

# Routine Screening for Child Sexual Abuse in Schools: An Implementation Guide



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## Introduction

‘Screening’ in the context of the guide refers to the standardized assessment of students (through asking a series of questions about sexual violence), regardless of whether they ‘appear’ to be victims of sexual violence or not. Depending on the number of students in a school, it may be possible to screen each student 1-3 times per term. A screening tool for facilitating this process is provided in the Appendix at the end of this document.

Sexual violence against children increasingly recognized as a major problem in the African region. Large studies on this issue indicate that it happens often in the lives of children, the latter usually do not tell anyone about it, do not know where to obtain care and support, and often would have liked to receive such services.

This guide explains how a screening tool was used for the first time in two public primary schools in Kenya (for students in Grades 6-8, aged around 11 to 14). It also gives an idea of the kind of results that can be expected from carrying out the screening intervention.

## Intervention Description

Screening children for sexual abuse/violence is a sensitive endeavor that must be carried out with the utmost care. Prior to screening, it is important to ‘prepare the ground.’ This should be done through the activities outlined below.

### Screening Tool Review/Adaptation

A child-friendly screening tool may be found in the Appendix. It focuses on children’s lifetime and current experiences of sexual violence, the type(s) of sexual violence experienced, the timing of the experience, who the perpetrator was, whether children that had experienced sexual violence were interested in getting help, and if so, whether they would like to have their female caregiver involved in their care-seeking. Selected questions, such as the type of sexual violence experienced, are designed to be open-ended, **giving room for children to describe their experience of sexual violence in their own words, particularly as children are unlikely to assign technical terms to these experiences.** The tool may be used as is, or adapted according to the needs of the school community and intervention implementers. For example, due to resource constraints, implementers may want to focus on current experiences of sexual violence only, rather than on lifetime experiences.

### Parent Dialogues

One to two (1-2) half-day dialogues need to be held with parents at the participating schools. The dialogues serve as a platform for implementers to sensitize parents of students in regard to sexual violence. Parents of all students in target classes should be invited by the schools to participate in the dialogues. The dialogues (see Appendix for dialogue agenda and guiding questions) should involve guided, interactive exercises (e.g., scenario-building and discussion prompts) to stimulate discussion around the issue of sexual violence against children in the community and other relevant topics, such as the negative consequences of such abuse, the barriers to children reporting it, parental barriers to seeking care for affected children, and school-based screening as a possible solution. Facilitators of different aspects of the dialogue should include health providers experienced in SGBV response, along with the actual intervention implementers.

The dialogue meetings should also be used to as a platform for administering written consent to willing parents for their children to participate in the screening exercise (using parent permission forms – see Appendix), and to receive school-based counseling and/or accompanied referrals to a comprehensive SGBV care service delivery point, depending on the nature of sexual violence disclosed. Dialogue facilitators should clarify to parents that the participation of students in the

screening exercise is entirely voluntary, a decision to do so can be reversed, and a decision not to participate will hold no negative repercussions for students or their parents. If more than 1 dialogue is held at participating schools, the second dialogue can be used to give parents feedback on how the screening intervention is working.

As each dialogue lasts at least half a day, offering refreshments (water, snacks, soft drinks, or lunch) to parents in attendance is recommended. Alternatively, at the end of the dialogue, each parent can be sent home with a small packet of flour or sugar, as a token of appreciation for their time.

#### Student Sensitization

Student sensitization activities involve information-sharing by implementers about forms of sexual violence, and about the planned intervention during a series of at least 4 student assemblies (e.g., one per week) convened by the schools as part of their normal protocols. During the assemblies, implementers should inform students that the school is taking measures to make it easier for students to receive care if or when sexual abuse occurs, in addition to providing details of the services that will be made available at the schools (school-based counseling by trained trauma/SGBV counselors or the equivalent is imperative to provide).

#### Screening and Service Provision

Prior to commencing screening, ensure that there is a health facility with an SGBV Response Unit (i.e., a place where comprehensive care for SGBV is provided) located nearby the screening site. This will help ease the referral process.

Trauma/SGBV counselors, psychologists, social workers, or the equivalent should be tasked with using the screening tool to carry out the screening exercise during recess, free periods, and after-school activities. All students in the target classes whose parents give parental permission should be invited to participate in the screening exercise. Those screening need to maintain a register of eligible students, and (with the assistance of teachers) invite students listed on the register one after the other and carry out screening in a private room designated for this purpose at the school. Prior to screening, each student should be asked for their assent to be part of the screening program. They should be informed that their parent has given permission, but that this does not mean they are obligated to participate, and that there are no penalties for not participating. A record of students' assents and non-assents should be documented in the register referred to in this subsection, in order to avoid screening the wrong students.

If screening will be happening more than once in a term, each eligible student should be screened more than once if s/he did not disclose sexual violence the first time. Children disclosing sexual abuse will be asked if they would like to talk to someone further and get help along with their female caregiver (be prepared for many students to opt to get help alone, rather than in the company of their female caregiver). Those willing to get help will receive school-based counseling (in the same private location where screening occurs) by the screening provider and (in the case of rape) be accompanied to the comprehensive care service delivery point. The wishes of children who are not comfortable with involving their female caregivers in their care should be respected.

The screening providers/implementers will use aids along with the screening tool: they will specifically use male and female dolls so that children can demonstrate the kind of sexual violence they had experienced, if preferred. Children will also have the option of writing down their 'yes' or 'no' responses to the questions posed, rather than responding verbally, if they prefer. Guidance on these tactics are provided in the screening tool.

## **Monitoring and Evaluation**

This intervention was first implemented in two primary schools in Nairobi, Kenya. It was evaluated at that time, and proven to be feasible and effective, with very positive results. For implementers who would like to monitor the intervention, here are some of the data-gathering techniques used in the previous study, which may be helpful for your purposes (you may decide to select one or more of them, depending on where your monitoring focus lies):

### Parent permission Slips

During the parent dialogues, permission slips were offered to all parents in order for them to indicate whether or not they were granting permission to their children to be screened for sexual violence at the school, and to be accompanied to the comprehensive SGBV care service delivery point, if necessary. Children whose parents gave permission for this process also had to provide their own assent prior to being enrolled in the screening intervention. Emerging from this process was a simple data set of 583 parents who filled out permission slips and 583 children who either assented to the screening intervention, or declined to participate in it.

### Screening Tool Service Statistics

Providers involved in screening documented service statistics related to this process (based on the screening tool indicators), including children's disclosed lifetime and current experience of sexual violence; type of sexual violence disclosed; timing of sexual violence; perpetrator type; interest in getting help; and interest in having a female parent/caregiver present or involved while getting help. Service statistics based on a total of 456 children in Standards 6-8 within both primary schools combined (and focusing on the second round of screening only) were also documented. As providers/implementers screened students, they kept a register to document whether the children had disclosed sexual violence or not. These records, and the filled out screening tools themselves, provided a storehouse of critical monitoring and evaluation data.

### Fieldnotes

In the course of screening, psychologists also hand-recorded fieldnotes based on their interactions with each child, including verbatim comments made by children, non-verbal behavior, and other observations. Psychologists also documented fieldnotes based on parent dialogues, which they participated in and facilitated sessions for.

### Qualitative Interviews

Three group interviews were carried out with a total of 8 providers involved in either screening children for sexual violence, or responding to child survivors identified through this process. In group interviews, 'two or more people are interviewed at once by one or more interviewers.' Each group interview conducted with providers involved 2-4 participants.

Lastly, 18 semi-structured interviews were carried out with primary school stakeholders, including parents of child survivors identified through the intervention (n=9), and school personnel (n=9), such as principals, guidance and counseling staff, and teachers. An experienced research assistant was trained specifically for this purpose. All group and individual interviews were facilitated by field guides designed to tease out domains that spoke to the feasibility of the intervention in school and health facility settings.

## **Snapshot of Results from the Initial Screening Intervention in Nairobi Primary Schools**

A rich dataset was generated through the above data-gathering methods; however, we will only provide a brief snapshot of some of the quantitative findings here. In summary:

- *Parents were willing for their children to be screened:* 81% of parents that attended the parent dialogues gave permission not only for their children to be screened for sexual violence, but for psychologists carrying out the screening to accompany their children to the SGBV Response Unit if they were identified as having experienced this form of violence.
- *Children were willing to be screened:* 96% of children whose parents had given permission for them to be screened, also indicated their personal willingness to undergo sexual violence screening. Of these, 62% of the students were female and 38% were male.
- *Children disclosed high rates of sexual abuse:* About half of those screened (49%) indicated that they had ever experienced some form of sexual violence. Both girls and boys were affected, with girls accounting for 59% of those reporting ever having experienced some form of sexual violence, and boys accounting for 41%.
- *Most children obtained care after disclosing sexual violence:* 75% of children who disclosed ever experiencing sexual violence, obtained care. The care obtained was primarily in the form of school-based counseling, given that few children required referrals to the SGBV Response Unit for comprehensive care. A total of 16 students disclosed experiencing completed rape, and of these, about a third (n=5) were accompanied to the SGBV Response Unit for further care. There were various reasons why not all 16 rape survivors required comprehensive care, e.g., the rape incident was not current, or the student concerned had already received care prior to the screening intervention. However, nearly all of such students (15 out of 16) were willing to receive school-based counseling, and did so.

## Appendix A: Screening Tool for School Sites

### CHILD SEXUAL ABUSE SCREENING TOOL

(**ONLY** for use in schools that have SGBV counseling services on-site, coupled with strong referral mechanisms for child survivors who need more comprehensive care)

#### NOTES FOR PSYCHOLOGIST:

1. This tool is to be used during school recess and any free periods in Grades 6-8.
2. This tool is to be used **only** with students meeting **all** of the following criteria at **[Name of School]**:

Those in Grades 6-8

Those who have a record of parental permission on file

**Please consult your register for the list of students meeting these criteria.**

3. Using this screening tool could pose psychological risks for students who have experienced sexual abuse. Be alert to signs of distress during the screening process. Be prepared to offer immediate counseling, if deemed necessary and desired by the student. Further instructions may be found at the end of this screening tool.

NAME OF STUDENT: \_\_\_\_\_ CLASS: \_\_\_\_\_

#### Introduction

Hello, **[Name of Student]**. How are you today? My name is **[Name of Psychologist]**.

Please have a seat. Thank you for stopping by my office today. I'm not going to take too much of your time.

Now, remember how we've been having assemblies where we talk about 'good touches' and 'bad touches,' and 'sexual abuse,' and about how students should let someone know if this is happening to them so they can get help? And you may also remember that we always mention that we want to do something about 'sexual abuse' to help any students in school who may be going through this. Do you remember hearing about this? **[If not, provide an overview.]**

Okay, great. Now, we are asking students at this school a few questions just to see if there is anyone that needs help. Please know that whatever we say in this room is between you and me. No one else will know what you have said, okay? Also, if I ask you a question that you do not want to answer, I want you to just hold up this red card, okay? If you do that, I will just move on to the next question.

Do I have your permission to continue? YES \_\_\_\_ NO \_\_\_\_ (if 'NO,' end the screening exercise)

Now, we've talked a lot about 'sexual abuse' during school assemblies. Can you tell me what 'sexual abuse' means? [Offer praise for the student's understanding of the term. Fill in any gaps, if necessary.]

Now, if you don't feel comfortable answering 'yes' or 'no' to this next question, you can write down your answer for me instead, okay?

**Question 1: Have you ever been sexually abused?**

YES \_\_\_\_ NO \_\_\_\_ (if 'NO,' skip to Closing 1)

I'm so sorry to hear that. We talked about what 'sexual abuse' means, and the different kinds of sexual abuse. If you don't feel comfortable answering this question out loud, you can write down your answer for me, or show me what you mean using these two dolls.

**Question 2: What kind of sexual abuse has happened to you?**

Insert description here. Probe to determine type of sexual abuse, e.g.: rape, attempted rape, touching of private parts, attempted touching of private parts, being forced to touch the private parts of someone else, or to perform any kind of sexual act, being forced to watch pornographic movies, etc.

If you don't feel comfortable answering this question out loud, you can write down your answer for me.

**Question 3: Who were you sexually abused by?**

Stranger \_\_\_\_ Relative (specify) \_\_\_\_ Neighbor \_\_\_\_ Fellow Student \_\_\_\_ Other (specify) \_\_\_\_

**Question 4: When did the sexual abuse happen?**

YEAR \_\_\_\_ MONTH \_\_\_\_ DON'T REMEMBER \_\_\_\_

**Question 5: Are you being sexually abused right now?**

YES \_\_\_\_ NO \_\_\_\_ (if 'NO,' skip to Question 8)

If you don't feel comfortable answering this question out loud, you can write down your answer for me, or show me what you mean using these two dolls.

**Question 6: What kind of sexual abuse is happening right now?**

Insert description here. Probe to determine type of sexual abuse, e.g.: rape, attempted rape, touching of private parts, attempted touching of private parts, being forced to touch the private parts of someone else, or to perform any kind of sexual act, etc.

If you don't feel comfortable answering this question out loud, you can write down your answer for me.

**Question 7: Whom are you being sexually abused by?**

Stranger \_\_\_ Relative (specify) \_\_\_ Neighbor \_\_\_ Fellow Student \_\_\_ Other (specify) \_\_\_

I'm sorry to hear about what you've gone through. I want you to know that there are different kinds of help we can offer. We can start by having you talk to someone about what is going on so that we can find out the kinds of help that you need.

**Question 8: It would be good to get some help to make sure you are healthy. Would you like to get some help?**

YES \_\_\_ NO \_\_\_ (if 'NO,' skip to Closing 2)

**Question 9: Would you like your mother/female caregiver to be with you when you get help, or would you like to be alone?**

ALONE \_\_\_ WITH MOTHER/FEMALE CAREGIVER \_\_\_

(When done with this question, skip to Closing 2)



**Closing 1 (for those who have not experienced sexual abuse)**

I want you to know that it was brave of you to come in and talk about sexual abuse. I'm happy that you are not going through this. I will call you in a number of times over the next few months just to make sure everything is going well with you. If any kind of sexual abuse ever happens to you, please do not keep quiet about it. Feel free to stop by and see me to talk about it, or make sure you tell someone that you trust. Many children going through sexual abuse do not know who to tell or that help is available. I just want you to know that there is help, in case you ever need it. Also, if any other student at this school tells you that they are going through sexual abuse, I would like to ask you to tell them not to be afraid, but to come talk to me. *Do you have any questions for me before you leave?*

**Closing 2 (for those who have experienced sexual abuse)**

I want you to know that you've done a very brave thing today by telling someone about what you're going through. You have not done anything wrong or 'bad', and you are not to blame for what has happened/is happening. Now that we know you need some help, we are going to do everything we can to make sure that you get it.

There are many other children who are going through the same thing, but they don't know who to tell and they don't know that help is available. If any other student at this school tells you that they are going through sexual abuse, I would like to ask you to tell them not to be afraid, but to come talk to me. *Do you have any questions for me?*

**NOTES FOR PSYCHOLOGIST:**

Students disclosing sexual abuse have already been asked if they would like to talk further and get help along with their caregiver.

**For those preferring to get help along WITH their caregiver:** Initiate the referral process: contact the caregiver via phone or home visit. Advise caregiver of the situation and of available services. Schedule a SGBV Response Unit appointment, and inform the caregiver of the date and time. Ensure that the caregiver and student are accompanied on this appointment by a psychologist trained under this intervention.

**For those preferring to get help WITHOUT their caregiver:** Provide an initial counseling session on-site. Based on this session, devise a counseling plan for the student which will take place at school. It is important to take the students' opinions about their home situation seriously. If a student is of the opinion that involving their caregiver in this situation would be risky or undesirable, **do not** try to

## Appendix B: Parent Dialogue Agenda and Guide for Facilitating Discussions

### PARENT DIALOGUE AGENDA

[Name of] Primary School

January 17, 2017

Time Slot	Activity	Responsible	
9:00-9:05	Opening Prayer	Parent	Head Teacher to appoint a parent to pray
9:05-9:10	Welcome Remarks	Head Teacher, Mrs. Muia Deputy Head Teacher, Mr. Jumba	
9:10-9:20	Remarks from Kenyatta National Hospital (KNH)	Teresia Njore and Gertrude, Gender-Base Violence Recovery Centre -KNH	Summary of student sensitization that KNH has been doing at the school
9:20-9:30	Overview of Child Sexual Abuse in Kenya (and its health consequences)	Chi-Chi Undie, Population Council	
9:30-9:35	Introduction to the Skit	Teacher Martin, Drama Teacher	
9:35-9:50	Skit by Children of [Name of Primary School]		
9:50-10:20	Reactions from the Floor Facilitated Discussion (Part 1)	Jane Musia, Population Council-KNH	
	Distribution of bottled water	ALL (Pop Council, KNH)	
10:20-10:40	Facilitated Discussion (Part 2)	Hellen Murugi and Jane Musia	
10:40-11:00	Facilitated Discussion (Part 3)	Khadijala Khamasi and Irene Namai	
11:00-11:10	What we plan to do: screening, referral, and access to health services	Jane Musia	
11:10-11:30	Facilitated Discussion (Part 4)	Irene Namai	
11:30-11:45	Final Word Pass out parent permission forms	Deputy Head Teacher Khadijala Khamasi	
11:45	Closing Prayer	Parent	
12:00-1:00	LUNCH		
1:00-2:00	Collection of Parent Permission Forms and Distribution of Packets of Flour and Sugar	ALL (Pop Council)	
2:00	Dismissal		

### **Preparation for the Skit/Drama by Students**

In each school, with permission from the school head, work with drama teachers (or any teachers with an interest in drama) to have school children prepare to perform a 15-minute skit on the day of the parent dialogue. The skit should focus on the devastation of child sexual abuse – how it affects the child, the family, and the community.

Possible Scenes to Include:

- a. mother telling child to keep quiet about the violence
- b. Perpetrator visiting to compensate for the crime by giving the parents a chicken
- c. Trauma of the child victim (crying, not concentrating in school, HIV)
- d. The help of the trauma counselor, taking the victim to the hospital
- e. The victim in the skit could be either a boy or a girl.

### **Facilitated Discussion (Part 1)**

Give parents time to react to the skit independently, and then you can start facilitating the discussion. The questions below are just a guide. Although they have been used successfully in previous parent dialogues, facilitators should feel free to include new questions based on the context, the flow of the discussion, and the amount of time available.

- a. What are your initial reactions to this play/skit?
- b. What did you like/not like?
- c. What did you agree/disagree with?

### **Facilitated Discussion (Part 2)**

- a. What are some of the things you saw in the play that are actually happening in your community?

*Probes (if necessary)*

- Mother encouraging silence
  - Perpetrator trying to pay off the parents
- b. When it comes to child sexual abuse in your community, what have you observed?
  - c. [Anything else that comes up]

### **Facilitated Discussion (Part 3)**

- a. When child sexual abuse happens, are there any support mechanisms for affected children in the community? What about for the parents of affected children?
- b. As a parent, if this happened to your child, would you want to know? Would you know where to get help?
- c. [Anything else that comes up]
- d. In this school, we have now started asking the students (privately) whether they are experiencing any kind of sexual abuse so that we can make sure they get help. What do you think of this approach [**bear in mind that some parents/caregivers may be the actual perpetrators!**]?]

### **Facilitated Discussion (Part 4)**

You've heard about the new plan in this school to be proactive by asking children if they have experienced sexual abuse, rather than assuming that they have not, or waiting for abused children to open up on their own.

- a. What's good about this approach?
- b. What are your concerns about this sort of approach?
- c. What do you recommend?

## Appendix C: Parent Permission Form



### PARENT PERMISSION FORM

[DATE]

Dear Parents and Guardians of Pupils in Classes 6-8 at [Name of Primary School]:

Child sexual abuse has become a big problem in schools. Children who have experienced sexual abuse need health care and other kinds of support to help them overcome the trauma that it causes.

In 2017, [Name of Primary School] is taking action to ensure that its pupils are able to get the help they need if they do experience this kind of abuse. Parents/guardians also need support when their child experiences abuse, and we want to make sure that parents are included in this process.

We are spending the day with parents/guardians of pupils at [Name of Primary School] to provide more information about how the school will help pupils who have experienced sexual abuse.

Please feel free to ask any questions you may have during today's meeting.

Sincerely,

Head Teacher, [Name of Primary School]

**Please cut off and return the permission form below, today, [DATE].**



Pupil's Name \_\_\_\_\_ Pupil's Class \_\_\_\_\_

\_\_\_\_ Yes, my child has permission to participate in the child sexual abuse screening exercise at [Name of Primary School] from [specify dates].

\_\_\_\_ Yes, I authorize [Name of Primary School] to take the necessary steps to get care for my child at [Name of Comprehensive Care Facility] in the event that my child has experienced sexual abuse.

\_\_\_\_ No, my child does not have permission to participate in the child sexual abuse screening exercise at [Name of Primary School] from [specify dates].

Parent's signature \_\_\_\_\_ Parent's phone number \_\_\_\_\_

Date \_\_\_\_\_