tr>
<tr>
<td>People will stay together</td>
<td>Almost 50% of relationships end in a divorce or split up</td>
</tr>
<tr>
<td>People have no sexual past</td>
<td>When people are in a steady relationship, they mostly have had a less steady past</td>
</tr>
<tr>
<td>Your relationship is a loving one</td>
<td>There can be a lot of sadism and power struggles in relationships</td>
</tr>
<tr>
<td>You know everything about your partner</td>
<td>People tend to hide some important things from their partner</td>
</tr>
<tr>
<td>You are intimate with your partner</td>
<td>People who have sex with each other are not always intimate about how they feel</td>
</tr>
<tr>
<td>Once you are heterosexual, you will stay heterosexual</td>
<td>People discover sometimes later in life that they are attracted to people of the same sex</td>
</tr>
<tr>
<td>All women have a desire for children</td>
<td>Just like men, there are also women who don’t feel the desire to have children</td>
</tr>
<tr>
<td>Most people have partners of their own age</td>
<td>A relationship doesn’t always have to be between people of the same age</td>
</tr>
<tr>
<td>When people have sex, they have intercourse</td>
<td>There are many things that people do while they have sex besides having intercourse – for example: caressing, licking, kissing etc.</td>
</tr>
<tr>
<td>Men always want sex</td>
<td>Just like woman, men don’t always feel the need to have sex.</td>
</tr>
</tbody>
</table>
### Myth vs Fact

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The reason why we have sex is because we have a desire for sex</td>
<td>There are many reasons to have sex – for example: out of love, to</td>
</tr>
<tr>
<td></td>
<td>become pregnant, to earn money, to relax, to be loved etc.</td>
</tr>
<tr>
<td>People who have sex together love each other</td>
<td>Love and sex are two different things. Sex is no proof that people</td>
</tr>
<tr>
<td></td>
<td>love each other.</td>
</tr>
<tr>
<td>Masturbation fills in the gap of a missing partner</td>
<td>Masturbation is and stays an important way to have sex during one’s</td>
</tr>
<tr>
<td></td>
<td>whole life</td>
</tr>
<tr>
<td>Men need to have sex regularly or they get angry and frustrated</td>
<td>There is no biological need for regular sex, only craving for an</td>
</tr>
<tr>
<td></td>
<td>expected reward</td>
</tr>
<tr>
<td>Women don’t like sex as much as men</td>
<td>Women like sex as much as men. They only don’t want it as often.</td>
</tr>
<tr>
<td>Sex is natural and spontaneous behaviour</td>
<td>Sex is socially organized. We have to respect and learn the rules.</td>
</tr>
<tr>
<td>The best proof of love is sex</td>
<td>Sex is no proof of love. Sometimes, on the contrary, love has no</td>
</tr>
<tr>
<td></td>
<td>thing to do with sex.</td>
</tr>
<tr>
<td>The proof of a good woman is that she does not deny her partner sex</td>
<td>People should have the freedom to make the choice. When sex is a</td>
</tr>
<tr>
<td></td>
<td>duty, it is no longer fun.</td>
</tr>
<tr>
<td>Men should know what women want from sex</td>
<td>Men have to learn what women want, and each woman is different</td>
</tr>
</tbody>
</table>
Sexual development and lifeline  
60 minutes

To understand that people have different needs according to their sexual development stage
To identify important supportive/hindering factors of sexual development
To notice that we all have different paths to follow

Handout 6: A Sexual Lifeline
Handout 7: Sexual Lifeline Experiences

Step 1
Draw a lifeline on the board or flip chart and write “sexual lifeline” as a title. Explain that we will construct a sexual lifeline from our personal experiences. Hand out Handout 6 and give the participants five minutes to make a personal lifeline. This is a sheet they can keep for themselves.

Step 2
Hand out the cards from Handout 7. Each card corresponds to a certain experience. Each of the participants will take a card and tell the group at what age and in what way this experience took place. Refer to the PICCASOLST rules (they do not have to say what they do not want others to know). As the facilitator, take the first card and add the experience in the appropriate place on the lifeline. Then someone else takes a card and explains their experiences.

Step 3: Plenary
Discuss the constructed lifeline and the similarities and differences with your own experiences. These might be age differences, different experiences etc.

Step 4: Needs and services
Ask participants to look at their sexual lifeline, and make notes about the need they felt at certain stages.

Take a new sheet of flip chart paper and ask the participants to indicate what the needs are at different stages of one’s sexual life to make these experiences positive ones or to reduce the negative impact of painful experiences. Put them on a sheet (education, information, someone to go to, good health services, trust and confidence, help, prevention and protection etc.).

Step 5: Discussion
What is the situation for refugees?
What is problematic? What not?
What can and should be done to address the needs of refugees in that area?
Handout 6
A Sexual Lifeline

0 years: birth

Now
Sample Lifeline

0 years: birth

1

1

4: sexual play with sisters and neighbours in the garden

7: first time in love with the boy next door

8: first sexual dreams

13: first menstruation, collecting erotic images

14: first masturbation

15: sexual play with friends, first boyfriend, kissing and holding hands

16: French kissing, sexual play

17: first intercourse, use of condom, sexual intimidation by boyfriend

18: first time sleeping together

19: boyfriend doesn’t want to use a condom, infection of the uterus, use of the pill

20: first time oral sex

21: living together with partner

23: being cheated on by my partner, break-up

25: sexually abused, abortion

28: new partner

29: living together, marriage

30: pregnant and first child

31: in love with a lover, but no sex; I do not want to leave my family

32: pregnant and second child

40: partner leaves me for a younger woman

42: divorce

Now
### Handout 7

**Sexual Lifeline Experiences**

<table>
<thead>
<tr>
<th>first notion of sexual behaviour</th>
<th>first menstruation or wet dream</th>
<th>first long relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>sexual play</td>
<td>first orgasm</td>
<td>first time cheating on your partner</td>
</tr>
<tr>
<td>first time oral sex</td>
<td>pregnancy</td>
<td>first time being cheated on</td>
</tr>
<tr>
<td>first sexual penetration</td>
<td>marriage</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>childbirth</td>
<td>divorce</td>
<td>first violence</td>
</tr>
<tr>
<td>abortion</td>
<td>too much sex</td>
<td>romantic experience</td>
</tr>
<tr>
<td>problems or negative experiences</td>
<td>pornographic experience</td>
<td>no sex for a long period</td>
</tr>
<tr>
<td>first time in love</td>
<td>masturbating for the first time</td>
<td>contraception</td>
</tr>
<tr>
<td>first sexual arousal</td>
<td>first time condom use</td>
<td>first orgasm</td>
</tr>
<tr>
<td>circumcision</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>
Definition of sexual and reproductive health

45 minutes

To understand the different elements of a definition of sexual and reproductive health
To understand the differences between sexual and reproductive health
To be aware that human rights are an essential part of the definition

Blackboard or flip chart and markers
Handout 8: Definitions of Sexual and Reproductive Health

**Step 1: Perception exercise**
Ask the participants to split into two groups. One group answers the question: "In your opinion, when is somebody in good sexual health?". The other group answers the question: "In your opinion, when is somebody in good reproductive health?".

They discuss this in their groups first, take notes on a sheet of flip chart paper and then present the outcome in plenary. The notes are hung up so that everybody can see them. Refer to the example in the previous exercise (Lifeline).

**Step 2: Reading the definitions**
Hand out Handout 8: Definitions of Sexual and Reproductive Health. One of the participants or the trainer reads out the definition of sexual health. You underline words written down in the perception exercise that correspond with elements of the definition. Check if everybody agrees, and point out what is missing.

Stress the following elements in the definition:
- Having no diseases or deficiencies versus well-being
- Biological and physical well-being versus mental and social well-being
- Free of coercion, discrimination or violence
- Safe and satisfying sex life versus respectful approach to sexuality and sexual relationships, and versus having children or not
- Rights are included

Do the same for the definition of reproductive health.

**Step 3: Plenary discussion**
Discuss the following elements:
- What are the differences between their definitions given in the perception exercise and the ICPD definition? Do they believe that sexual and reproductive health is universal?
- Are all elements equally important to them?
- What impact do they think migration has on someone’s sexual and reproductive health?
- How is the reception centre dealing with sexual and reproductive health? Do they have suggestions for improvement?
Handout 8
Definitions of Sexual and Reproductive Health

Everyone has the right, at any given moment in his or her life, to the highest possible standard of reproductive and sexual health. What does this involve? We endorse the definitions of sexual and reproductive health and rights as defined at the International Conference on Population and Development (ICPD) in Cairo in 1994, and we recognize sexual and reproductive health rights as basic human rights.

**Sexual health**
The ICPD definition (Cairo 1994) states that sexual health is “a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, sexual rights of all persons must be respected, protected and fulfilled.”

**Reproductive health**
The same source holds that reproductive health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with best chance of having a healthy infant. (...) reproductive health care is defined as the constellation of methods, techniques, and services that contribute to reproductive health and wellbeing by preventing and solving reproductive health problems. It also includes sexual health; the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.”

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**Definition of sexual and reproductive rights**

45 minutes

To understand the concept of sexual rights (history, purpose, meaning)
To be able to sum up some examples

Blackboard or flip chart and markers
Handout 9: Sexual Rights Declaration

**Step 1: Rights exercise (plenary)**

In the definitions of sexual and reproductive health certain human rights are named. Can the participants identify which ones? Which other human rights can be related to sexual and reproductive health? Can they give an example of this right related to sexual and reproductive health? Note down their answers on the blackboard/flip chart and discuss.

**Step 2: History of sexual and reproductive health rights**

Explain that although attempts were made to come to a global endorsement of sexual and reproductive health as a human right, it was not until September 1994, at the International Conference on Population and Development in Cairo, that this was agreed upon. In order to achieve equality and equity between women and men, and to ensure that all women as well as men are able to exercise their human rights and participate fully in all areas of life, 179 governments acknowledged that all couples and individuals have the right to attain the highest standards of sexual and reproductive health and make decisions concerning their sexual health free of discrimination, coercion and violence. To this end, these governments state that countries should take full preventive, protective and rehabilitative measures to eliminate all forms of exploitation, abuse and violence against women and adolescents while paying special attention to protecting the rights and safety and meeting the needs of those in potentially exploitable situations. Documented and undocumented migrant women, refugee women and refugee children are specified as such. However, some states make some objections and ratify only parts of it. Ireland, for example, does not endorse the right to abortion.

**Step 3: Examples of rights**

Hand out Handout 9: Sexual Rights Declaration. Give some examples and refer to the earlier exercises. Be sure to give examples of some other rights mentioned.

**Step 4: Plenary discussion**

Do they think these sexual rights are completely fulfilled in their own experiences?
Do they consider it possible to implement sexual rights universally?
Which rights are easily/not easily fulfilled as an asylum seeker in Europe? Do they have suggestions for improvement?
What barriers do they see regarding the sexual rights of asylum seekers?

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Handout 9
Sexual Rights Declaration

Both sexual and reproductive health rights embrace certain human rights that are already recognized in national laws, international human rights documents and other relevant UN consensus documents. An International Planned Parenthood Federation (IPPF) Declaration on Sexual Rights was developed in 2008 and complements and integrates the former IPPF Charter on Sexual and Reproductive Rights.

Sexual rights contain:

7 guiding principles

1. Sexuality is an important part of being human
2. People under eighteen are also rights holders
3. The basic of human rights is non-discrimination
4. People should be able to enjoy their sexuality and be free to choose whether or not they want to reproduce
5. Everyone has the right to be protected from harm
6. Sexual rights can only be limited by law if it is to protect others’ rights and freedoms, to ensure the general public welfare and to protect public health
7. States have the obligation to respect, protect and fulfil sexual rights for all.

10 articles

1. The right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender
2. The right to participation for all persons, regardless of sex, sexuality or gender
3. The rights to life, liberty, security of the person and bodily integrity
4. The right to privacy
5. The right to personal autonomy and recognition before the law
6. The right to freedom of thought, opinion and expression; the right to association
7. The right to health and to the benefits of scientific progress
8. The right to education and information
9. The right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when to have children
10. The right to accountability and redress.

More information can be found on www.ippfen.org.
PREVENTION OF SGBV IN THE EU RECEPTION & ASYLUM SECTOR TRAINING MANUAL

ERIKA FRANS (SENSO) AND INES KEYNART (ICRH - GENT UNIVERSITY)

Make it work!
Module 3
Communication

In this chapter we focus on elements that help or hinder communication on sexual health. In addition to vocabulary, the experience of using the words to communicate is also important. For this section we use materials referred to as “the sheets”.

Description of the materials
We use a drawing of a naked body of a man and a woman on a large sheet of (flip chart) paper. The names of the (internal and external) sexual body parts are put on a card in the form of an arrow. We use two additional pictures to put on top of the bodies with the internal sexual and reproductive body parts. The pictures to be used in this session are available on the attached CD-ROM.

In this module the aims are to:

- name all the external and internal sexual and reproductive body parts and functions
- identify and explain the most common myths about the human reproductive and sexual body functions
- express our feelings associated with sexuality
- listen to the different experiences of other people
- explain where you want to be touched, talked about or looked at or not
- identify cultural, gender and personal differences
- answer questions on basic sexuality knowledge
- talk about sex in a fluent language
- acknowledge hidden messages.
Words and myths on the external sexual body parts  

60 minutes

To be able to name all the sexual body parts and activities
To be able to identify and explain the most common myths about the human sexual body

Sheets and words, myths on cards, pictures of hymen and clitoris
Handout 10: Myths about External Male and Female Sexual Body Parts
Handout 11: The Clitoris and Hymen
Handout 12: Female Genital Mutilation

**Step 1**
Spread out the picture of the male body and explain that this is an exercise in communication. Since sexuality is a sensitive subject, we need to concentrate on the different meanings words can have for different people. We need to use the most suitable words.

**Step 2: External sexual body parts – men**
Divide the words about external sexual body parts among the participants. Each participant puts the card in the right place on the body (penis, foreskin, testes, pubic hair etc.). We ask questions such as:
- What do you know about this body part?
- What do you call it in your mother tongue (different words, meaning of words)?
- Do you know other words in English? What is the slang word, official word? (e.g. penis is called ‘soldier’ or ‘gun’ or snake’ etc.)
- Circumcision: what is it, why they do it etc.?

**Step 3: Myths about male sexual body parts**
Insert in the discussion the notion of ‘myths’, and select the most interesting myths on male body parts and sexual function. Put the myth on the sheet and ask the group to explain why this is a myth and what the consequences are if people believe it to be true.

**Step 4: External sexual body parts – women**
Divide the words about external sexual body parts among the participants. Each participant puts the card in the right place on the body (breast, nipple, vagina, vulva, pubic hair etc.). You can use additional cards for vulva and clitoris to explain more about them. We ask questions such as:
- What do you know about this body part?
- What do you call it in your mother tongue (different words, meaning of words)?
- Do you know other words in English? What is the slang word, official word? (e.g. female genitals are referred to as ‘cunt’, ‘box’, ‘flower’ etc.)

**Step 5: Myths about external female sexual body parts**
Put the myth on the sheet and ask the group to explain why this is a myth and what the consequences are if people believe it to be true.
### Handout 10

**Myths about External Male and Female Sexual Body Parts**

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>An erection means that the man wants to have sex</td>
<td>An erection can also be a reaction to another trigger such as fear, morning erections, excitement etc.</td>
</tr>
<tr>
<td>The foreskin needs no special attention</td>
<td>The foreskin of 25% of boys is too tight. It needs to be pulled over the glands regularly.</td>
</tr>
<tr>
<td>Circumcision is the same for a man as for a woman</td>
<td>With a man, only the foreskin is removed. With a woman, the labia (inner and/or outer) and/or the clitoris gland are removed. It can have serious ill-health consequences.</td>
</tr>
<tr>
<td>Circumcision has no health benefits</td>
<td>A circumcised man is less vulnerable to sexually transmitted infections.</td>
</tr>
<tr>
<td>All penises have the same size when erect</td>
<td>There is a big difference: from 9cm to 16cm around, 11cm to 22cm in length.</td>
</tr>
<tr>
<td>A girl that is a virgin has an intact, thus closed, hymen</td>
<td>A hymen is a fold of tissue at the entrance to the vagina. The shape of a hymen before sexual intercourse looks like a waxing moon and is thus not a closed membrane. This shape allows menstrual blood to flow out of a girl’s vagina. Some girls have a hymen that completely covers the opening of a vagina, and their menstrual blood cannot flow out. This is called an imperforate hymen and causes pain and health problems.</td>
</tr>
<tr>
<td>The most important female sexual organ is the vagina</td>
<td>No: the most sensitive sexual organ is the clitoris. Most of the clitoris is hidden inside the body. It is 9cm long and has four arms. In Djibouti, Egypt, Guinea, Mali, Sierra Leone, Somalia and Sudan at least 90% of the women are mutilated. However in Cameroon, Ghana, Niger and Uganda, for example, it is less than 5% of the women.</td>
</tr>
<tr>
<td>The size of a woman’s breasts depend on how often they have been touched</td>
<td>The size of a woman’s breasts is genetically defined.</td>
</tr>
<tr>
<td>Pubic hair should be removed for reasons of hygiene</td>
<td>There is no need to remove pubic hair.</td>
</tr>
</tbody>
</table>
Handout 11
The Clitoris and Hymen

**CLITORIS**

Source: Sensoa


**HYMEN**

Source: Centre for Young Women’s Health
Handout 12
Female Genital Mutilation

Three forms of female genital mutilation

Source: American Academy of Pediatrics
Words and myths about the internal sexual and reproductive body parts and functions

To be able to name the internal sexual and reproductive body parts and functions
To be able to identify and explain the most common myths about the human reproductive and sexual body functions

Sheets with pictures of the male and female body, pictures of the internal sexual body parts and functions (on the CD-ROM) words, myths on cards
Handout 13: Myths about Male Internal Sexual and Reproductive Body Functions
Handout 14: Myths about Female Internal Sexual and Reproductive Body Functions

Step 1: Internal sexual & reproductive body parts and functions
Spread out the sheet with the picture of a male body and put the internal sexual body parts in the right position. Explain that we are interested in the internal functions of the sexual and reproductive system.

Step 2: Internal sexual & reproductive body parts and functions – men
Divide the words about internal sexual and reproductive body parts and functions among the participants. Each participant puts the card in the right place on the body.
We ask questions such as:
- What do you know about this body part?
- What do you call it in your mother tongue (different words, meaning of words)?
- Do you know other words in English? What is the slang word, official word?
- What is the sexual or reproductive function?

Step 3: Myths about internal male sexual and reproductive body parts and functions
Insert in the discussion the notion of ‘myths’, and select the most interesting myths on internal male body parts and sexual and reproductive function. Put the myth on the sheet and ask the group to explain why this is a myth and what the consequences are if people believe it to be true.

Step 4: Internal sexual & reproductive body parts and functions – women
Divide the words about internal sexual and reproductive body parts and functions among the participants. Each participant puts the card in the right place on the body.
We ask questions such as:
- What do you know about this body part?
- What do you call it in your mother tongue (different words, meaning of words)?
- Do you know other words in English? What is the slang word, official word?
- What is the sexual or reproductive function?

Step 5: Myths about internal female sexual and reproductive body parts and functions
Put the myth on the sheet and ask the group to explain why this is a myth and what the consequences are if people believe it to be true.
## Handout 13
Myths about Male Internal Sexual and Reproductive Body Part and Functions

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>A man needs to have sex regularly</td>
<td>When a man has no sex for some time, nothing happens</td>
</tr>
<tr>
<td>Men are constantly sexually arousable</td>
<td>50% of men have regularly no interest in sex</td>
</tr>
<tr>
<td>Men can't control their sexual behaviour</td>
<td>Men can stop sexual behaviour when they want to</td>
</tr>
<tr>
<td>Men have to be the active partner in sex, women the passive</td>
<td>There is no obligation to play it this way</td>
</tr>
<tr>
<td>The quality of the sperm is better when you have sex regularly</td>
<td>Quality of sperm depends more on other aspects</td>
</tr>
<tr>
<td>The condom is not safe to prevent pregnancy</td>
<td>When correctly used, condoms are safe (demonstrate)</td>
</tr>
</tbody>
</table>
Make it work!
## Myths about Female Internal Sexual and Reproductive Body Parts and Functions

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women show no visible signs of sexual arousal</td>
<td>Women have natural lubrication of the vagina when aroused</td>
</tr>
<tr>
<td>Coitus is the best way for women to have sex and an orgasm</td>
<td>The stimulation of the clitoris is the best way for women to have an orgasm</td>
</tr>
<tr>
<td>Women don’t like sex as much as men</td>
<td>Women do like sex as much as men; they don’t have the same frequency</td>
</tr>
<tr>
<td>The first intercourse is always painful for women</td>
<td>Not necessarily; when lubricated, everything should go smoothly</td>
</tr>
<tr>
<td>You can’t get pregnant from a first intercourse</td>
<td>Yes you can</td>
</tr>
<tr>
<td>Washing away the sperm will prevent pregnancy</td>
<td>No, the sperm finds its way to the egg when you are fertile</td>
</tr>
<tr>
<td>A hysterectomy has no influence on a woman’s sexual satisfaction</td>
<td>It has; a uterus plays an important role in orgasm, because it fills with blood and contracts during orgasm</td>
</tr>
<tr>
<td>The pill is the only safe form of contraception for women</td>
<td>There are other good methods too (demonstrate)</td>
</tr>
</tbody>
</table>
Sexuality and feelings

To be able to express the feelings associated with sexuality
To listen to the different experiences of other people

Handout 15: Feelings cards
Sheets with male and female bodies

**Step 1**
Explain that we often explain feelings by referring to our body – for example, “It takes my breath away” or “It’s a heavy weight on my shoulders”. We also sometimes locate feeling in a body part – for example, when I think about ‘sorrow’ I would locate it in my chest. Explain that about sexuality we often have a lot of emotions, and it is not always easy to talk about them. This is an exercise about learning to talk about feelings associated with sexual experiences. Remind the participants of the PICASOLLST rules.

**Step 2**
An envelope with the Feelings cards is circulated among the group. One of the participants pulls out a card and puts it on either the male or female body and explains what it means to them.
- What is the feeling about, in your own experience?
- Why is it located in that body part?
Ask participants if this feeling or experience is something they recognize.

Go to the next participant, until everyone has pulled out a card and spoken about an emotion associated with sexuality and the body.

**Step 3: Discussion**
What did you experience in this exercise?
Are there more positive or negative feelings?
Is it difficult to talk about feelings on that subject?
Handout 15
Feelings

desire  anger  pleasure

curiosity  pride  shame

happiness  power  pain

humiliation  ambivalence  shyness

suffering  joy  fire
Make it work!
Sexuality and touching/talking/looking

45 minutes

To be able to explain where you want to be touched, talked about or looked at or not
To identify cultural, gender and personal differences

Sheets with male and female bodies
Handout 16 cards: yellow, green, red and black with hands, eyes and mouths (on the CD-ROM)

Step 1
Explain that this exercise is about personal and cultural habits in touching, looking at and talking
about a man or a woman’s body. There are no right or wrong answers; it is an exercise that invites
you to talk about your own experiences.

Step 2
Each participant receives a card of any colour. You refer to the cards as:
- Green: completely acceptable to touch/talk about/look at a stranger without consent
- Yellow: slightly less acceptable
- Red: not acceptable to touch/look at/talk about
- Black: completely unacceptable to touch/look at/talk about
- Hand: touch
- Mouth: talk about
- Eye: look at

Pull out a card and ask a participant to put it on the body of his/her own or the opposite gender.
When you touch/look at/talk about another person’s body part without his/her consent, where
would you put the card of that colour?

Discuss:
- Why is this so, in your experience?
- Are there exceptions (for age, status, situation etc.)?
- Is it different in other cultures?
- Are there personal differences?
- Every participant pulls a card and gives his/her opinion.

Step 3: Discussion
- Is there a difference between men and women? In what sense?
- Is there a difference if a man or a woman touches you, looks at you, talks about you?
- Are we influenced by our cultural background? In what way?
- How can we cope with these differences?
- What can you do to prevent unwanted touch, talk, looks? How do you communicate?
- What do you have to do to be able to touch, look at or talk to someone sexually? How do
  you get permission? Where do you start?
Handout 16

Touching, Looking at, Talking about a Body

Copy this page onto green, yellow, red and grey paper

hand hand hand hand
hand hand hand hand
eye eye eye eye
eye eye eye eye
mouth mouth mouth mouth
mouth mouth mouth mouth
Sex language

To be able to talk about sex in a fluent language
To be able to explain terms using simple phrasing
To be able to acknowledge hidden messages

Handout 17: Sex Language: Client Questions

**Step 1**
You can either work with all participants in one group, or you can divide the participants into small groups. You write questions of so-called ‘clients’ on little cards and keep them in a shoe box. One of the participants takes the role of a client. He/she draws a question from the shoe box and reads the question out loud to another participant who takes the role of the ‘service provider’. The service provider tries to respond to the question using simple terms. The box is passed on, and two other volunteers repeat the exercise.

**Step 2**
Discuss the answers given, using the following criteria:
- Did the service provider give sufficient information?
- Was it clear and comprehensive?
- Was it a relevant answer to the question?
- Did this answer also refer to gay people?
- Was the answer appropriate for people who have been sexually abused?
- Was it relevant for clients from a different cultural background?
- Were there any hidden messages?
### Handout 17
**Sex Language: Client Questions**

<table>
<thead>
<tr>
<th>How do men masturbate?</th>
<th>What does it mean when someone ‘comes’?</th>
<th>What are the difficulties when first having sexual intercourse?</th>
<th>Why is the man usually the first person to want to have intercourse?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is having sex fun?</td>
<td>What do they mean by being ‘horny’ or ‘turned on’?</td>
<td>What if you don’t like sex and you want children?</td>
<td>What exactly is the clitoris?</td>
</tr>
<tr>
<td>Is masturbation a sign of not being loved?</td>
<td>Why do women feel reluctant to do different things when having sex?</td>
<td>Why are people homosexual?</td>
<td>How do women masturbate?</td>
</tr>
<tr>
<td>How does an erection work?</td>
<td>Is it true that when you use a tampon you lose your virginity?</td>
<td>If you get pregnant, are there other things you could do besides an abortion to avoid giving birth?</td>
<td>Does virginity also exist for boys?</td>
</tr>
<tr>
<td>What do you do when you want sex with someone?</td>
<td>What are the risks of masturbation?</td>
<td>What is a blow job?</td>
<td>What do you have to consider when having sex?</td>
</tr>
<tr>
<td>Are tampons bad for your health?</td>
<td>Where is the hymen located?</td>
<td>What do women do when they have sex with each other?</td>
<td></td>
</tr>
</tbody>
</table>
Module 4
Gender

This module explains the concept of gender and its social and cultural construction. Gender has an important influence on sexuality and violence. People are not always aware that their expectations and norms are different from other people’s.

The aims of this module are to:

- compare the lives of women and men
- demonstrate how female and male roles are constructed from birth onwards
- understand the social expectations related to sex and gender
- recognize similarities and differences between people
- see the limitations of social and cultural expectations
- understand the different components of sexual identity: gender, sex, gender role, sexual orientation
- imagine the variety in gender, sex, gender role and sexual orientation
- enable participants to be aware of their own (often hidden) impressions of men and women
- start to look at people without using stereotypes
- understand the cultural differences of gender, sex, gender role and sexual orientation.
Gender concepts in different cultures

- To compare the lives of women and men
- To demonstrate how female and male roles are constructed from birth onwards

Ball and flip chart

**Step 1**
Ask the participants to form a circle and explain that they are going to make up stories of two imaginary people: choose a name of a boy and of a girl.
Give the ball to someone in the group and ask the person to throw it, quickly, to anyone else in the group. As someone catches the ball, they say something about the life of the girl. The story should start from her birth onwards, the conditions of her life, her family, her school career, her work, her marriage, her children, her hobbies etc. As this is going on, write the most important elements of the stories on flip charts for discussion afterwards.

**Step 2**
Ask the group to repeat the game, constructing the life of the boy.

**Step 3: Discuss**
Compare the two stories:
- Are there elements that are ‘(stereo)typical’ for a girl or boy?
- Could we reverse the two stories?
- What does the construction of these stories tell us about our ideas and expectations of men and women?

Note: The ball should be kept moving rapidly for this exercise, so that the participants respond immediately and say whatever comes into their minds at that time.
Changing sexes

To understanding the social expectations related to sex and gender
To recognize similarities and differences between people
To see the limitations of social and cultural expectations

Handout 18: Changing Sexes

**Step 1**
Ask the participants the following question: “Imagine that you changed sex. What would be different in your life? Think about the past, the present and the future.”
Give some tips, such as: your relationship with your parents, brothers and sisters, friends, relations, spare time, clothing, father- or motherhood.
Give each participant five minutes to do the exercise individually on a sheet of paper.

**Step 2**
Make little groups of the same sex and let the participants compare what they have written. Afterwards, they can present a summary on the flip charts.

**Step 3: Discussion**
- What do men see as possible changes? Ask feedback from the women.
- What do women see as possible changes? Ask feedback from the men.
- Do we pay more attention to the positive aspects or to the negative ones?
- Is there a difference between the women’s flip chart and the men’s?
- Is there a power imbalance in real life?
  - If yes, does this power imbalance change through migration?
Handout 18
Changing Sexes

“Imagine that you changed sex. What would be different in your life?
Think about the past, the present and the future.”

<table>
<thead>
<tr>
<th>What would change for girls and women?</th>
<th>What would change for boys and men?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Career and educational opportunities</td>
<td>- Wet dreams</td>
</tr>
<tr>
<td>- Freedom of movement</td>
<td>- Pregnancy</td>
</tr>
<tr>
<td>- Menstruation</td>
<td>- Physical power</td>
</tr>
<tr>
<td></td>
<td>- Craving for sex</td>
</tr>
<tr>
<td></td>
<td>- Risk behavior</td>
</tr>
<tr>
<td></td>
<td>- Friendship</td>
</tr>
<tr>
<td></td>
<td>- Quality of relationships</td>
</tr>
<tr>
<td></td>
<td>- Competition</td>
</tr>
<tr>
<td></td>
<td>- Honour</td>
</tr>
<tr>
<td></td>
<td>- Parental role</td>
</tr>
<tr>
<td></td>
<td>- Household role</td>
</tr>
<tr>
<td></td>
<td>- Contact with parents</td>
</tr>
<tr>
<td></td>
<td>- Financial (in) dependance</td>
</tr>
<tr>
<td></td>
<td>- ...</td>
</tr>
</tbody>
</table>

Examples:
- Career and educational opportunities
- Freedom of movement
- Menstruation
- Wet dreams
- Pregnancy
- Physical power
- Craving for sex
- Risk behaviour
- Friendship
- Quality of relationships
- Competition
- Honour
- Parental role
- Household role
- Contact with parents
- Financial (in) dependance
- ...
Definition of the different components of sexual identity

To understand the different components of sexual identity: gender, sex, gender role, sexual orientation
To be able to imagine the variety in gender, sex, gender role and sexual orientation

Handout 19: Components of Gender
Handout 20: Background Information about the Terms

Step 1
Write the different components of sexual identity (sex, gender identity, gender role and sexual orientation) on flip charts and explain them. Hand out Handout 19: Components of Gender and construct the different components of the gender. Give examples of:
- sex: male, female, or intersex conditions
- gender: differences between very masculine and very feminine, mixed gender or gender free
- gender role: a role you chose in your life, such as a profession, clothing etc.
- sexual orientation: heterosexual, homosexual (gay or lesbian), bisexual or other.

Step 2: Exercise
Link the stories of the previous exercise to the different theoretical components.

Step 3: Exercise
Link famous people to the different theoretical components – for example: a hijra, Brad Pitt, Martina Navratilova, Ellen Johnson Sirleaf.
Can the participants find other examples of people who don’t fit the stereotypes?
Handout 19
Components of Gender

Source: Gender in the Blender
PREVENTION OF SGBV IN THE EUROPEAN RECEPTION & ASYLUM SECTOR TRAINING MANUAL

ERIKA FRANS (SENSO A) AND INES KEYGNAERT (ICRH - GHEMONT UNIVERSITY)

Make it work!
Handout 20
Background Information about the Terms

**GENDER**
The term ‘gender’ is usually used to refer to the social, cultural and psychological meaning of being a man and/or woman. Thus the distinction between sex and gender is the cultural, psychological and social load of the concept of gender that also changes in culture and time.

**GENDER IDENTITY**
Gender identity refers to the inner feeling of being a man, a woman, both or neither. Usually this corresponds to the biological sex: for example, someone who is born with the body of a woman also feels like a woman (and vice versa). The psychological sex (the gender identity) and the biological sex (the body) will be compatible. But it can also happen that these two aspects are more or less in conflict with each other. Someone with a woman’s body can feel like a man (and vice versa). Or one can feel like a man and woman. A big variety is possible.

**SEX**
Sex refers to the physical anatomy. The biological sex is determined at birth. Mostly we think there are two options of sex: a woman or a man. This is not correct! Scientific research shows that biological sex is more varied. Because biological sex is determined by multiple factors such as hormones, anatomy and chromosomes, different combinations are possible. Those variations – based on the known male/female classification – are referred to as ‘intersexuality’.

**GENDER ROLE**
Gender role refers to the way in which someone expresses and practices his/her gender feelings: which roles they take in daily life, which clothes they wear, how one behaves towards others etc. Gender expression is what the outside world sees, as apposed to gender identity which is invisible and lives in the inner world. Gender expression includes everything we communicate to others: clothing, hairstyle, body language, manners, speech, behaviour etc. Most people have a touch of female and male characteristics in their gender expressions. These expressions can also change depending on the social context.

**SEXUAL ORIENTATION**
Sexual orientation refers to the romantic feelings or the sexual attraction to people of a particular sex. Usually we make a difference between homosexuals (gay men and lesbians) and heterosexuals. Sexual orientation and gender identity are different parts of our sexual identity. Although young children are not always aware of their sexual orientation, they usually do have strong feelings about their gender identity.
Gender expectations

To enable participants to be aware of their own (often hidden) impressions of men and women
To start to look at people without using stereotypes
To understand the cultural differences of gender, sex, gender role and sexual orientation

Handout 21: Gender Quiz
Slideshow on CD-ROM

Step 1
Explain that the group is going to do a quiz. It is important to point out that:
- first impressions are required, not thought-out answers
Hand out the answer sheets for the quiz (Handout 21).

Step 2
Do the quiz.

Step 3: Discuss results
Gender and gender roles are a social construction. They change in time and between different cultures and communities.
Handout 21
Gender Quiz

1: SHE IS…
a) Retired
b) President
c) Doctor
d) Teacher

2: THEY ARE…
a) Friends
b) Brothers
c) Lovers
d) Colleagues

3: WE SEE…
a) A girl in a male role
b) A boy in a female role
c) A girl without a typical gender role
d) A boy without a typical gender role

4: HER JOB IS…
a) A transvestite dancer
b) A hair dresser
c) An actress
d) A media figure

5: THIS PERSON IS…
a) A woman
b) A man
c) A transwoman
d) A transman

6: THEY ARE…
a) Two men
b) A woman and a man
c) Female men
d) Transsexuals

7: THE PERSON ON THE RIGHT IS…
a) A woman
b) A man
c) Both
d) Neither

Source pictures 4-5-6-13: Goedele Magazine
8: SHE…
a) Won the Nobel Peace Prize
b) Is a great singer
c) Won the Nobel Literature Prize
d) Is a famous actress

9: HE LIKES…
a) To work in the garden
b) To cook
c) To dance
d) To go boxing

10: SHE FEELS…
a) Like a woman
b) Like a man
c) Like both
d) Neutral

11: WE SEE…
a) A woman
b) A man
c) A man-woman
d) A transsexual

12: THIS PERSON IS…
a) A transman
b) A transwoman
c) A homosexual man
d) A heterosexual woman

13: THIS PERSON IS…
a) A man with breasts
b) A woman with a beard
c) A transsexual
d) A lesbian

14: THIS IS…
a) A woman needs a man to rely on
b) A man needs a woman to support
c) Women come first
d) Men are smaller than women
1. Michelle Bachelet: President of Chile

2. Two actors in the movie ‘Brokeback Mountain’: they are a homosexual couple

3. Androgynous girl without any typical male or female role

4. Goedele Liekens, a Belgian media figure, a sexologist raising awareness about sexual health and gender issues

5. A female body builder

6. Hijras, India’s eunuch, females born in the body of a man, and castrated in puberty. They are India’s third sex. They often end up in prostitution or have to beg for money.

7. The Bearded Woman Breastfeeding (1631), artist: Jusepe de Ribera

8. Wangari Muta Maathai: Nobel Peace Prize Winner in 2004

9. Shahrukh Khan: actor in Bollywood movies (known for their dancing and singing)

10. Tracy Chapman: singer, she feels gender free (neither male or female)

11. In Zuni culture, We’wha was a lhamana, an individual who combined male and female work and social roles and often dressed in women’s clothing. (Among whites, such individuals were commonly known as berdaches, a French colonial word meaning ‘slave boy’) A lhamana was neither exclusively female or male; of We’wha, they said, “She is a man.”

12. Antony, a transwoman

13. A woman with a beard, as a result of a high level of testosterone. Hirsutism is rather rare.

14. A woman needs a man to rely on (old African statue)
Module 5
Sexual and Gender-based Violence

This module addresses the criteria that we can use to make rules and agreements on sexually acceptable and unacceptable behaviour. We give examples, definitions and consequences of and myths about SGBV. This module is essential to build awareness of the problems, and to be able to communicate about the reality of SGBV.

In this module we aim to:

• discuss whether situations are acceptable and why
• identify the criteria underlying the notion of sexual violence
• make a distinction between yellow, red and black situations
• become familiar with communication on violence (listening to stories of violence, vocabulary used by victims and offenders and talking about violence in a non-judge-mental way)
• recognize situations of violence and transgressive behaviour
• identify different forms of violence
• understand and identify the different types of SGBV
• explain the different types and give examples
• understand and identify the potential consequences of SGBV
• explain the different types of consequences
• understand that (sexual) violence has consequences for the victim
• recognize the behaviour of victims as a survival strategy
• understand the needs of a victim
• identify our own needs as a (semi-)professional
• dispel the most common myths on sexual abuse
Flag situations

To discuss whether situations are acceptable and why
To identify the criteria underlying the notion of sexual violence
To be able to make a distinction between yellow, red and black situations

Set of Flag Situations drawings (on CD-ROM)
Handout 22a: Flag Situations
Handout 22b: Flag Situations Identified (for trainer)
Handout 23: Flags and Criteria

Step 1
Explain that we want to be able to judge if situations are acceptable and why.

Step 2
Divide the participants into two groups and ask them to judge the given situations (hand out the drawings and the description on Handout 17). Is it acceptable or not? Ask them to identify why.

Step 3: Plenary
Take as many examples as you need. Put the cards on a table or on the ground in two piles, signifying acceptable and not acceptable.

Ask for the reasons behind the participants’ decisions and write down (if they come up) the six criteria:
- Mutual consent
- Free will
- Equality
- Age appropriate
- Context appropriate
- Self-respect.

Give an overview of the six criteria (Handout 23). Explain.
Give an overview of the four flags:
- Green: acceptable
- Yellow: must be changed or corrected slightly
- Red: should be forbidden
- Black: should be punished.

Try to identify the colour of the flag for each of the given situations.

Step 4: Discussion
Are there other situations you know of that you want to discuss?
### Handout 22a

**Flag Situations**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Two children (aged four) are pretending to have sex in the corridor of the refugee centre while adults are passing by.</td>
<td></td>
</tr>
<tr>
<td>2 In the common bathroom three women take a shower. Through a small hole in the wall a man is peeping at them.</td>
<td></td>
</tr>
<tr>
<td>3 A family (father, mother, some children) are living in only one room. The parents have sex while the children are asleep or pretend they are.</td>
<td></td>
</tr>
<tr>
<td>4 A man and a woman are having sex. The woman is paid for it.</td>
<td></td>
</tr>
<tr>
<td>5 An employee is having sex with a resident.</td>
<td></td>
</tr>
<tr>
<td>6 A very young girl is forced to marry a man who is much older. She is not in love with him, but he likes her very much.</td>
<td></td>
</tr>
<tr>
<td>7 Street prostitution by a woman.</td>
<td></td>
</tr>
<tr>
<td>8 A man has to endure a body examination.</td>
<td></td>
</tr>
<tr>
<td>9 A father fingers his little daughter; she tells her mother who does not believe her. She is angry.</td>
<td></td>
</tr>
<tr>
<td>10 A girl is circumcised.</td>
<td></td>
</tr>
<tr>
<td>11 Two young men have occasional sexual contact in the toilets of the refugee centre.</td>
<td></td>
</tr>
<tr>
<td>12 An employee enters a couple’s room without knocking. They are having sex.</td>
<td></td>
</tr>
<tr>
<td>13 A resident refuses to use condoms.</td>
<td></td>
</tr>
<tr>
<td>14 Two residents are in love. They meet in the store room and have sex there.</td>
<td></td>
</tr>
<tr>
<td>15 A 15-year-old girl from the refugee centre is in love with a Belgian boy from the village. They meet at his house while his parents are away and have sex.</td>
<td></td>
</tr>
</tbody>
</table>
## Handout 22b

**Flag Situations Identified (trainer tool)**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Flag</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>5  An employee is having sex with a resident.</td>
<td></td>
</tr>
<tr>
<td>6  A very young girl is forced to marry a man who is much older. She is not in love with him, but he likes her very much.</td>
<td></td>
</tr>
<tr>
<td>7  Street prostitution by a woman.</td>
<td></td>
</tr>
<tr>
<td>8  A man has to endure a body examination.</td>
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<tr>
<td>9  A father fingers his little daughter; she tells her mother who does not believe her. She is angry.</td>
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<td></td>
</tr>
</tbody>
</table>
### Handout 23
#### Flags and Criteria

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>GREEN FLAG</th>
<th>YELLOW FLAG</th>
<th>RED FLAG</th>
<th>BLACK FLAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>mutual consent</td>
<td>clear mutual consent and pleasure</td>
<td>mutual consent and pleasure are not clear</td>
<td>unique lack of mutual consent and pleasure</td>
<td>repeated lack of mutual consent and pleasure</td>
</tr>
<tr>
<td>voluntary</td>
<td>voluntary (absence of coercion)</td>
<td>light coercion or compulsion reward</td>
<td>unique use of manipulation, blackmail, force</td>
<td>repeated use or threat of manipulation, blackmail, force or aggression</td>
</tr>
<tr>
<td>equality</td>
<td>equal partners</td>
<td>slight inequality in maturity, age, intelligence etc.</td>
<td>greater inequality in maturity, age, intelligence, in a unique situation</td>
<td>significant inequality in maturity, age, intelligence, in repeated situations</td>
</tr>
<tr>
<td>appropriate to age</td>
<td>at least 20% of people this age are known to show this behaviour</td>
<td>behaviour of people belonging to another age group</td>
<td>behaviour of people belonging to much younger or older age groups</td>
<td>behaviour of people belonging to much younger or older age groups</td>
</tr>
<tr>
<td>appropriate to the circumstances</td>
<td>the behaviour disturbs nobody; privacy is being respected</td>
<td>considering the circumstances the behaviour is slightly offensive (impolite)</td>
<td>the behaviour is more offensive (harming or insulting) and not appropriate to the circumstances</td>
<td>the behaviour is very offensive (shocking) or illegal</td>
</tr>
<tr>
<td>self-respect</td>
<td>self-respect is satisfactory; the behaviour is not harmful to oneself; personal integrity is respected</td>
<td>the behaviour could harm or damage oneself</td>
<td>the behaviour has physically, emotionally or psychologically harmful consequences</td>
<td>the behaviour has significant physically, emotionally or psychologically harmful consequences</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>GREEN FLAG</th>
<th>YELLOW FLAG</th>
<th>RED FLAG</th>
<th>BLACK FLAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affirm</td>
<td></td>
<td>Explain</td>
<td>Forbid</td>
<td>Forbid</td>
</tr>
<tr>
<td>Accept</td>
<td></td>
<td>Give alternatives</td>
<td>Explain</td>
<td>Explain</td>
</tr>
<tr>
<td>Care</td>
<td></td>
<td>Give advice and help</td>
<td>Prevent</td>
<td>Punish</td>
</tr>
<tr>
<td>Condition</td>
<td></td>
<td></td>
<td>Direct to specialized help</td>
<td>Prevent</td>
</tr>
</tbody>
</table>

ERIKA FRANS (SENSA) AND INES KEYNAERT (ICHI-GHENT UNIVERSITY)
**Violence perception**

90 minutes

To become familiar with communication on violence (listening to stories of violence, vocabulary used by victims and offenders, and talking about violence in a non-judgemental way)
To be able to recognize situations of violence and transgressive behaviour
To be able to identify different forms of violence

Blackboard or flip chart with sheets and markers
Handout 24: ‘Hidden Violence is a Silent Rape’ Case Studies

**Step 1: Reading of case studies**
Hand out the handouts with the case studies and ask some of the participants to read them out. Check whether all participants understand the story. After each one ask if the participants recognize the story. Have they heard of or do they know similar cases? Can they imagine something similar happening in their surroundings?

**Step 2: Group discussion**
Ask the participants to split into groups and divide the case studies between them. Ask them to read the case study again and to identify together what they consider acts of violence.

**Step 3: Plenary discussion**
Once the participants have identified the acts of violence, they sum up in plenary. The trainer notes the acts of violence on the blackboard or flip chart and puts them into groups according to the five types of violence in the refugee cycle:
- Physical violence
- Emotional-psychological violence
- Sexual violence
- Socio-economic violence
- Harmful traditional practices.

The names of the types of violence are not added to the flip chart yet. Check each case study to see whether all acts of violence have been identified. Probe for any that are missing: do they consider them as violence too or not? Why?

Once all acts of violence have been noted down and grouped together, ask the participants what type of violence they would call each group. Go to the next session on definitions of SGBV in the refugee cycle.
Handout 24
‘Hidden Violence is a Silent Rape’ Case Studies

CASE STUDY 1
“I was taken to the detention centre where refugees who will be deported were held. After staying there for more than a month with anguish and suffering I tried with other refugees to escape by jumping from the detention walls. Many of the refugees escaped, but I was left behind because I fell from the wall and my left leg was broken. Police and security officers came while I was lying on the ground. They kicked my broken leg and handcuffed my hands behind my back. I was put in a stretcher and carried away. The officers dangled my broken leg from the stretcher and intentionally rubbed it against small trees all along the way to the entrance of the camp. I was taken to a hospital (…) In the third week I was taken back to the detention centre. I had not fully recovered, and the lower part of the broken leg was senseless. I lived in constant fear and anguish. Sometimes I was not given the medicine prescribed by the doctor that I needed for recovery. I was living in constant pain for days (…) After a while eight security officers and a driver came and carried me into a car which took me to the airport. While they were dragging me out of the car they saw a civilian car. Immediately, they threw me back in the car and pushed me onto the floor. Then they carried me into the plane and tied me to a seat. When other passengers arrived I tried to shout as loud as I could manage in protest against the deportation. A man sitting not far from us said that I should have been injected with drugs so that I would be cool and calm. I lost my mind when I heard that. I do not know what I did after that. When I regained consciousness I saw the passengers leaving the plane. I was then taken down the stairs of the plane by two security officers who hit my bandaged leg hard against the airplane stairs to punish me for their failure. They threw me in a car, and one of them came after me and punched me several times with his bare hands. I was then taken to an isolation cell in a prison (…) On the fourth day, I asked the guard if I could get anybody who could speak English. The commandant of the prison came to me that same day and took me to another room where pictures of naked women were hanging on the walls. I was ordered to look at the pictures, and they snapped several photos of me in this way.”

Somali refugee, living in the Netherlands
Respondent, Hidden Violence is a Silent Rape Project – ICRH/Ghent University2008

CASE STUDY 2
“I was alone in our room in the camp near Antwerp. Oscar, the lover of my mother, entered. I was sad so he gave me a tablet to clear my head, he said. He went away, and after a while I became very cheerful. He came back and raped me. I was 18. I threw up along the bedside. The sheets were covered with blood. My mother entered and saw the blood, the vomit and me. She hit me. After that, Oscar fucked me and my mother whenever he wanted to. He let his friends in the camp fuck us too. We were not the only ones; there were other girls in the camp who were subjected to that, but nobody dared to react out of fear of being deported afterwards. I became pregnant, but I didn’t know by whom. I tried to abort my child with alcohol and other means; I lifted heavy things. Nothing worked, so I asked a friend to penetrate my uterus with an awl. I lost a lot of blood and was transferred to a hospital. They asked a lot of questions in that hospital, but I kept quiet and cried non-stop. The doctor told me that after this torture I would not be able to have children any more. That is the worst thing that could happen to me! After this, we had to be transferred to another camp. The moment I received my residence papers,
I took my stuff and walked away from my mother. I met a girl at the station. We talked, we became friends and lovers. She helped me to get back to school in Ghent. We had to work hard as a prostitute to earn money to eat, to study and to pay for our room. But that’s all over now. Now I can work with my hands and make a fair living without abusing my whole body.”

Young female Ukrainian refugee, living in Belgium since 2003
Respondent, Hidden Violence is a Silent Rape Project – ICRH/Ghent University 2008

CASE STUDY 3
“One day in Athens I heard the boy of about 16 in the tent right in front of mine scream: “I’m dying. Don’t do that any more. I’m in pain.” I could hear everything. The traffickers had forced the boy into sex and hit him many times. The boy had called his brother-in-law for money, but it took some time to get the money transferred from one country to another. The money arrived half an hour late. I couldn’t accept that any longer. I went outside and yelled: “What you are doing is the same as what Saddam did!” They kept on committing weird sexual acts with him and said to other boys: “If you don’t want to have sex with us, we’ll kill you or we’ll leave you behind half way.” Due to all this sex the boy had appendicitis and haemorrhoids too; he had to be operated on. Once he arrived in the reception centre in the Netherlands the boy was very tired and psychologically ill. He drank a lot, ate little and became a skeleton. He wanted to commit suicide.”

Female Kurdish asylum seeker, living in the Netherlands
Respondent, Hidden Violence is a Silent Rape Project – ICRH/Ghent University 2008

CASE STUDY 4
“I know a 22-year-old Afghan girl. At the German border her parents were sent back, but she could apply for asylum in Germany. She was rejected and had to leave the country. So she came to the Netherlands and applied for asylum again. But with the same result: a negative answer. She didn’t know what to do or where to turn to, so she married a Dutch guy. Very soon she was forced to have sex with men in order to bring money home and hand it over to him. She was threatened by her husband. He told her that if she didn’t sell sex to other men, he’d kill her. For four years she sold her body and gave the money to him. The moment she had her residence permit, she told her husband she no longer wanted to work as a prostitute. He didn’t agree, so she went to the police. They arrested him. He told her that he would take revenge on her the moment he was free. She still has a lot of psychological problems.”

Young female Afghan refugee, living in the Netherlands
Respondent, Hidden Violence is a Silent Rape Project – ICRH/Ghent University 2008

CASE STUDY 5
“I didn’t have any papers but worked as transvestite in a club. One evening a man said I was very juicy and invited me to perform on his birthday party. There were about 40 men or more, most of them had taken drugs. Me too. They started to dance and to undress. They tied me up and I had to watch them masturbating. They rubbed me with liquor and syrup and licked my body. This was awful! That bunch of naked men with burning eyes, they started to fuck me all, it didn’t stop. When I opened my eyes they had thrown me away in a park in Ghent. I had to go to the doctor because my anus was as a raw chunk of meat and my penis was blue. After a while I heard I have AIDS, from whom I do not know, the only thing I know is that I’m going to die. I feel terrible because I cannot work to pay my medical bills.”

Undocumented transsexual migrant, died of AIDS in Belgium shortly after the interview
Respondent Hidden Violence is a Silent Rape project-ICRH/Ghent University 2008
Definitions of sexual and gender-based violence in the refugee cycle  

To be able to understand and identify the different types of SGBV  
To be able to explain the different types and give examples

Blackboard or flip chart with sheets and markers  
Handout 25: Background Information on SGBV in the Refugee Cycle  
Handout 26: Definitions of SGBV in the Refugee Cycle  
Handout 27: SGBV Definitions Card Game

Step 1: Plenary interpretation of SGBV in the refugee cycle  
Situate SGBV in the refugee cycle with Handout 25: Background Information on SGBV in the Refugee Cycle, and discuss this information in plenary.

Step 2: Reading of definitions  
Hand out Handout 25: Definitions of SGBV in the Refugee Cycle and read out the definitions. Ask to identify what is considered as transgressive behaviour (see the flag system), SGBV in the refugee cycle, and what is legally considered as a crime or an offence. The latter depends on laws and regulations that differ from country to country and is dealt with in Module 5.

Stress the differences of each type of SGBV well and link them to the cases read in the previous session. Give examples of the types not covered.

Step 3: Plenary discussion  
Check that the definitions are clear. Make sure that everybody understands the differences between the types. Ask if they have acts of violence in mind for which they have difficulty specifying the type. Help them to do so. Ask if they think other acts might be considered violence according to this overview or not. Discuss this plenary.

Step 4: Card game  
Ask the participants to split into groups. Hand out Handout 27: SGBV Definitions Card Game. Make sure that every participant has three cards in her/his hand. One of the participants starts by reading out the type of violence that is written on her/his card. The person on her/his left tries to define this type of violence in her/his own words, illustrating it with at least one example.

If the definition and the example are right, the participant who answered the question receives the card and can answer a second question. If the definition and the example are wrong, the person on her/his left can answer. Once the three cards are answered and handed over, the person on the right of the one who started starts playing her/his card. Whoever has the most cards wins.
Handout 25
Background Information on Sexual and Gender-based Violence in the Refugee Cycle

Sexual and gender-based violence (SGBV) is globally recognized as a major public health issue, a violation of human rights and in some cases - for example in war settings - as a crime against humanity.

SGBV frequently occurs in all populations and settings, transcending cultural, ethnic or economic boundaries. SGBV is rooted in the broader socio-cultural, political and economic fabric of nearly any society. The victims are mostly girls and women, but boys and men are also victimized. Depending on the authors, any woman out of three to five is considered to be a potential victim within their reproductive age, whereas one out of five to seven men are potential victims.

Although anyone runs the risk of being victimized, research demonstrates that some people are at greater risk. Particularly vulnerable to SGBV are adolescents, particularly if they live alone or with only one parent and are of low socio-economic status. People who are lesbian, gay, bisexual or transgender and people who experienced or witnessed SGBV during childhood and those living in poverty, in shelters, in remote areas or in detention are equally very vulnerable. This goes for isolated people, displaced and refugee communities as well. Depending on the phase in the refugee cycle, one is more or less prone to different types of SGBV.

Research has demonstrated that perpetrators of SGBV are most often known to the victim. However, refugees, homeless people, impoverished people and adolescent boys are equally victimized by strangers, persons in authority and those assigned to their protection.

(Holmes and Slap, 1998; Hynes and Lopes Cardozo, 2000; Keygnaert et al., 2008; Norredam, Crosby, Piwowarczyk and Grodin, 2005; Tavara, 2006; UNHCR, 2003; Ward and Vann, 2002; Wenzel et al., 2006)
Handout 26
Definitions of Sexual and Gender-based Violence in the Refugee Cycle

SGBV is always an abuse of power. It consists of different violent acts. Depending on the context in which they take place as well as on their combination, the same acts can be called differently. For example: Intimate partner violence, domestic violence, interpersonal violence etcetera. For our context, we opt for the following definitions.

Gender-based violence “comprises any act of physical, sexual and psychological violence in the family, community, or perpetrated or condoned by the State that results, or is likely to result, in physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life or in situations of armed conflict. It is directed against a person on the basis of her/his gender or sex”. (Beijing Declaration, 1995).

Sexual violence can be a form of gender-based violence and refers to “any non-consensual act, attempt or threat of a sexual nature that results or is likely to result in physical, psychological and emotional harm”.

Sexual and gender-based violence in the refugee cycle
In the refugee cycle, sexual violence includes sexual harassment, sexual abuse, attempted or completed rape or forced sodomy, sexual exploitation, forced prostitution, and sexual violence as a weapon of war and torture. It often occurs jointly with other forms of gender-based violence such as physical violence, emotional-psychological violence, harmful traditional practices and socio-economic violence (UNHCR, 2003).

Types of SGBV

Physical violence
- Hitting, pulling, kicking
- Strangulation
- Tying up
- Pushing out of window/down the stairs
- Dragging
- Threatening with a weapon (such as a knife, gun, blunt object etc.)
- Mutilation with a weapon
- Shooting
- Burning
- Torturing
- Trying to kill and killing
- Trafficking for organs, body parts etc.

- Physical slavery
- Other: ______________________________

Emotional-psychological violence
- Verbal violence (cursing, swearing, calling names, blaming, accusing unfairly etc.)
- Humiliation (teasing, showing no respect, racist or discriminatory comments etc.)
- Threatening (making you feel scared, entering your private space, destroying objects etc.)
- Confinement: deprivation of freedom (not letting you leave the house, not letting you speak your mother tongue, not allowing contact with others, locking you up etc.)
- Relational violence (not letting you see your children, infidelity, marrying someone else, destroying family relationships etc.)

Sexual violence

Depending on the level of physical contact as well as the purpose of the violence we can define six distinct forms:

1. **Sexual harassment** (no physical contact) – Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature (UNHCR, 2003). It includes:
   - unwanted sexual advances or invitations
   - sexual intimidation
   - forced to watch pornography
   - forced to watch somebody have sex or masturbate
   - forced to undress
   - other: ____________________________
2 Sexual abuse (physical contact but no penetration) – Actual or threatened physical intrusion of a sexual nature, by force or under unequal or coercive conditions. It includes:
  » touching
  » pinching
  » fondling
  » touching up
  » kissing
  » other: _________________________

3 Attempt to rape (attempt to penetrate with object or body part)

4 Rape (penetration with object or body part) – The invasion of any part of the body with a sexual organ, or of the anal or genital opening of the victim with any object or any other body part by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court). It regards:
  » single rape (oral, vaginal, anal, other orifice)
  » multiple rape (multiple orifices, multiple times)
  » gang rape (by more than one person at the same time or one after the other)
  » forced abortion
  » forced sexual relations with partner/spouse
  » other: _________________________

5 Sexual exploitation (penetration with object or body part) – Any abuse of a position of vulnerability, differential power or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another (IASC). It includes:
  » forced prostitution (forced by someone else)
  » transactional sex for survival: in exchange for food, clothing, money, papers etc. (even if decided by yourself but because you did not have any other option)
  » sexual abuse of power by professional service provider
  » forced marriage for sex
  » other: _________________________

6 Sexual violence as a weapon of war/torture – Any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession or punishment from the victim or third person, intimidate her or a third person or to destroy, in whole or in part, a national, ethnic, racial or religious group. It is a crime against humanity and includes:
  » rape
  » sexual slavery
  » forced abortion
  » forced sterilization
  » forced pregnancy
  » forced childbearing
  » forced child rearing
  » other: _________________________

Harmful traditional practices

- Forced marriage: arranged marriage against the wishes of at least one of the partners
- Child marriage: arranged marriage under the age of legal consent
- Genital mutilation: cutting of genital organs for non-medical reasons, usually done at a young age
- Honour-related violence: maiming or murdering of a person as a punishment for acts that are believed to bring shame on the family or the community
- Infanticide: abortion or killing of babies because their gender is considered of less value in a given society (mostly girls)
- Neglect of children because their gender is considered of less value in a given society
- Other: _________________________

Socio-economic violence

Socio-economic violence denies a person assistance, opportunities, services and integration because of their gender, their sexual orientation, their colour, their religion, their legal status etc. This violence impedes a person’s enjoyment of their civil, social, economic, cultural and/or political rights. It includes:

- Discrimination and/or denial of opportunities, services
- Refusal of assistance/services (e.g. drugs, health care, social assistance, education, remunerated employment etc.)
- Social exclusion (denied access to a group, a community)
- Refusal of legal assistance/legal protection
### Handout 27

**SGBV Definitions Card Game**

<table>
<thead>
<tr>
<th><strong>RAPE</strong></th>
<th>Forced penetration of a body opening (mouth, anus, vagina, ear, wound) with the penis or another organ or object (e.g. gun, stick)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATTEMPTED RAPE</strong></td>
<td>Trying to have intercourse without the partner’s consent — no penetration</td>
</tr>
<tr>
<td><strong>CHILD SEXUAL ABUSE AND INCEST</strong></td>
<td>Any act where a child is used for sexual satisfaction; any sexual relation/interaction with a child</td>
</tr>
<tr>
<td><strong>ANAL RAPE (FORCED SODOMY)</strong></td>
<td>Forced anal intercourse, with a penis, hand or other organ or object</td>
</tr>
<tr>
<td><strong>SEXUAL HARASSMENT</strong></td>
<td>Any unwelcome sexual attention without physical contact, e.g.: being forced to undress, inviting/blackmailing you to have sex</td>
</tr>
<tr>
<td><strong>FORCED PROSTITUTION</strong></td>
<td>Forced sex trade in exchange for material resources, services and assistance</td>
</tr>
<tr>
<td><strong>SEXUAL EXPLOITATION</strong></td>
<td>The obligation to offer sexual services in exchange for money assistance or goods; it is a modern form of slavery</td>
</tr>
<tr>
<td><strong>SEXUAL ABUSE</strong></td>
<td>Actual or threatened physical contact of a sexual nature, including touching but not penetration, e.g. feeling up breasts or bottom</td>
</tr>
<tr>
<td><strong>SEXUAL VIOLENCE AS A WEAPON OF WAR</strong></td>
<td>A crime against humanity of a sexual nature, the purpose is not to have sex but to destroy a community</td>
</tr>
<tr>
<td><strong>PHYSICAL ASSAULT</strong></td>
<td>There are different forms of physical assault; all have different impacts, for example: beating, kicking, punching but also burning, killing; it can happen with or without weapons</td>
</tr>
<tr>
<td><strong>TRAFFICKING AND SLAVERY</strong></td>
<td>Selling and/or trading in human beings for forced sexual activities, forced working services, slavery or activities similar to slavery or for removing organs</td>
</tr>
<tr>
<td><strong>HUMILIATION / ABUSE</strong></td>
<td>Non-sexual verbal abuse that is insulting and degrading and that can force the victim to engage in humiliating acts</td>
</tr>
<tr>
<td><strong>CONFINEMENT</strong></td>
<td>Isolating a person from friends and family, restricting movements, limiting the freedom of persons</td>
</tr>
<tr>
<td><strong>FEMALE GENITAL MUTILATION</strong></td>
<td>Partial or total cutting of genital organs for non-medical reasons, usually done at a young age</td>
</tr>
<tr>
<td><strong>EARLY MARRIAGES</strong></td>
<td>Arranged marriage under the legal age of consent</td>
</tr>
<tr>
<td><strong>FORCED MARRIAGE</strong></td>
<td>Arranged marriage against the victim’s wishes</td>
</tr>
<tr>
<td><strong>HONOUR-RELATED VIOLENCE</strong></td>
<td>Murdering or maiming of a person because he/she brought shame to the family or community</td>
</tr>
<tr>
<td><strong>INFANTICIDE</strong></td>
<td>Killing, withholding food, and/or neglecting children, e.g. girls because they are considered to be of less value in a society than boys</td>
</tr>
<tr>
<td><strong>DENIAL OF EDUCATION FOR GIRLS AND WOMEN</strong></td>
<td>Removing girls from school, prohibiting or making it difficult for girls and women to obtain basic knowledge</td>
</tr>
<tr>
<td><strong>DISCRIMINATION AND/OR DENIAL OF OPPORTUNITIES AND SERVICES</strong></td>
<td>No access to education, health assistance, paid jobs etc.</td>
</tr>
<tr>
<td><strong>SOCIAL EXCLUSION</strong></td>
<td>Based on sexual orientation, e.g. denying access to services and rights for homosexuals, transsexuals or transvestites</td>
</tr>
<tr>
<td><strong>OBSTRUCTIVE LEGISLATIVE PRACTICE</strong></td>
<td>Denial of human rights and the protection of those rights</td>
</tr>
</tbody>
</table>
Causes and Consequences of sexual and gender-based violence in the refugee cycle

To be able to understand and identify the potential causes and consequences of SGBV
To be able to explain the different types of causes and consequences

Blackboard or flip chart with sheets and markers
Handout 28: Overview of Potential Consequences of SGBV

Step 1
Ask the participants to split into the same groups they formed while reading the Hidden Violence is a Silent Rape cases. Ask them to read the cases again and to identify together what they consider to be consequences of violence.

Step 2
Once they have identified the consequences, they sum up in plenary. The trainer notes the answers on the blackboard or flip chart and puts them into groups according to the four types of consequences:

- Physical consequences
- Sexual and reproductive consequences
- Psychological and behavioural consequences
- Socio-economic consequences.

The names of the different types have not been added yet. Check each case to see whether all the consequences have been identified. Probe for any that are missing.

Step 3
Once all the consequences have been noted down and grouped, read the overview and ask why those that are missing should be included. Check whether the participants understand the differences between the four types. Can they give other examples of cases they know?

Step 4
Do this exercise again from Step 1 to Step 3, but this time for what they identify as causes of violence in these cases. You can group the causes according to the following four types:

- Individual causes
- Interpersonal causes
- Organizational causes
- Societal and public policy causes
Handout 28
Overview of Potential Causes and Consequences of Sexual and Gender-based Violence

In addition to significant negative effects on the well-being of the survivor and her/his participation in society, SGBV may have significant consequences for her/his sexual, reproductive, physical and psychological health.

**Physical consequences** may be:
- bruises and injuries
- open wounds
- burns
- drug withdrawal symptoms
- amputations
- disabilities
- genital injuries such as lacerations of the vagina, the perineum, the anus and the rectum
- genital erythema
- death
- others: _________________________

**Sexual and reproductive consequences** may be:
- Sexually transmitted infections and HIV/AIDS
- urinary tract infections
- chronic genital and extra-genital pains
- (unwanted) pregnancy
- (forced) abortion
- sexual dysfunction
- infertility
- others: _________________________

**Psychological and behavioural consequences** may be:
- chronic pains
- confusion
- disturbed sensory perception
- sleeping disturbances
- eating disorders
- anxiety
- fatigue
- powerlessness
- low self-esteem
- denial
- mental replay of assault
- ineffective or defensive coping
- self-harm, neglect & abuse
- suicidal ideas or suicide
- isolation and alienation
- affective disorders
- gender role confusion
- social phobia
- sexual risk behaviour
- harmful substance abuse
- others: _________________________

**Socio-economic consequences** may be:
- stigmatization
- isolation
- unemployment
- discrimination
- dropping out of school, learning deprivation
- others: _________________________
Individual causes may be related to:
- Biology & genes
- Gender
- Behaviour
- Mental health
- Information, knowledge and experience
- Individual socio-economic position
- Internalized cultural norms
- others: _________________________

Interpersonal causes may be related to:
- Gender
- Social network and support
- Information and knowledge exchange
- others: _________________________

Organizational causes may be related to:
- Community resilience
- Cultural practices
- Community socio-economic position
- Service provision
- Physical environment
- Organizational prevention policy
- others: _________________________

Societal causes may be related to:
- Structural gender inequality
- Economic problems
- Residence/legal status
- Law/justice
- Accessibility of services
- Societal SGBV prevention policy
- others: _________________________
Psychological dynamics of (sexual) violence

60 minutes

To understand that (sexual) violence has consequences for the victim
To recognize the behaviour of victims as a survival strategy

Handout 29: Clusters of Dynamics
Handout 30: Traumatic Dynamics
Handout 31: Case Study – Tony and Rosa

Step 1
Brainstorm about what participants already know about what can happen to victims of violence or sexual violence. Write it on a sheet of flip chart paper.
Synthesize the four clusters and explain the words using Handout 29: Clusters of Dynamics.

Step 2
Hand out Handout 30: Traumatic Dynamics and explain that the interaction between the victim and the perpetrator (column 1) has a psychological effect on the victim (column 2), which can lead to some of the behaviour in column 3. Give some examples.

Step 3
Hand out Handout 31a: Case Study – Tony and Rosa and read it out, asking the participants after each paragraph if they recognize the dynamics.
Explain that, even in this minor case of sexual violence and only over a period of six months, a lot of victimization has already happened. When having finished give the hand-out 31b as a reference tool for this exercise.

Step 4: Discussion
Do they recognize the dynamics in other cases too?
Handout 29
Clusters of Dynamics

Four cluster patterns when someone is (sexually) victimized:

1. **Traumatic sexualization**
   Refers to the process by which the sexuality of the child or other victim is transformed into a behaviour that is not age-appropriate and self-harming.

2. **Stigmatization**
   Refers to the process by which negative connotations of sexual abuse (badness, guilt, shame) are passed on to the victim. The process of ‘blaming the victim’ and the internalization of the self-image.

3. **Betrayal**
   Refers to the victim’s experience of being betrayed through sexual abuse by someone whom the victim trusted or depended on.

4. **Powerlessness**
   Refers to a process in which the victim’s will, desire and sense of self is harmed.
## Handout 30

### Traumatic Dynamics

<table>
<thead>
<tr>
<th>Dynamic</th>
<th>Psychological impact</th>
<th>Problematic behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexualization</td>
<td>- Rewarded for sexual behaviour that is not adequate</td>
<td>- Sexual preoccupation</td>
</tr>
<tr>
<td></td>
<td>- Trading attention and affection for sexual services</td>
<td>- Compulsive sexual behaviour</td>
</tr>
<tr>
<td></td>
<td>- Unequal (gender) roles</td>
<td>- Early onset sexual activity</td>
</tr>
<tr>
<td></td>
<td>- Negative and ambivalent emotions and memories</td>
<td>- Aggressive and promiscuous sexual behaviour</td>
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<tr>
<td></td>
<td></td>
<td>- Prostitution</td>
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<tr>
<td></td>
<td></td>
<td>- Sexual dysfunctions</td>
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<td></td>
<td></td>
<td>- Maladjusted sexualization in parenthood towards own children</td>
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<tr>
<td></td>
<td></td>
<td>- More sexual situations</td>
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<tr>
<td></td>
<td></td>
<td>- Confusion about sexual norms, identity, giving and receiving love and attention</td>
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<tr>
<td></td>
<td></td>
<td>- Negative associations with sexual situations, aversion</td>
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<td></td>
<td></td>
<td>- Feeling guilt, shame</td>
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<td></td>
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<td>- Decrease in self-respect</td>
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<td>- Negative thoughts of oneself</td>
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<td>- Feeling different from others</td>
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<td></td>
<td></td>
<td>- Being ‘the problem’</td>
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<tr>
<td></td>
<td></td>
<td>- Isolation</td>
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<td></td>
<td></td>
<td>- Drug or alcohol abuse</td>
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<tr>
<td></td>
<td></td>
<td>- Criminal behaviour</td>
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<tr>
<td></td>
<td></td>
<td>- Self harming behaviour (mutilation, risk taking)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Suicide or attempted suicide</td>
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<td></td>
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<td>- Grief, depression</td>
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<tr>
<td></td>
<td></td>
<td>- Extreme dependence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Damaged capability of judging whom to trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Distrust</td>
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<td>- Offender behaviour</td>
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<th>Stigmatization</th>
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<td></td>
<td>- Being accused</td>
<td>- Isolation</td>
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<td></td>
<td>- Being asked to keep secrets</td>
<td>- Drug or alcohol abuse</td>
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<td>- Being ashamed and feeling guilty</td>
<td>- Criminal behaviour</td>
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<td>- Being blamed</td>
<td>- Self harming behaviour (mutilation, risk taking)</td>
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<td>- Being considered ‘damaged’</td>
<td>- Suicide or attempted suicide</td>
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<td>- Feeling guilt, shame</td>
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<td>- Decrease in self-respect</td>
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<td>- Negative thoughts of oneself</td>
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<td>- Feeling different from others</td>
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<td>- Being ‘the problem’</td>
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<td>- Grief, depression</td>
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<td>- Extreme dependence</td>
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<td>- Damaged capability of judging whom to trust</td>
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<th>Betrayal</th>
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<td>- Being manipulated</td>
<td>- Clinging</td>
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<td>- Not being protected</td>
<td>- More abuse</td>
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<td>- Neglect of well-being</td>
<td>- Powerless to abuse of own children</td>
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<td>- Lack of support</td>
<td>- Isolation</td>
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<td>- Expectations are not met</td>
<td>- Difficult intimacy</td>
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<th>Powerlessness</th>
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<td></td>
<td>- Integrity is harmed</td>
<td>- Nightmares, phobias</td>
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<td></td>
<td>- Violence or manipulation is used</td>
<td>- Depression</td>
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<td>- Ones wishes are ignored</td>
<td>- Somatic complaints</td>
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<td>- Not being able to protect oneself</td>
<td>- Fugues</td>
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<td>- Experience of fear</td>
<td>- Problems at school or work</td>
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<td>- Not being believed</td>
<td>- Agression or tyrannical traits</td>
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Handout 31a
Case Study – Tony and Rosa

A young couple, Tony (28) and Rosa (26), have been married for 2½ years and have a six-month-old baby. They met at their work, where Rose had an interim job. It was love at first sight. Tony was charming, attentive and funny. Their sex life was good. They married within a year, and Rosa got pregnant. They were very happy about this.

The delivery was very difficult, and Rosa needed some time to recover. The doctor warned them both not to have intercourse in the first weeks, and to wait until Rosa was fully recovered.

At home though, Tony installed Rosa in the bedroom and confessed to her that he had missed her so much the last week. He needed to have sex with her. Rosa didn't feel like it, but she gave him a blow job instead.

The next evening Tony insisted on having sex again, but Rosa refused. After feeding the baby during the night, when she went back to bed, he started to kiss and penetrate her. She did not resist because she was too tired. It hurt a lot, and she was scared because she thought it was dangerous. But, most of all, she was very disappointed in Tony.

When she tried to talk to him in the morning, Tony told her that it was her own fault. She had left him alone for more than a week and refused to have sex with him. He complained about the lack of attention and care. He told her it was her duty as his partner to put him first. And if she was not able to do so, he would have to find a girlfriend.

From that moment on, Rosa fulfilled all his sexual needs. Her sexual desire faded away, and she was sad and tired. It felt as though she had lost the partner she loved so much. She didn't dare to talk to her friends about this, so she didn't visit them anymore. And she was ashamed to go to the gynaecologist.

Three months later Rosa is still tired and complains about headaches, neck pain and stomach aches. The baby is healthy and sweet, but she doesn't enjoy her life anymore. She doesn't sleep well at night, and she has nightmares.

When she starts working again after maternity leave, she has a hard time. She can't really cope anymore. When the boss asks her about her well-being, she starts to cry. So he thinks she has not recovered enough to work and asks her to go home. Now she has to go to the doctor ...
PREVENTION OF SGBV IN THE EUROPEAN RECEPTION & ASYLUM SECTOR TRAINING MANUAL

ERIKA FRANS (SENSAO) AND INES KEYGNAERT (ICRH - GENT UNIVERSITY)

Make it work!

132

Make it work!
Handout 31b
Case Study – Tony and Rosa Explained

A young couple, Tony (28) and Rosa (26), have been married for 2½ years and have a six-month-old baby. They met at their work, where Rose had an interim job. It was love at first sight. Tony was charming, attentive and funny. Their sex life was good. They married within a year, and Rosa got pregnant. They were very happy about this.

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Three months later Rosa is still tired and complains about headaches, neck pain and stomach aches. The baby is healthy and sweet, but she doesn’t enjoy her life anymore. She doesn’t sleep well at night, and she has nightmares.

When she starts working again after maternity leave, she has a hard time. She can’t really cope anymore. When the boss asks her about her well-being, she starts to cry. So he thinks she has not recovered enough to work and asks her to go home. Now she has to go to the doctor ...

| Betrayal: manipulation of trust, no concern for her well-being |
| Sexualization: sex = affection |
| Powerlessness: she gives in |

| Betrayal: coercion, disappointment |
| Powerlessness: no power to stop his sexual behaviour, pain, scared |

| Stigmatization: blaming the victim |
| Powerlessness: use of threats, coercion and blackmail |

| Powerlessness: repeated abuse |
| Betrayal: sad and tired |
| Stigmatization: shame, isolation |
| Sexualization: no desire |

| Betrayal: depression |
| Sexualization: body memories |
| Powerlessness: sleeping problems |

| Powerlessness: feelings of incompetence, problems at work |
| Stigmatization: isolation |
Secrets in a box

To be able to understand the needs of a victim
To be able to identify our own needs as a (semi-)professional

A box
Handout 32: Secrets in a Box

**Step 1**
Ask the participants to imagine they are Rosa, and they understand they need to ask for help. “Suppose you would put your secrets in this box, and would give it to the doctor, what would you expect the doctor to do?” “Suppose you want to tell the doctor about your troubles: what do you need, what do you expect from that person?” Write down their answers on a sheet of flip chart paper.

**Step 2**
Ask the participants which of the above-mentioned elements apply to their role in the centre (and which don’t).

**Step 3**
Continue: “Suppose you are the doctor (or another person) to whom Rosa gives her box with secrets. What do you need in that position, to be able to accept her secret?” Write down the answers on a sheet of flip chart paper.

**Step 4**
Ask the participants which of the above-mentioned elements apply to their role in the centre (and which don’t).
# Handout 32

## Secrets in a Box

### When you give your secret to another person, you want that person:

<table>
<thead>
<tr>
<th>Relevant in your role?</th>
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<tbody>
<tr>
<td>To be able to keep that secret</td>
</tr>
<tr>
<td>To be trustworthy</td>
</tr>
<tr>
<td>Not to be a stranger</td>
</tr>
<tr>
<td>Not judging me</td>
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<tr>
<td>Not blaming me</td>
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<tr>
<td>To understand me</td>
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<tr>
<td>To believe me</td>
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<tr>
<td>To listen to me</td>
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<tr>
<td>To say that I am not the only one</td>
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<tr>
<td>To take me seriously</td>
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<tr>
<td>To care</td>
</tr>
<tr>
<td>To be supportive</td>
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<tr>
<td>To have some professional skills</td>
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</table>

### When someone tells me a secret, I want:

<table>
<thead>
<tr>
<th>Relevant in your role?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enough knowledge to help that person</td>
</tr>
<tr>
<td>To know how to keep a secret</td>
</tr>
<tr>
<td>To have support for myself</td>
</tr>
<tr>
<td>To be able to be trustworthy</td>
</tr>
<tr>
<td>Answers: advice and help for that person</td>
</tr>
<tr>
<td>To share this secret with people who can help</td>
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<tr>
<td>To be able to refer to services</td>
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<tr>
<td>To have a choice not to become involved</td>
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<tr>
<td>Not to be put in a difficult position</td>
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<tr>
<td>To know my limits and my role</td>
</tr>
<tr>
<td>To have some professional rules</td>
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<tr>
<td>Professional skills</td>
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Myths about sexual violence

To be able to dispel the most common myths on sexual violence

Handout 33a: Myths about Sexual Violence cards
Handout 33b: Myths about Sexual Violence Explained

Step 1
Ask the participants if they know any myths about sexual violence. Ask them to explain why these are myths.

Step 2
Divide the rest of the Myths about Sexual Violence cards among the participants and ask them to find a colleague to confer with. They have to find the arguments for that myth: why is it a myth?

Step 3
Discuss the arguments and add new arguments where necessary.

Step 4: Discussion
Cultural differences on sexuality, gender etc. are influencing people's thoughts and attitudes. When all the members of a community share the same beliefs, it is difficult to convince them that these beliefs are myths. This does not mean that it makes it right.
Handout 33a
Myths about Sexual Violence

1. Men are not as responsible for their sexual behaviour as women
2. Most rapes occur because men cannot control their sex drive
3. Women provoke men by wearing certain clothes, skirts, hitchhiking or being in the wrong place at the wrong time
4. When a woman does not defend herself strongly, she wants to have sex anyway
5. When you allow yourself to be kissed and touched, you have to go further
6. When no violence is used, it is not rape
7. It is the responsibility of a woman to satisfy her partner
8. Men need sex regularly or they turn angry and aggressive
9. Within your family you are safe from sexual violence
10. In some cultures violence is very common, so it cannot be so dangerous
11. Men cannot be victims; women cannot be perpetrators
12. It is not because it is rape that you do not like it
13. When a woman is raped, and she has some pleasure, it is not rape
14. Girls who wear fancy dresses are a little to blame if they get raped
# Myths about Sexual Violence Explained

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
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<tbody>
<tr>
<td>1 Men are not as responsible for their sexual behaviour as women</td>
<td>Man have the same or even more responsibility because they are more often in charge.</td>
</tr>
<tr>
<td>2 Most rapes occur because men cannot control their sex drive</td>
<td>The main reason for rape is the use and exercise of power. The victim is not consenting.</td>
</tr>
<tr>
<td>3 Women provoke men by wearing certain clothes, skirts, hitchhiking or being in the wrong place at the wrong time</td>
<td>Most instances of sexual violence occur within the family, not on the street.</td>
</tr>
<tr>
<td>4 When a woman does not defend herself strongly, she wants to have sex anyway</td>
<td>Most people use the hedgehog (or turtle) strategy; they just freeze and hope the other person will stop.</td>
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<tr>
<td>5 When you allow yourself to be kissed and touched, you have to go further</td>
<td>You can stop at any time during sexual interaction, when you do not feel like going on.</td>
</tr>
<tr>
<td>6 When no violence is used, it is not rape</td>
<td>In a lot of rape no physical violence is used, but coercion, blackmail and threats.</td>
</tr>
<tr>
<td>7 It is the responsibility of a woman to satisfy her partner</td>
<td>It is the responsibility of both partners to have a good quality of sexual interaction.</td>
</tr>
<tr>
<td>8 Men need sex regularly or they turn angry and aggressive</td>
<td>There is no biological need to have sex regularly. When it is all about relieving tension, men can help themselves.</td>
</tr>
<tr>
<td>9 Within your family you are safe from sexual violence</td>
<td>Most sexual violence occurs within families.</td>
</tr>
<tr>
<td>10 In some cultures violence is very common, so it cannot be so dangerous</td>
<td>Even if violence is common, it can have a severe and harmful impact on victims of violence and on others watching.</td>
</tr>
<tr>
<td>11 Men cannot be victims; women cannot be perpetrators</td>
<td>12% of men are victims of sexual abuse. 40% of the perpetrators are women, 60% other men.</td>
</tr>
<tr>
<td>12 It is not because it is rape that you do not like it</td>
<td>Body language is not always what the heart and mind say.</td>
</tr>
<tr>
<td>13 When a woman is raped, and she has some pleasure, it is not rape</td>
<td>This is not true. The body can become aroused without the woman wanting sex. It can still be rape.</td>
</tr>
<tr>
<td>14 Girls who wear fancy dresses are a little to blame if they get raped</td>
<td>No, because they gave no consent. A fancy dress does not mean &quot;I want sex with you&quot;.</td>
</tr>
</tbody>
</table>
Appendices
List of the handouts

Handout 1: PICCASOLST Rules
Handout 2: Sexuality
Handout 3: Sexual Expressions
Handout 4: Tips on Asking Questions
Handout 5a: Common Myths about Sexuality
Handout 5b: Common Myths about Sexuality Explained
Handout 6: A Sexual Lifeline
Handout 7: Sexual Lifeline Experiences
Handout 8: Definitions of Sexual and Reproductive Health
Handout 9: Sexual Rights Declaration
Handout 10: Myths about External Male and Female Sexual Body Parts
Handout 11: The Clitoris and Hymen
Handout 12: Female Genital Mutilation
Handout 13: Myths about Male Internal Sexual and Reproductive Body Parts and Functions
Handout 14: Myths about Female Internal Sexual and Reproductive Body Parts and Functions
Handout 15: Sexuality and Feelings
Handout 16: Touching, Looking at, Talking about a Body
Handout 17: Sex Language: Client Questions
Handout 18: Changing Sexes
Handout 19: Components of Gender
Handout 20: Background Information about the Terms
Handout 21: Gender Quiz
Handout 22a: Flag Situations
Handout 22b: Flag Situations Identified
Handout 23: Flags and Criteria
Handout 24: ‘Hidden Violence is a Silent Rape’ Case Studies
Handout 25: Background Information on SGBV in the Refugee Cycle
Handout 26: Definitions of SGBV in the Refugee Cycle
Handout 27: SGBV Definitions Card Game
Handout 28: Overview of Potential Causes and Consequences of SGBV
Handout 29: Clusters of Dynamics
Handout 30: Traumatic Dynamics
Handout 31a: Case Study – Tony and Rosa
Handout 31b: Case Study – Tony and Rosa Explained
Handout 32: Secrets in a Box
Handout 33a: Myths about Sexual Violence
Handout 33b: Myths about Sexual Violence Explained
Selection tool

Recruitment criteria for trainees

Description
- professionals working within the asylum/reception sector
- residents (asylum seekers/refugees/undocumented migrants/unaccompanied minors) who are residing or until recently resided within the asylum/reception sector
- sex: both males and females
- age:
  - professionals: able to communicate with all ages
  - residents: at least two under the age of 30
- agree to participate in:
  - a three-day training
  - in the project as a community worker
  - in dissemination and implementation tools

Criteria for professionals
- holds a medical, social or pedagogical degree
- is able to demonstrate relevant experience in the asylum and/or reception sector
- is still at work in the asylum and/or reception sector
- has no criminal record (where applicable in national employment procedures)
- is able to listen without judging, interrupting or ignoring answers
- is sociable, empathetic and reliable
- is a good team player and motivates people to take action
- is able to explain complex ideas in culturally competent, clear and simple ways
- has a basic knowledge of sexual and reproductive health and the right to health
- has personally or knows a close peer who has been victimized by SGBV

Criteria for residents
- has significant affinity or relevant experience in the medical, social or pedagogical field
- is able to listen without judging, interrupting or ignoring answers
- is sociable, empathetic and reliable
- is a good team player and motivates people to take action
- is able to explain complex ideas in culturally competent, clear and simple ways
- has a basic knowledge of sexual and reproductive health and the right to health
- has personally or knows a close peer who has been victimized by SGBV
- originates in the same country or has the same ethnic background as one of the most numerous refugee/asylum seeking/undocumented migrant/unaccompanied minor populations in the host country
Screening procedure
- Candidate resident trainees are sought with a leaflet through existing networks, partners and reception/asylum centres
- Candidates write a one-page essay on their ideas on SGBV within the reception/asylum sector and describe a case of victimization they know
- Half an hour interview with the national monitor
- Evaluation grid to be discussed with country team and coordinator
- Screening of attitudes on sexual violence:
  - give comments on prescriptions and rules that exist in the centre
  - describe a situation you encountered, how you reacted, why, and what the effect of your reaction was on the behaviour of others
- a checklist with the following statements:
  - In your own family, you are safe from violence.
    - Not true: most of the violence occurs within the family or by people you know.
  - Violence in the family is a private matter.
    - In Europe it is a public matter: in every country it is forbidden by law to use violence against anybody, family or others.
  - Men who mistreat their family are also victims.
    - Many men who mistreat other people are victims themselves of physical, sexual or emotional violence.
  - Women who experience sexual violence are responsible.
    - It is the perpetrator who is the user of violence and so is responsible.
  - In every relationship there will be violence.
    - Violence must be avoided in any relationship; it is forbidden in European countries.
  - In some cultures, violence is very common.
    - In all cultures there is violence, but although it is common, it is harmful for all victims.
  - Men who cheat on their partner should be punished.
    - Faithfulness is a private matter; punishment does not solve a relationship problem.
  - Men can force their partner into having sex with them.
    - Both men and women need permission from their partner to have sex; force is not allowed.
  - Women should have equal sexual rights to men.
    - In human rights, women do have equal rights to men – also in sexual matters.
  - Sexual violence is an underestimated problem.
    - True. The problem is totally underestimated, and male victims in particular are seldom recognized.