



**EVERY HOUR MATTERS
YOUTH ENGAGEMENT TOOLKIT:
UGANDA**

EVERY H⁷²OUR MATTERS

Speed is of the essence.

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ABOUT TOGETHER FOR GIRLS



**Together
for girls**

STRENGTH IN NUMBERS

Together for Girls is a global public-private partnership that works to end violence against boys and girls, with a special focus on ending sexual violence against girls. Founded in 2009, the Together for Girls partnership brings together national governments, UN entities and private sector organizations to prevent and respond to violence. To do this, the partnership uses a three-pronged model: data, action and advocacy to raise awareness, promote evidence-based solutions and galvanize coordinated response across sectors. Currently, Together for Girls works with more than 20 countries around the world. To learn more, visit www.togetherforgirls.org.

Together for Girls founded the Every Hour Matters campaign in 2016. Since then, the campaign has brought together a diverse coalition of supporting partners. For more information, visit www.everyhourmatters.org.

TOGETHER FOR GIRLS PARTNERS

Canada



EVERY HOUR MATTERS PARTNERS



INTRODUCTION

Hundreds of millions of people—including many children and adolescents—are subjected to sexual violence. According to the [Violence Against Children Surveys \(VACS\)](#), led by CDC as part of the Together for Girls partnership, around 25 percent of girls' first sexual intercourse was physically forced or coerced, and the majority of cases happened before the age of 16. Tragically, the data also shows that many survivors do not report their assault, and even fewer receive the services they need.

Despite high rates of rape, many people are unaware that:

- Survivors have 72 hours to receive post-exposure prophylaxis (PEP) that can prevent HIV.
- Female survivors have 120 hours to receive emergency contraception (EC) to prevent pregnancy.
- Depending on the circumstances, rapid treatment for trauma may also prevent other short- and long-term health consequences.

THE EVERY HOUR MATTERS CAMPAIGN

In 2016, Together for Girls launched the [Every Hour Matters \(EHM\)](#) campaign to increase awareness of the critical importance of quickly accessing post-rape care. The EHM Youth Engagement Toolkit is a unique new resource created for the campaign. It includes key messages and organizing tools designed specifically to guide youth-led organizations in delivering vital information on post-rape care to the youth populations they serve in the form of educational workshops.

VACS data reveals that young people who have experienced sexual violence often tell their friends first, feeling most comfortable seeking guidance from close peers when facing problems in their lives. Because of this, Together for Girls engaged young leaders and advocates who work for youth-serving organizations to help disseminate EHM messages to their own communities. These young leaders can aid and educate peers who seek out their help, the youth populations they serve and others in the community with vital and accurate information on post-rape care.

A TOOLKIT BY YOUTH, FOR YOUTH

To create the toolkit, Together for Girls recruited a group of 10 Youth Champions from Kenya and Uganda representing youth-led organizations working on issues such as HIV/AIDS relief, girls' empowerment and sexual health advocacy. The Youth Champions gave insight on how to provide tools to other youth-led organizations to facilitate meaningful workshops in their communities with young people who may be vulnerable to, or have already experienced sexual violence. Though this toolkit was completed with specific inputs from young people in Uganda and Kenya with those country contexts in mind, the following materials can be adapted and modified to suit other countries and regions around the world.

Together for Girls aims to bring the time-sensitive needs of survivors to the forefront of advocacy and service delivery priorities for young people. This toolkit seeks to ensure that young survivors' needs are a priority in their communities, and that they and their peers are getting accurate information about post-rape care in a safe, youth-friendly and comfortable environment.

ACKNOWLEDGMENTS

The Every Hour Matters Youth Engagement Toolkit was produced by Together for Girls in collaboration with our partners.

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Many thanks to our Youth Champions, who generously gave their time and expertise to contribute to the development of this toolkit. We are grateful for your insights, writing and commentary, without which this toolkit would not have been possible. Together for Girls would also like to thank you for leading the charge with youth-led organizations in your communities to amplify the voices of young people, survivors in particular, and ensure that they are equipped with the necessary services to heal, free from shame, isolation and fear.

YOUTH CHAMPIONS

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PILOT TEAM

Together for Girls would also like to recognize the following individuals and organizations for their efforts in leading the initial pilot of the first Every Hour Matters Youth Engagement Toolkit in Kampala, Uganda in August of 2017.

Uneza Allen, Uganda Youth Development Link

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WORKSHOP MODULE INTRODUCTION: A FACILITATOR'S GUIDE

WHO IS THIS TOOLKIT FOR?

The EHM Youth Engagement Toolkit is designed for youth-led, youth-serving organizations to integrate post-rape care messages into already existing sexual and reproductive health education and advocacy efforts. Whether your organization focuses on reducing HIV infections, improving access to sexual and reproductive health care and family planning or empowering young people to fulfill their potential, these tools can be used individually, as a package or in conjunction with other tools and activities to facilitate educational discussions with the youth populations you serve. The toolkit is intended for youth professionals with prior experience and training hosting discussions and workshops with youth populations on these issues.

To ensure effective and trauma-sensitive workshop facilitation, you must understand the unique challenges young people face in accessing health services after experiencing sexual trauma. For example, there is a significant burden of stigma that exists for survivors seeking HIV prevention and family planning services. Unfortunately, the resulting shame, self-blame and isolation can delay access to time-sensitive post-exposure prophylaxis (PEP) and emergency contraception (EC), which in turn leads to higher rates of unintended pregnancy and HIV infection in youth. Without fully considering the survivor's experience after rape, our common goal of improved sexual and reproductive health for young people cannot be achieved.

WHAT IS THE GOAL OF THE WORKSHOP?

The end goal of each workshop is to leave all participants better informed and sensitive regarding issues related to post-rape care and sexual violence. These materials may also help your organization consider how post-rape care advocacy could be integrated within existing curricula and/or the overall mission.

WHERE SHOULD WORKSHOPS BE HELD?

It is expected that the workshop be conducted in a youth-friendly space. This space should uphold the emotional and physical safety of all attendants. It should be a place where young people can meet with their peers and workshop facilitators to discuss important information about sexual violence and post-rape care, as well as receive general support, free from shame and judgment. It is important to find a space where education can be private and where confidentiality is respected.

WHO SHOULD PARTICIPATE IN WORKSHOPS?

The recommended target audience are youth ages 15 and up. Workshops should be targeted toward the youth populations your organization currently serves. It is recommended that participants have at least an elementary understanding of sexual and reproductive health topics and consent, so that they may reap the full benefit of everything discussed herein. For example, younger participants who have not had previous educational exposure to topics such as gender, sexual intercourse, pregnancy and consensual encounters and relationships, may struggle with understanding some of the workshop content and be unable to gain the full value from the workshop. Thus, a baseline understanding of such issues will be particularly useful.

TAILORING THE TOOLKIT AND WORKSHOP ACTIVITIES

While the toolkit provides best practices in administering a post-rape care workshop to a youth audience, it is acknowledged that you are the expert in local language and customs, so you are encouraged to tailor the workshop accordingly.

The following resource may be useful to facilitators as they design their workshops and build out additional tools and activities:

- [Advocating for Change for Adolescents!](#) (from the Partnership for Maternal, Newborn and Child Health and Women Deliver)

The 'Advocating for Change for Adolescents!' toolkit provides guidance to youth networks on the design, implementation and monitoring of an effective national advocacy action roadmap on adolescent health and wellbeing. It aims to encourage meaningful engagement of youth and drive positive advocacy and accountability efforts to influence national health plans and policy processes. Although it is designed with a youthful audience in mind, others who may be interested in using this toolkit include civil society groups, government departments and anyone passionate about adolescent health and wellbeing and meaningful partnerships with key stakeholders, including young people. The adolescent advocacy toolkit was developed through a collaborative effort led by the Partnership for Maternal, Newborn and Child Health with Women Deliver, including the Partnership's Adolescent and Youth Constituency as well as technical partners and allies working on adolescent health and wellbeing. The toolkit is currently being implemented with youth-led organizations in India, Kenya, Cameroon, Nigeria and Malawi, in collaboration with the Partnership's constituencies in-country, in order to amplify their collective efforts. In each of the countries, the youth-led partners are customizing the toolkit to using video and other creative forms to reach a diversity of young people in their communities with the relevant information to be effective advocates.

CONSIDERATIONS FOR INCORPORATING GENDER INTO WORKSHOP DISCUSSIONS

Gender “refers to the roles, behaviors, activities and attributes that a given society at a given time considers appropriate for men and women.”¹ Gender is a social construct. It is different from biological sex.

Gender, and understanding gender inequality, are important when discussing sexual violence and post-rape care. Be aware of vulnerabilities and inequalities, and tailor discussion accordingly. It is important that participants understand that while violence can happen to and affect anyone, some groups are more vulnerable/at risk of experiencing sexual violence than others, due to gender inequality and/or other power imbalances. **Gender inequality is a key driver of violence against women and girls.** Women, who typically hold less power across societies, are most often the victims of sexual and intimate partner violence. Men are more often the perpetrators of violence. Those with multiple forms of inequality—for example, women and girls from marginalized ethnic groups, or those living with disabilities—are even more vulnerable to violence. Expectations and beliefs around violence, stigma and reporting often differ for boys and girls.

Facilitators are encouraged to generate discussion around this throughout the workshop where relevant. Some questions to consider include:

- How does gender inequality affect women and girls in your context? Boys and men?
- What are some examples of harmful norms around violence and gender?
- How might gender inequality affect a girl’s decision to tell someone if she is raped? Seek services? How might it affect a boy?
- Can gender norms and beliefs change? What are some actions participants can take to increase gender equality?

Consider gender, including norms and dynamics, in your unique cultural context, and integrate these into workshops through additional information and messaging. This could include:

- Exercises to help participants understand gender inequality, how it works and how the burden of gender inequality impacts girls and women.
- Generating a discussion on how boys, girls, men and women may experience sexual violence differently.
- Conversations on the stigmas that are associated with sexual violence in your cultural context and how those stigmas may affect boys, girls, men and women differently.
- Addressing commonly held attitudes and perceptions of sexual violence against girls versus boys in your context, and how those attitudes and perceptions may differ depending on the gender of the survivor.

¹ UN Women Training Centre: Gender Equality Glossary. <https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=letter&hook=C>. Accessed 14 February, 2018.

GUIDELINES FOR TRAUMA-INFORMED FACILITATION

Although each cultural context is different, the following guidelines are important to consider for a safe and productive workshop dialogue. Please refer to the guidelines below to provide trauma-informed facilitation during the workshop. For additional information on the nature of traumatic events, refer to the U.S. Centers for Disease Control and Prevention, “Coping with a Traumatic Event” [fact sheet](#).

BE MINDFUL: Be mindful of your language (both verbal and nonverbal, such as body language and facial expressions) at all times. As a facilitator, you must first understand that there is a high prevalence of trauma in most societies. Research indicates that some members of your audience will have lived through a traumatic event. It is important to recognize that following a traumatic event, some people may be particularly sensitive to discussing the event, or anything that may remind them of their trauma. For some people, doing so may be “triggering,” meaning it may stir up feelings of stress, anxiety, sadness, anger, discomfort, embarrassment or a number of other difficult emotions. Thus, depending on your audience, you may want to offer “trigger warnings” to prepare everyone and avoid consciously upsetting or alienating anyone. A trigger warning involves notifying your audience that the content you are about to discuss, read or see, is of a sensitive nature and could be difficult for some people. For example, before beginning the workshop, you may wish to say something such as, “Please be advised that the following workshop will include descriptions, definitions and scenarios surrounding sexual violence, which could be upsetting or difficult for some people.”

BE AWARE OF GENDER DYNAMICS: While anyone can experience violence, the burden of rape, and its consequences, fall most heavily on women and girls; it is important to ensure that the facilitated discussion is welcoming for all to participate in, particularly those most at risk. Everyone may have internalized beliefs about gender, and life experiences, that influence how they approach the topic of rape and post-rape care. Males and females may have internalized these beliefs differently. They may have differing levels of comfort discussing this topic in public, and in single- or mixed-gender settings. For some people the topic may be very new, or feel unimportant; for others it may be deeply personal. At the start, you can remind participants that no one is being asked to share their own story. Be mindful of dynamics during difficult discussions. If a participant expresses an inequitable gender norm, facilitate discussion on this topic so that it does not go unquestioned.

EMPOWER THE AUDIENCE TO WALK OUT AT ANY TIME: You should announce at the beginning of the session that if at any point during the workshop, someone feels uncomfortable or simply needs to take a break, they are welcome to do so. You may wish to reiterate this several times throughout the session in short and easy sentences such as, “if anyone needs to take a minute or needs some air you are free to do so.”

BE CLEAR ABOUT THE WORKSHOP AGENDA: To avoid triggers and to ensure that workshop participants are comfortable, be upfront about the purpose of the workshop and what participants should expect to be discussed. Provide participants with the workshop agenda handout before beginning the session.

DO NOT JUDGE, ODD BEHAVIORS MAY BE A TRIGGER RESPONSE: If you notice someone in your audience perhaps laughing out loud at something serious, note that it may be a response to trauma. As noted, a person who is triggered may experience a wide range of emotions, from sadness to rage. They could be experiencing anxiety, fear, helplessness, discomfort, embarrassment or they may be in shock. Allow all workshop participants to take a break, or suggest that the individual take a break. (Tip: If there is more than one facilitator or you have an assistant with you, signal to them to discreetly approach the participant experiencing a trigger/exhibiting unusual behavior and suggest a break; it is best to do this in a way that does not stigmatize the particular individual). Remember to give the participant space to express themselves without disturbing the session or the other participants, then follow up with them later and direct them to any relevant resources that may be of help.

DO NOT DISCRIMINATE: It is important to remember that sexual violence can happen to and affect anyone, regardless of age, gender, race, sexual orientation or socioeconomic status. It is important to communicate this point to your audience throughout the workshop. Encourage your audience to consider and discuss how sexual violence may affect people from different groups differently. You can provide prompts, support and exercises to help with this. For example, how might children experience sexual violence differently than adults? How might boys and men experience sexual violence differently than girls and women?

PRE-WORKSHOP PLANNING

Organize everything that you may need for the workshop ahead of time, including venue, materials, handouts and refreshments (if appropriate) for the breaks. Familiarize yourself with the suggested toolkit agenda (print if needed) and make adjustments to it as appropriate for your unique audience.

Please note that the full toolkit materials include a downloadable [PowerPoint presentation](#) to accompany the session and two handouts, including an [agenda for participants](#), and a post-rape care [infographic](#) for discussion¹. Depending on how you intend to structure your workshop, you may wish to create additional handouts for your participants by copying pages in the toolkit or the presentation.

Lastly, it is important for you as a facilitator to thoroughly prepare yourself by asking yourself the following questions:

- Am I equipped to make the session a confidential youth-friendly space?
- Should/can I enlist some qualified help prior to the session? Are my co-facilitator/assistant and I on the same page going into the session?
- Am I equipped to handle disclosure during a session?
- Am I comfortable and adequately prepared to facilitate a workshop on this topic?
- Could this be traumatic for me?

¹Please see appendix for PowerPoint presentation, participant agenda and post-rape care infographic

POST-WORKSHOP PLANNING

Following the conclusion of the workshop, some participants may have lingering questions or concerns they may wish to address privately with workshop facilitators. It is important for facilitators and their assistants to be adequately prepared to handle such personal questions, concerns and even disclosure from workshop participants following the session.

It is recommended that facilitators schedule ample time to stay at the workshop venue following the end of the session to allow participants the opportunity to approach facilitators more privately. It is also recommended that facilitators be prepared to refer participants to available services and support in the area if participants do disclose or reach out for additional help. A list of youth-friendly post-rape care resources can be found on the back of the infographic. Refer participants to any of these services if necessary, or if you feel their questions or concerns are better addressed by a medical professional.

Before the workshop, it is a good idea to explore local resources for survivors that can be added to the list provided on the infographic.

Lastly, it is important to recognize the challenging and often traumatic nature of the topics addressed within the toolkit. Facilitators may have trauma or difficulties from their own lives too. It is important to practice "self-care." Self-care means doing activities and taking time to meet your emotional, physical and/or spiritual needs, as you are able. This will help you take care of yourself, and those you wish to support. Facilitators are encouraged to take time as needed both between workshops and in their day-to-day lives to identify and attend to their own mental, spiritual and physical needs and practice self-care as they see fit.

SUGGESTED WORKSHOP AGENDA

Recommended time: 1-2 hours, based on facilitator preferences, number of additional activities added to the workshop, level of participant engagement and scheduled breaks.

INTRODUCTIONS AND ICEBREAKERS

- Facilitators should introduce themselves and pass out the participants' agenda handout, infographic, scratch paper, writing utensils and any other necessary workshop supplies and handouts.
- Have participants sit or stand in a circle, introduce themselves and do an icebreaker (for example ask them to give one fun fact about themselves).
- Following the icebreaker activities, facilitators should begin the PowerPoint presentation and give a quick overview of the Every Hour Matters campaign and workshop (slide 3).
- Facilitators should then run through the agenda (slide 4), and workshop objectives (slide 5).

GROUND RULES FOR A CONFIDENTIAL YOUTH-FRIENDLY SPACE

- Ask participants to set up ground rules for a youth-friendly space and a safe, respectful discussion.
- Write the rules on a large piece of paper or black board—put the rules somewhere they will remain visible for the entire workshop.
- Add additional rules if they don't include the following:
 - Be respectful—for example: use "I" statements, do not make jokes about others' questions and contributions, etc.
 - Do not repeat personal stories outside of the workshop. All discussions during the workshop are to remain strictly confidential.
 - Do not speak when others are talking or interrupt the speaker who has the floor.
- Remind participants that this is a safe place for everyone to ask questions.
- Inform workshop participants that if at any time throughout the workshop, they are uncomfortable raising their hand to answer a particular question, they may write their answer on scratch paper and the facilitator will collect all of the papers and read the responses aloud to the group.
- Similarly, inform the participants that if at any time they have questions they do not feel comfortable asking in front of the group, they may write them down on scratch paper for the facilitator to collect, read aloud for the group and respond.
- Remind everyone that they may leave at any point.

DEFINING THE PROBLEM

- Move to slide 6 of the PowerPoint presentation.
- Preface the definitions by saying that although this may be an uncomfortable conversation, it's important to understand the terms and precisely what is being discussed.
- For each term, give the definition and then ask if someone can give an example. Remind participants that they may write down their example and have the facilitator read it aloud, if they prefer.
 - **Sexual violence:** Sexual acts committed against someone without that person's freely given consent (without that person saying 'yes'; or if the person said 'yes' due to threats, intimidation or other pressure).
 - **Sexual assault:** A specific act of sexual violence—including rape.
 - **Defilement:** Understood in Uganda as sexual assault of both boys or girls under the age of 18—including rape.
 - **Rape:** A type of sexual assault that is unwanted sexual intercourse, including anal, vaginal or oral penetration with a body part or object.
- Emphasize that sexual violence can be experienced by anyone, no matter their age, gender, race, sexual orientation or socioeconomic status; but in most places, girls are at far higher risk than boys—in childhood and throughout their lives. You may wish to take a few minutes for further discussion on this. For example, you might ask your audience why they think this is, and what it indicates about gender equality more broadly in the world and in your specific context.
- Conclude this section/discussion by emphasizing that you will refer to people who have experienced sexual violence as 'survivors' and not 'victims' as this term is more empowering.

REVIEW "DO YOU KNOW WHY EVERY HOUR MATTERS AFTER RAPE AND DEFILEMENT?" INFOGRAPHIC

- Move to slide 7 of the PowerPoint presentation.
- Explain that post-exposure prophylaxis (PEP) is a treatment with antiretroviral medicines that is intended for use in emergency situations to prevent HIV infection after potential exposure.
- Emphasize that PEP must be administered within 72 hours after potential exposure for it to be effective.
- Explain that emergency contraception (EC) is a form of hormonal contraception that, if taken within 120 hours after unprotected sex, can prevent pregnancy.
- Explain that neither PEP nor EC is 100% guaranteed to work, but taking them within their respective 72- and 120-hour recommended windows ensures that they are as effective as possible.
- Emphasize that time is of the essence as both PEP and EC are most effective when administered as soon after the incident as possible.
- Inform participants that support to receive these time-sensitive services and psychosocial support are also essential.
- Tell participants to refer to the back of the infographic for a list of local health services as well as counseling in Kampala, if ever needed.

THE STATISTICS: SEXUAL VIOLENCE AND POST-RAPE CARE

- Move to slide 8 of the PowerPoint presentation.
- Walk through the regional statistics.
- Mention to the participants the dwindling numbers as you go from “told someone” to “sought services” to “received services for sexual violence.”

WHAT IS STIGMA?

- Move to slide 9 of the PowerPoint presentation.
- Ask if anyone can think of reasons why survivors don't always come forward after they have been sexually assaulted.
- Ask the audience how gender inequality may lead to stigma against survivors.
- Ask how stigma around sexual violence may affect boys and girls differently in your context.
- Remind participants that they may write down their responses.
- Affirm that it is never a survivor's fault that they were sexually assaulted.
- Explain that these stigmas, as well as other factors including feelings of shame, self-blame and fear, frequently prevent survivors from coming forward and receiving time-sensitive health services like PEP and EC.
- Emphasize that it is thus critically important for the health and wellbeing of survivors to approach them with sensitivity and respect so as not to reinforce harmful stigmas and delay them in their process of coming forward and receiving help.
- Segue into a discussion of the scenarios about a girl disclosing to her friend she was raped.

SCENARIO ONE: MAUREEN & SARAH

- Move to slide 10 of the PowerPoint presentation.
- Read scenario one aloud to the group, or, provide handouts of the scenario to all of the participants and ask for a volunteer to read it aloud for the group.
- Move to slide 11 of the PowerPoint presentation.
- Talk through the discussion questions.
- Ask participants to point out the “don'ts” in the story.

SCENARIO TWO: ELIZABETH & MICHAEL

- Move to slide 12 of the PowerPoint presentation.
- Read scenario two aloud to the group, or, provide handouts of the scenario to all of the participants and ask for a volunteer to read it aloud for the group.
- Move to slide 13 of the PowerPoint presentation.
- Talk through the discussion questions.
- Ask participants to point out the “do's” in the story.

HOW TO SUPPORT A SURVIVOR: DO'S AND DON'TS

- Move to slides 14 and 15 of the PowerPoint presentation.
- Talk through “do’s” and “don’ts,” or, provide handouts of the list and ask for volunteers to read them aloud.
- Ask if participants have any questions about the list, or any other important “do’s” or “don’ts” they think should be added to the list.
- Ask participants if they feel that the “don’ts” are common, and how they think we might be able to change that in the future.
- Reiterate that sexual assault is never the fault of the survivor.
- Reiterate the critical importance of supporting survivors, empowering them to decide how to handle their situation and being ever mindful not to reinforce harmful stigmas.

WORKSHOP CONCLUSION

- Move to the final PowerPoint slide.
- Announce to the audience that all workshop exercises have been completed, and conclude the workshop with a general, open-ended discussion about how participants feel the session went.
- Allow the participants to shape the tone and topic of this discussion, allow this conversation to flow freely. Encourage participants to speak about their feelings if they wish and make recommendations about how to improve the workshop in the future. Take note of any recommendations they have for your own reference.
- When the concluding discussion has died down and facilitators feel as though the audience has received sufficient closure from the workshop, ask if anyone has any final questions, comments, concerns or topics they would like to discuss with the group before concluding the session.
- When all questions and topics have been discussed, dismiss participants and remind them that they may take home any materials from the workshop if they would like.
- It is strongly recommended that facilitators make themselves available immediately following each workshop for any participants who may have lingering questions or concerns that they wish to address with the facilitators privately after the workshop.

SCENARIOS

SCENARIO ONE

Maureen and Sarah are walking home from school. Lately, Maureen has noticed that Sarah seems unusually quiet, and that she hasn't been acting like herself during class. She asks Sarah if anything is wrong. Sarah says she has something to tell Maureen, but only if she promises not to tell anyone else about it. Maureen agrees.

Sarah tells Maureen that she was sexually assaulted. Two days ago, she was attacked by a family friend in his home, when her parents sent her to pick up something at his house.

Maureen is shocked and asks Sarah if she is lying. She pressures Sarah to share more details about the incident. Sarah explains to Maureen that a few weeks earlier, the family friend started dropping by her parents' house with gifts and money for her.

He always gave them to Sarah in private, and asked her not to tell anyone about it. Sarah had not suspected any bad intentions, since he was well-known to her family and trusted by her parents.

Maureen interrupts Sarah's story, asking why she did not tell her parents about the gifts.

"If you had told your parents that he was bothering you, then this would not have happened," Maureen says.

Sarah is upset and explains that she didn't know what to do at the time. Maureen pressures her to continue her story, asking for additional details. Sarah explains that after she was raped, the family friend gave her some money and asked her to keep quiet about it.

Maureen tells Sarah that everything will be fine, and encourages her to use the money to buy some new things for herself.

"Just forget it happened," Maureen says. "It's not a big deal."

Sarah begs Maureen not to tell anyone else about the incident. Maureen and Sarah agree to act like nothing happened.

DISCUSSION QUESTIONS

- How are you feeling after hearing this story?
- What would you have done if you were Maureen, and a friend had just told you a story about being raped?
- How is the stigma of rape affecting Sarah and her seeking help?
- What are some of the potential health risks for Sarah in this scenario?
- What do you think Maureen could have done differently to be more supportive of Sarah?
- Would your reaction to the story be different if you found out that Sarah was infected with HIV or had become pregnant from the incident?

ASK PARTICIPANTS TO POINT OUT THE “DON'TS” IN THE STORY, INCLUDING:

- Not suggesting that Sarah seek medical care (e.g. an examination, post-exposure prophylaxis and emergency contraception) to prevent risks like pregnancy, HIV and other sexually transmitted infections.
- Not offering to support/accompany Sarah in seeking medical care and/or psychosocial care.
- Blaming and criticizing Sarah's behavior as allowing the incident to happen.
- Pressuring Sarah for details about the incident.
- Doubting her story/questioning whether she is lying.
- Acting like the incident was “not a big deal.”

Let participants freely respond, using prompts if needed to get the conversation going (for example: “How about Maureen's reaction when Sarah first tells Maureen that she's been raped?”, etc.)

SCENARIO TWO

Elizabeth is walking home from school one evening, crying heavily. On her way home, she runs into a family friend, Michael, who is concerned to see Elizabeth crying. He asks her what's wrong.

Elizabeth reveals that she has been raped by a boy who lives in the neighborhood. Michael tells Elizabeth how sorry he is that she went through that ordeal, and lets her know that he is here to help and support her if she would like. Elizabeth says she would appreciate his support.

Michael tells Elizabeth that it is a good idea for her to see a medical professional, since there are steps she can take to prevent more harm to her health, such as taking a post-exposure prophylaxis treatment to prevent HIV and emergency contraception to prevent pregnancy. Michael then encourages Elizabeth to confide in her parents, who he knows she is close with, for their help and support.

Elizabeth says she would like to speak with them about it, and Michael volunteers to go with her for moral support. They both go to Elizabeth's home and wait for her parents to return from work.

As they wait for Elizabeth's parents to arrive, Michael asks if Elizabeth would like to talk about the incident. She says she would rather not go into the details, so he does not press the matter further and instead switches the topic.

DISCUSSION QUESTIONS

- How are you feeling after hearing this story?
- What did Michael do well?
- Would your reaction to the story be different if you found out that Michael was disclosing to Elizabeth that he had been raped?
- What role do you think gender dynamics play in this situation?
- Do you think Elizabeth would have responded differently to a female friend? How?
- Overall, how do you think boys' and girls' experiences as survivors of sexual violence might be different?
- How might boys and girls perceive sexual violence in different ways?

ASK PARTICIPANTS TO POINT OUT THE "DO'S" IN THE STORY. THESE CAN INCLUDE:

- Accepting Elizabeth's story and emotions.
- Believing her story.
- Offering support.
- Suggesting Elizabeth access medical services.
- Not pressuring Elizabeth to talk about the incident.

Let participants freely respond, using prompts if needed to get the conversation going (for example: "How about Michael's response when Elizabeth did not want to provide details?", etc.)

SUPPORT A SURVIVOR: DO'S AND DON'TS

IF A SURVIVOR COMES TO YOU, WHAT SHOULD YOU DO?

Do:

1. Accept survivors as they are and treat them with respect.
2. Show them love, care and understanding by being an empathetic listener.
3. Believe their story.
4. Remind them that what happened was not their fault.
5. Ensure confidentiality of your conversation.
6. Create a safe, supportive and distraction-free environment for your conversation.
7. Share that they can prevent HIV and unintended pregnancy if they take post-exposure prophylaxis within 72 hours and emergency contraception within 120 hours of the incident, though sooner is always better.
8. Help them access services when they are ready.
9. Offer to support them if they choose to document and follow up on their case with legal authorities.
10. Reach out periodically after they disclose to you and remind them that you are here for them.

Don't:

1. Doubt their story.
2. Pass judgment.
3. Pressure them to talk or press them for details.
4. Tell them how to feel about the situation.
5. Lecture them about what to do, or force them to go to the police or prosecute.
6. Ask why they did (or did not) say no or fight back.
7. Tell the survivor to "forget about it" or "keep quiet" and move on.
8. Make light of the situation or compare their story to other issues or situations.
9. Criticize them or blame them for the situation, by saying things such as, "You shouldn't have been out alone at night."
10. Avoid them.

ANNEX DOCUMENTS

ANNEX A – WORKSHOP POWERPOINT PRESENTATION



Together for girls

Every Hour Matters
Youth Engagement Toolkit

TOGETHER FOR GIRLS PARTNERS

Canada, USAID, CDC, UNICEF, World Health Organization, UNAIDS, UN Women, UNFPA, Paul Haggis Against Child Abuse, VIOLENCE AGAINST CHILDREN, BD, CDC Foundation, cummingspartners

EVERY HOUR MATTERS PARTNERS

WOMEN DELIVER, psi, GW The Global Women's Institute, The Partnership for Maternal, Newborn & Child Health, care, Save the Children, Child Helpline International, RISEUP, SafeTrek, Jhpiego, Pathfinder International

ANNEX B – INFOGRAPHIC

Do You Know Why Every Hour Matters After Rape* and Defilement?


Every hour matters after rape to prevent many lifelong physical and mental health consequences. Here's what you need to know about the short window of time available to access critical services:

**Unwanted sexual intercourse including anal, vaginal or oral penetration with a body part or object. Rape can happen to both men and women over the age of 18. Defilement can happen to both boys and girls under the age of 18.*



72 WITHIN 72 HOURS:

Take **post-exposure prophylaxis medication (PEP)** within 72 hours of a rape for HIV prevention. After 72 hours, HIV testing is still important, as is appropriate treatment, counseling, and support.



120 WITHIN 120 HOURS:

Take **emergency contraception** within 120 hours for pregnancy prevention.



GO AS SOON AS POSSIBLE:

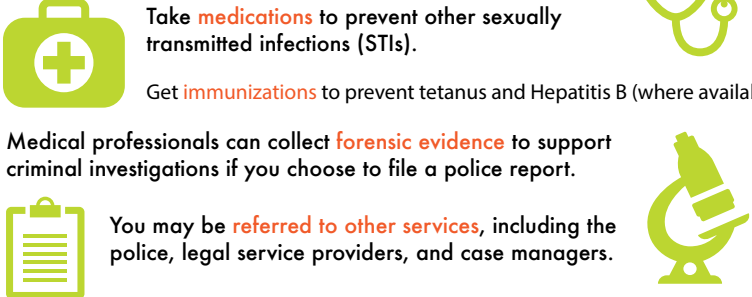
Get a **physical examination** to identify and treat injuries.

Take **medications** to prevent other sexually transmitted infections (STIs).

Get **immunizations** to prevent tetanus and Hepatitis B (where available).

Medical professionals can collect **forensic evidence** to support criminal investigations if you choose to file a police report.

You may be **referred to other services**, including the police, legal service providers, and case managers.



ANYTIME:

Counseling and other psychosocial support can help you work through trauma.



The sooner some post-rape medications are taken, the more likely they are to be effective. If you miss the timeframe for these medications, other health services and psychosocial support, can still be beneficial.

Learn more at everyhourmatters.org

PARTNERS:



ANNEX B – INFOGRAPHIC

Post-Rape and Defilement Care Resources in Kampala

Kampala Capital City Authority (KCCA)

KCCA runs various community health facilities across the five divisions of Kampala.

For more information, contact City Hall Plot 1-3 Apollo Kagwa Road

P.O.BOX 7010 Kampala. Telephone: 0204660000

SMS Code: 7010

Toll Free Line: 0800990000

Email: info@kcca.go.ug

Marie Stopes Uganda

Marie Stopes Uganda (MSU) provides a wide range of short-term and long-term [contraceptive methods](#) to people of reproductive age through 15 static [centres](#) across the country. The MSU team also provides medical consultation, specialist sexual and reproductive counseling, laboratory services, STI diagnosis and treatment, referral for HIV treatment, and post-abortion care. In Kampala, Marie Stopes has various clinics. For more information, contact them through this address:

Plot 1020 Kisugu Muyenga P.O.BOX 10431, Kampala Uganda,

Free hotline: +2560800220333

Telephone: +256393263318 or +256 0414510337

Email: info@mariestopes.or.ug

Website: mariestopes.or.ug

Most At Risk Populations' Initiative (MARPI)

MARPI provides quality, non-discriminatory and youth-friendly HIV, STI and other sexual and reproductive health (SRH) services, including PEP and PREP to all key populations regardless of age and sexual orientation. MARPI is located in Mulago Hospital in the Old Mulago section.

Plan International Uganda

[Plan International Uganda](#) has field offices in various divisions of Kampala.

Head offices are Plot 126 Luthuli Avenue Bugolobi Kampala.

Telephone: +256414305000

Email: uganda.co@plan-international.org

Naguru Teenage Information and Health Center

NTIHC values provision of quality youth friendly services to young people. Provision of timely and appropriate adolescent sexual reproductive health services and information to young people.

Bugolobi Spring Road, Opposite Shell Bugolobi

Toll Free Telephone: 0800311222

Office Telephone: +256393216467

Email: info@ntihc.org

Reproductive Health Uganda Clinic (RHU)

[Reproductive Health Uganda](#) provides youth-friendly family planning, HIV/STI and other SRHR services. RHU has three clinics in Kampala:

Bwaise Kawempe Division

Owino Market in Kampala Central

Plot 2, Katago Road, Tufnell Drive, Off Kira Road, opposite the Uganda Museum, next to Mariandina, P.O. Box 10746 Katago Rd, Kampala. Please see [here](#) the link with contact phone numbers for all RHU clinics across the country.

Sauti Uganda Child Help Line

[Sauti Uganda Child Help Line](#) is positioned as a government service for reporting, tracking, responding to and referring child abuse cases. You can call 116 toll-free to report all cases of child abuse.

Uganda Youth Development Link (UYDEL)

UYDEL operates in eight districts in Uganda. They run 13 youth-friendly drop-in centres, five of which are girls' only safe spaces where adolescent girls and young women can receive a wide range of empowerment services. UYDEL offers girls a temporary shelter, medical, psychosocial, humanitarian and legal assistance, vocational and life skills training and reintegration with their families.

Sir Apollo Kagwa Rd, Bifro House Opp. MBI above Action Aid

P.O. Box 12659, Kampala

Telephone: +256414530353

Wakisa Ministries

Wakisa Ministries offers temporary shelter and Christian counseling to girls with unwanted pregnancies who have been abandoned, rejected or abused by their families.

Office Telephone: +256 414 576087

Mobile Phone: +256782064580 / +256794858943 /

+256790432018 Plot 73, Albert cook Rd

Namirembe Road Next to Child Fund

P.O.Box 6249, Kampala-Uganda

ANNEX C – PARTICIPANT AGENDA

EVERY HOUR MATTERS YOUTH ENGAGEMENT WORKSHOP AGENDA



Download the files on www.everyhourmatters.org

ADDITIONAL RESOURCES

For additional information on post-rape care for young people and providing survivor-centered support, the following resources may be useful:

- [Caring for Child Survivors of Sexual Abuse](#) (International Rescue Committee)
- [SASA! Activist Kit](#) (Raising Voices)
- [Responding to Children and Adolescents Who Have Been Sexually Abused](#) (World Health Organization)
- [Responding to intimate partner violence and sexual violence against women](#) (World Health Organization)

EVERY H⁷²OUR MATTERS

Speed is of the essence.

www.everyhourmatters.org