

RESPONDING TO CRISIS: THE CIRCLE OF SAFETY

INTRODUCING THE SESSION

Welcome to Session Thirteen of the Healthy Homes Parenting Program for Parents and Adolescents!

The program is soon coming to an end. There is only one more session after this one! It has been an enriching experience of sharing and learning from each other. Today's session builds on Session Twelve by working to help keep adolescents safe in the community by identifying safe and unsafe places. Today facilitators explore how parents respond to their children when something bad happens to them. We also look at how parents can deal with bad situations when they happen in their homes and to their children.

This session will focus more on how parents can better respond and care for their adolescent. In this week's session, parents and adolescents will learn that:

- Every family faces threats. Being prepared can help us deal with these crises
- We need to keep calm and make a circle to keep your teen safe
- There are services available in the community that can help us keep safe
- The family can work together to create a plan for managing when something really bad happens

In Session Thirteen, we will also discuss the steps parents and adolescents can use some of the skills they have learned so far to better manage some of life's crisis that they face. We focus on the fact that it is important to have these conversations and it is also important to make plans together to avoid risks.

SESSION 13 PREPARATIONS & OUTLINE

Goal of the session	The session focuses on how parents and adolescents can ensure that adolescents are also safe within their homes. The session builds on the core skills of active listening, anger management and problem solving to help parents and adolescents to respond to abuse and crisis.
Core Principles	<ul style="list-style-type: none">▪ Every family faces threats, being prepared can help us deal with these crises.▪ Family members can work together to create plans on how to manage situations when something really bad happens.▪ There are services and support available for us in the community that can help us keep safe.
Training materials & resources	<ul style="list-style-type: none">▪ Flip chart, paper, pens, markers, prestik▪ Attendance register▪ Name tag materials▪ Handout: Emergency information▪ Printed copies of Session Illustration “ <i>Mutinta's crisis</i> ”
Venue Preparations:	<ul style="list-style-type: none">▪ Make sure that the workshop venue is clean.▪ Set up chairs where the participants will sit in a circle▪ Prepare all the materials that you will use during the group session

COMPONENT	TIME	ACTIVITIES
Welcome & Session Preparation	40 mins	<ul style="list-style-type: none"> Facilitators take attendance. Participants settle down Welcome, thank everyone for coming and praise time keeping Home activity discussion
Session overview for the day	30 mins	<ul style="list-style-type: none"> Framing the day Song: Participants can choose Physical Exercise
Core Lesson	60 mins	<ul style="list-style-type: none"> Negative role-play: The bar fight (negative) Discussion about negative role-play Positive role-play: The bar fight (positive) Discussion: How can we respond to crisis? Role-play activity: Practice responding to crisis Energizer: Facilitator can choose
Session Close	20 mins	<ul style="list-style-type: none"> Preparing for Home Activity: Review Handouts <u>Home activity for the week</u> <ul style="list-style-type: none"> ◆ Make a plan together to protect adolescents from a safety risk ◆ Visit your Healthy Homes Friend at least once a week ◆ Complete a physical exercise once a day Today's session review Reminder of next session date and thank & close Make sure you leave the room in order Share your observations in facilitator report

1.1 FACILITATORS TAKE ATTENDANCE

As participants arrive, invite them to sit down. Remember to take attendance as each new person arrives.

1.2 WELCOME PARTICIPANTS & CIRCLE SHARE

At the beginning of the session, invite the participants to go around the circle and share how they are feeling today in one word.

1.3 THANK AND PRAISE EVERYONE FOR COMING

Remember you want to model positive behavior – including providing praise!

1.4 HOME ACTIVITY DISCUSSION

Guide a discussion about the previous week's home activities. As a reminder, last week participants were asked to make a plan with the family to keep a teen safe from one safety concern.

Home activity discussions are opportunities to share successes, reinforce core principles, and problem solve ways of overcoming challenges:

- Brainstorm solutions with participants
- Practice applying the solution.
- Evaluate how it worked

When challenges are being discussed, try to encourage the participants to come up with solutions and support them.

Remember that you can use **Who? What?, Where?, Why?, When?, How?** during the discussion.

Always give big praise and applause to everyone brave enough to share.

SESSION OVERVIEW minutes

30

2.1 FRAMING THE DAY

Remember when we talked about safety outside our homes last week? This week we ask about whether we feel safe inside our homes. Who feels 100% safe inside their homes?

Use this question to make the point that we all face safety issues inside our homes.

In the last session, we made maps to talk about how to keep safe in the community. In Session Thirteen we talk about how to keep safe in our homes.

- What do we do if we haven't managed to keep safe?
- What do we do when somebody is hurt or injured or in trouble?
- We focus on what families can do when a crisis arises. Have any of you ever had to deal with a crisis?

During a crisis, it helps to have a plan. It also helps to think about the long-term effects of what we do. When we face a crisis, the adults have to become protective walls for their adolescents – like a circle of safety. This session is about what happens when a “big wind” comes and “blows off the roof of the house” – remember the situation between Amai and Mutinta about the hanging out near the bar?

What have we talked about in other sessions that you think might be helpful when we talk about facing a crisis?

This session draws on both problem-solving together, and routines, both of which we have looked at in earlier sessions. We will also provide you with some hand-outs that have important information about what you can do when you face trouble.

2.2 SONG & EXERCISE

SONG: PARTICIPANT CAN CHOOSE

Invite a participant to choose and lead their favourite song in this session.

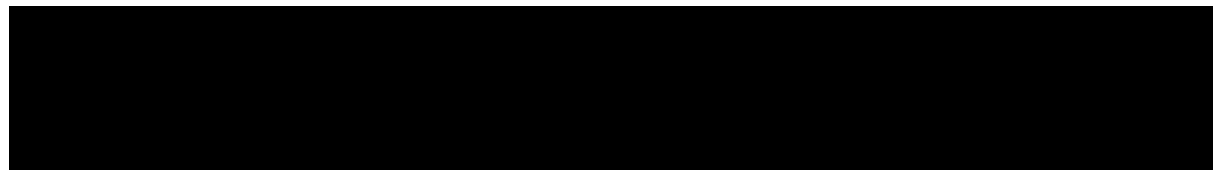
This week we sing together in a different way:

We form two circles, with the parents forming a big circle on the outside and adolescents forming a smaller circle on the inside. In this way we form a *circle of safety* that shows how parents can form a protective wall around their adolescents.

PHYSICAL EXERCISE

Ask one of the participants to lead the exercise. They can either lead with the physical exercise that they have been practicing at home, or they can choose one of the exercises that we have done in an earlier session.

Participants may choose to stay in the *circle of safety* circle for the physical exercise.



In this session we look at two sets of role-plays. These role-plays show some very difficult things happening in one family. In order to deal with bad things, it is good to make plans about what to do in a crisis so that the problem doesn't get bigger. In this core lesson we will look at role-plays that deal specifically about two types of crisis: arrest and rape. These are big crises, but they are good examples to use because they are so big: The same lessons can apply to smaller crises.

It's important to remember that bad things happen to all families. This is not your family we are showing in these role-plays but could be anybody's family.

3.1 ROLE-PLAY: The bar fight (NEGATIVE)

The core lesson starts with a role-play play that we can use to talk about some of the ways that we can respond to an emergency.

Michelo is shaking and very upset.

Amai: “Michelo what is wrong? I have been watching you since yesterday. Tell me what’s going on?”

Michelo: “On Saturday my friends and I went to the bar to play pool. Some guys who were drunk started a fight with my friend.”

Amai: “Continue, I’m listening. I hope you didn’t fight?”

Michelo (*shaking*): “I didn’t want to, but I couldn’t just stand there and let them beat up my friend, so...”

Amai (*shouting*): “So what Michelo?”

Michelo (*shaking even more*): “Eventually there was a huge fight, everyone was fighting, I don’t know what happened, I saw someone lying on the floor, in a pool of blood, dead. There was so much blood everywhere and on everyone.”

Michelo (*crying*): “I am afraid that these guys will come after me and kill me Amai...”

Amai (*shouts aggressively at Michelo*): “You crazy boy! Now we are all in danger! Get out of this house and don’t bring your bar trouble here! And what about if you got some bad blood in you! Don’t bring that into our house!”

3.2 DISCUSSION ABOUT NEGATIVE ROLE-PLAY

Think about the role-play you just saw:

- What is Michelo’s crisis?
- How did Michelo deal with his crisis?
- How did Amai deal with Michelo’s crisis?
- Did Amai’s response help to deal with the crisis in a good way?

3.3 ROLE-PLAY: The bar fight (POSITIVE)

Michelo is shaking and very upset.

Amai: “Michelo what is wrong? I have been watching you since yesterday. Tell me what’s going on?”

Michelo: “On Saturday my friends and I went to the bar to play pool. Some guys who were drunk started a fight with my friend.”

Amai: “Continue, I’m listening. I hope you didn’t fight?”

Michelo (*shaking*): “I didn’t want to, but I couldn’t just stand there and let them beat up my friend, so...”

Amai: “So, you did fight in order to help defend your friend?”

Michelo (*crying*): “Yes Amai, eventually there was a huge fight, everyone was fighting. I couldn’t really tell what was happening, and then suddenly I saw someone lying on the floor, in the pool of blood. There was so much blood everywhere and on everyone. (*shaking even more*) He looked... dead. And the blood made me feel worried.”

Amai: “Oh dear. I’m glad you came to talk to me about this, Michelo. Well done for that. Let’s sit down together now and think about how we should involve the police. ”

Michelo: “Thank you, Amai. Maybe I should also talk to someone at the clinic about HIV in case I should be worried?”

Amai: “Good thinking, son. We will get through this. Remember, we will support you as a family.”

Amai gives Michelo a hug.

3.4 DISCUSSION ABOUT POSITIVE ROLE-PLAY: HOW CAN WE RESPOND TO A CRISIS?

Let’s start by discussing what the crises are that we saw in this role-play:

- Why is Michelo upset?
- What is he worried about?
- Is Amai upset?
- What is she worried about?

Now let’s talk a little bit about how Michelo and Amai could better respond to the crisis in the role-play we just saw.

We have already talked about how to listen and discuss bad news. Can you think of any other skills that might be useful?

Remind participants of the importance of not blaming.

Before we deal with a crisis, we usually have to tell other people that it has happened. It’s important to remember not to blame when we are listening to someone telling us something difficult.

Sometimes that means taking a deep breath and making sure we are as calm as possible before we react to bad news (Remember “Taking a pause?”).

Once everybody is aware of the crisis, we move on to making plans to deal with it.

It’s usually best to make plans to deal with a crisis together.

Remember that parents and adolescents should listen to each other and use the 6 problem-solving steps to help think of solutions.

Solutions usually involve first making immediate – or short term – plans and then making longer-term plans.

Remember the six problem-solving steps from Session 6?

1. Identify the problem
2. Brainstorm solutions
3. Figure out what the plusses and minuses are
4. Choose one solution
5. Try it out
6. Decide whether it worked

Thinking about the role-play you just saw, how did Michelo and Amai use their:

... listening skills?

... non-blaming skills?

... problem-solving skills?

Other ways to respond to a crisis include making “**short-term**”, or immediate, and “**long-term**” plans. Has anybody ever used this type of planning? How are they different?

Making short-term plans usually means dealing with the crisis that is in front of us right away.

Some of the hand-outs we will give out at the end of the session provide information about short-term plans, like what we can do soon after someone is raped or arrested. Longer-term plans mean talking and planning in order to try to avoid a repeat of the crisis. We talked about the ways that we can make long-term plans for safety in the community last week:

These were things like talking to each other and knowing about the dangerous places around our homes.

Can you think of ways to put short and long term planning into rules & routines? Thinking about the role-play you saw: What are some of the short-term things that Amai and Michelo could do to address the different problems that came up in this crisis?

What are some of the long-term things that they could do to address the different problems that came up in this crisis?

3.5 RESPONDING TO A HEALTH CRISIS IN THE FAMILY

Discovering that you or a family member have a sickness that is life threatening can be very devastating to the family’s state of wellbeing.

For example, when one is diagnosed as having cancer or TB or HIV it can trigger a crisis in the family home. In such situations people can respond negatively with experiences of fear, anger and despair. For most parents when they find out that they are sick they become worried and depressed especially considering the future wellbeing of their children and other loved ones.

They are plagued by feelings of uncertainty about the future– and in many case it affects how the family functions. The ability to manage the such crisis requires a lot of courage. Identifying short-term and long-term plans to manage the crisis can reduce stress that the family faces. In the same way that we apply the six problem-solving steps from Session 6 in crisis situations at home, we can apply it when we face a life threatening crisis like a health problem. In the same way, we can respond by making plans. Planning can help let go of the past and think about a

more positive future. Both short-term and long-term plans help us to think about the things we want for ourselves going forward. They also help us notice whether we have worries and how to face them, and what the obstacles are that make it difficult for us to move forward in the way that we want.

We are going to consider a scenario where we can reflect together as a group how to come up with “short term” and “long term plans”.

SCENARIO: DuBA’S HIV STATUS

Let me introduce you to Duba. Duba is 25 years old and has just found out she is HIV-positive. She is thinking about telling her parents and younger sister, who is 16, that she is HIV-positive. Can you think of ways to put short and long term planning into this scenario: What are some of the short-term things that Duba could do to address the different problems that could come up after being diagnosed with HIV? What are some of the long-term things that she and her family could do to address the different problems that come up in this situation?



Facilitators should acknowledge that these can be challenging and scary topics to discuss. Remember to Take a Break if you need to and to draw on the collective expertise and problem-solving abilities of the group.

SHORT TERM PLANS: DUBA'S HEALTH

For example, one of the short-term plans that Duba could come up with is to tell her family about her HIV status. Telling someone you that you have HIV can be difficult. Making plans about who to tell, and how, and when can help this feel more manageable. Before we talk about how we can help her to make plans to disclose, let's brainstorm how she might be feeling about this together as a group.

How might Duba feel about sharing news that she is HIV positive?

What are the feelings you think she might be feeling about disclosing (telling) that she is HIV-positive? (Scared? Worried? Relieved?)

One facilitator to take notes on flipchart paper, the other leads the discussion.

What are alternatives she has to disclosing?

- Not telling?
- Getting someone else to tell?
- Telling with someone else there?
- Telling someone about 'someone else/a friend'?

What are the different ways that Duba's parents and sister might react?

- Crying?
- Hugging?
- Blaming?
- Yelling?

What potential bad things could happen if Duba tells her family?

- Family suffering from stigma?
- Need to protect children?
- Gossip?
- Rejection?

What potential good things could happen if Duba tells her family?

- Support from loved ones?
- Not feeling alone?
- Open conversation about precautions and treatment?
- Plan for future together?

There is no right or wrong way to disclose.

Making plans about how this happens can make it feel less stressful. Does anybody have any ideas about how someone could plan their disclosure in advance in order to make it easier?

One facilitator to take notes on flipchart paper, the other leads the discussion. Facilitators should remind participants that there are no wrong or right answers. Some ideas might include:

- Plan what you want to say
- Plan where you want to say it
- Plan when you want to say it
- Practice what you want to say
- Think about different reactions
- Think about how you will respond to different reactions
- Remember to breathe!

- Remember it is okay to say how you are feeling – including if you are feeling nervous.

Let's practice!

Duba has come to you for advice about how to disclose to her parents and sister. She wants to know what you think she should say, and when, and how.

Can you help her make a plan for this?

1. Participants divide into groups of two.
2. Each group decides on what advice they would give Duba.
3. Facilitators reminds each group to focus on planning the following:
 - a. What Duba should say
 - b. Where she should say it, when
 - c. How she might want to think about responding to her parents' and sister's reactions.
4. Finally: Are there any things you can say or do to help Duba feel a bit braver about disclosing?

Remember to remind Duba that only she is in charge of telling, and that she can say as little or as much as she wants to. Remind her she doesn't have to answer questions if she doesn't want to.

If time allows: Group comes back together to share their ideas.

Remember structured praise? Praise participants for their input.

3.6 LONG-TERM PLANS: PLANNING TO MANAGE OUR HEALTH

We've helped Duba to make short-term plans about telling her parents and sister that she has HIV. Now we're going to help her to make longer term plans about how to better manage her health.

One facilitator to take notes on flipchart paper, the other leads the discussion. Facilitators should remind participants that there are no wrong or right answers.

Before we start:

What are the good things about making long-term plans for managing Duba's health?

What are the challenges that she could face about planning how to better manage her health in the long term?

Now let's think about how we can help Duba to plan:

What are the options available for Duba to better manage her health? (Going to the traditional healers, going to the clinic or hospital? Doing nothing?)

What do you think is best for her?

What are the different issues that Duba and her family need to think about when they are trying to plan how to better manage her health –both her physical and emotional health?

- Finances?
- Other family members?
- Personal wishes?

What sort of feelings do you think the different members of these families have when they think about planning for the future?

Where can Duba go for help and advice?

- Local health centre?
- AIDS support group?
- Friends?

Does the group want to special clap everybody's effort to participate?

What are some of the skills that we have talked about that might be helpful to Duba to make plans for managing her health?

Skills may include talking about emotions and collaborative problem-solving and thinking about consequences.

Group comes back together to share options in an open-brainstorm. Group to contribute ideas. Remind the group that this is a non-judgemental space and that participants can contribute as little or as much as they feel comfortable with. They should feel comfortable expressing emotions and stopping at any time. This will not affect their involvement in Healthy Homes!

3.7 ROLE-PLAY ACTIVITY: PRACTICE RESPONDING TO CRISIS

Now we practice responding to crisis by correcting another role-play that shows a crisis that happens in a lot of families all over the world, and not just here.

We're going to do this role-play slightly differently to what you're used to.

We're going to start acting the role-play out and as soon as you see something in the role-play that you don't like, or that you would like to "correct", we would like you to say "FREEZE!"

Facilitators should use FREEZE-and-play with the role-plays below. Use the "FREEZE!" moments to have a discussion during the role-play.

Remind participants to think about how we can use listening skills, non-blaming skills and problem-solving skills deal with the crisis in both short-term and long-term ways.

Facilitators should be aware of the sensitive material in these role-plays. If they are uncomfortable with this material, they can choose another role-play from the Appendix.

They should also be aware that the content of this role-play may cause people to tell them things that mean we need to get them help and should be aware of who to contact to support participants who disclose.

3.8 ROLE PLAY: Mutinta's crisis (NEGATIVE)

Mutinta is sitting and crying. Amai comes home.

Amai: "Shame my dear what happened? Why are you crying my girl?"

Mutinta (*sobbing and shaking*): "it's my Uncle, he... he... he touched me."

Amai (*angry*): "What's wrong with you? Why would you say something like that? You are talking nonsense!"

Mutinta (*calming down a little bit*): "But it's true, he... he... Made me do it! He made me have sex with him! Please believe me. I didn't want to, I swear. He held me down and told me I would be in trouble if I told anybody, and then...."

Amai: "So why are you telling me these lies, now?"

Mutinta: "Please believe me. I didn't want it, I swear. Yesterday when you went to see Ambuya he just came and that's when it happened."

Amai interrupts Mutinta.

Amai (*shouting*): "And what? Huh? I don't want to hear any more of this nonsense! You're spreading lies about the man who puts food on your table, man who pays for your school fees. You should be ashamed of yourself."

3.9 DISCUSSION ABOUT NEGATIVE ROLE-PLAY

Questions to help discuss the role play:

- What do you think about this situation?
- Could this have happened to Michelo instead of Mutinta?
- What is the crisis that occurs in this role-play?
- Is the crisis dangerous for Mutinta? Why?
- Where could Mutinta go for help after she is raped?
- Can the police help Mutinta and her parents? How?
- Can the hospital help Mutinta and her parents? How?
- Does anybody know what is PeP is, and how it might help Mutinta?



PEP (**post-exposure prophylaxis**) is the antiretroviral medicines (ART) taken **after** being potentially **exposed** to HIV to prevent becoming infected. PEP should be used only in emergency situations and must be started within 72 hours **after** a recent possible **exposure** to HIV.

3.10 ROLE PLAY: Mutinta's crisis (POSITIVE)

Mutinta is sitting and crying. Amai comes home.

Amai (*hugging her*): "Shame my dear what happened? Why are you crying my girl?"

Mutinta (*sobbing and shaking*): "It's my Uncle, he... he... he touched me."

Amai: "Tell me what happened? And when it happened? Come and sit down next to me. It's not your fault and I'm not going to blame you."

Atate enters room, sits down next to Mutinta.

Mutinta (*calming down a little bit*): "It's true, he... he... Made me do it! He made me have sex with him! Please believe me. I didn't want to, I swear. He held me down and told me I would be in trouble if I told anybody, and then...."

Father: "Take your time, Mutinta. I'm listening. You are not in trouble. This is not your fault."

Mutinta: "Please believe me. I didn't want it, I swear. Yesterday when you went to see Ambuya he just came and that's when it happened."

Amai (*calming Mutinta*): "It's ok, I believe you my child. This is a big thing and we will find a way to get the help we need. I wonder where we can go to ask for help. Maybe the church?"

Mutinta: "Or my school?"

Father: "No, I know, let's go to the clinic. They will know what we can do to help you. Does that sound okay to you?"

Mutinta: "Yes... Ok... But will you come with me?"

Amai: "Of course we both will. And Mutinta? Remember this is not your fault. We love you. We will get through this."

Amai and father hug Mutinta.

3.11 DISCUSSION ABOUT POSITIVE ROLE PLAY

Questions to help discuss the role play:

- What do you think should have happened in the crisis you just saw?
- Facilitators ask participants if they would like to role-play a "correction".

Facilitators should encourage participants to think about ways that they can act positively to tackle abuse. Acknowledging that it happened is a good first step, taking action is a good second step!

Adolescents:

- What are the consequences of staying silent?
- Are there consequences to not getting help?

Parents:

- What are the consequences of shouting and yelling at a child in Mutinta's situation?
- What about the opposite: Are there consequences to treating rape as a "normal" event?

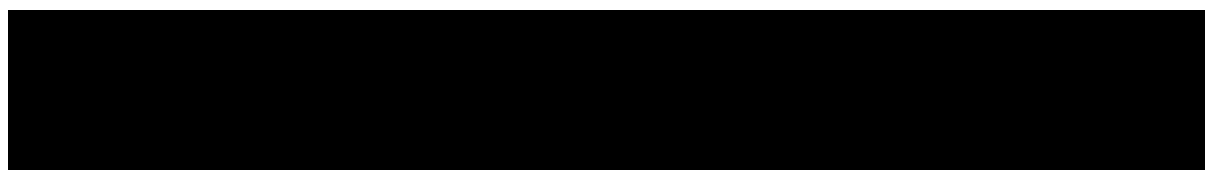
If nobody answers, facilitators can ask "Why are we all silent?"

3.12 ENERGISER

ENERGISER: FACILITATOR CAN CHOOSE

Facilitators can choose an energiser from the Appendix to do with the group when they feel everybody needs some energy!

Remember to use energizers when participants need a break or when adolescents need to stretch their legs!



4.1 PREPARING FOR HOME ACTIVITIES

Facilitators distribute hand-outs and explain that they provide information about what you can do if you are arrested or raped.

HOME ACTIVITIES

Go over the hand-outs that you got during the session with other family members. Review some of the ideas you came up with about who the family could turn to in a crisis situation.

VISIT YOUR HEALTHY HOMES FRIEND AT LEAST ONCE A WEEK

COMPLETE A PHYSICAL WARM-UP ONCE A DAY

Participants can either use the physical exercise we did at the beginning of the session, or they can invent their own.

4.2 REVIEW TOPICS COVERED

Ask participants if they remember any of the topics we covered today?

Ask if the participants can remember any of the core principles from this session?

Let participants repeat the core principles after the facilitator:

- Every family faces threats. Being prepared can help us deal with these crises.
- Keep calm and make a circle to keep your adolescent safe.
- There are services available in the community that can help us keep safe.
- The family can work together to create a plan for managing when something really bad happens.

Use the illustrations from this session to review the topics covered with participants. This is a good way for them to be involved in remembering what we covered in this session.

4.3 REMIND PARTICIPANTS ABOUT NEXT SESSION AND HOME ACTIVITIES

In the next session we reflect on the entire program and talk about how we can continue to support each other after the Healthy Homes Program ends.

But before then, please remember to do your home activities!

Facilitators remind participants about time and location of next session.

4.4 THANK AND PRAISE PARTICIPANTS

Invite one of the participants to close the session with a song.

HANDOUT: EMERGENCY INFORMATION

What can I do?

You need to report rape to the nearest police station. It is also important to make sure that if you have been exposed to unprotected penetration during the rape you need to seek medical attention to reduce exposure to HIV. At the hospital or clinic will administer a strong drug called PEP.

What is PEP?

PEP (**post-exposure prophylaxis**) is the antiretroviral medicines (ART) taken **after** being potentially **exposed** to HIV to prevent becoming infected. PEP should be used only in emergency situations and must be started within 72 hours **after** a recent possible **exposure** to HIV.

Things you should know about PEP

PEP must be started as soon as possible to work – and always within 72 hours of a rape. If you think you may have been exposed to HIV very recently, visit your nearest health facility as soon as possible to find out if PEP is right for you.

Other help:

- GBV One Stop Centers
- Victim Support Unit
- Young Women's Christian Association of Zambia
- Paralegal Clinic
- DREAMS Centers
- Police
- Local Clinics
- Legal Aid
- NGOCC – National legal aid clinic for women
- Department of Social welfare
- Neighbourhood watch

933 (Lifeline) is the toll-free line you can call from your cell phone. You won't need airtime to make this call. Lifeline provides free counselling to adults in need of psycho-social support and referral services.

116 (Childline) is the toll-free line you can call from your cell phone. You won't need airtime to make this call. Childline provides free counselling to children and adolescents in need of psycho-social support and referral services.

990 is toll-free line which is a general platform used for all emergencies.

991 is a toll-free line you can use to call the police, or an ambulance in case there is a physical harm.

878 (U-report) – Adolescents can use this line to get free confidential counselling and advice on sexual and reproductive health through text messages.

878 offers support, guidance and help for people addicted to drugs and alcohol, as well as their families. This service is run by U-Report (Unicef/Ministry of Health).

The Drug Enforcement Commission – can also be contacted in case of drug related issues

REMINDERS ABOUT USING THESE NUMEBERS:

EMERGENCY INFORMATION POP QUIZ

What is the number we call for the police station? Does anyone remember what will happen when you call?

Can you think of a reason you might need an ambulance? What is the number we call for an ambulance?

Can we think of a good way to remember these numbers together?

Besides the police station and ambulance, what other services are available to us by phone? For what types of other emergencies?

What is the emergency number? Will our phones work with no airtime if we want to call the emergency number?

What is PEP? When should we take it?

Can you think of another PEP you might know?

What is the maximum number of days we should wait after a rape to go to the hospital and ask for PEP?

HANDOUT: INFORMATION OF GETTING SUPPORT REGARDING HIV TESTING, TREATMENT & SUPPORT AND OTHER SERVICES



Where can I get tested for HIV?

Most primary health facilities in our communities' test for HIV. The test is free. When you go for testing you will receive counselling to help you understand what the test involves and provide you with information around HIV and AIDS. Counselling is provided when the result comes back irrespective of whether you are HIV-positive or HIV-negative. In most facilities two tests are done and it takes about 20 minutes to get the result. In some complicated cases, a sample of your blood might have to be sent to a laboratory in which case it could take a few days to get your result back. HIV tests are very accurate.

Knowing your HIV status helps you to make the right choices about your health and future as well. Even if you find out that you are HIV-positive knowing your status helps you to get the right treatment and support.

I have HIV. Where can I get help?

Dealing with HIV can be difficult. But having the right information and support can help you manage the condition so you can continue living a healthy and productive life. There are care and treatment facilities that provide care and treatment to persons living with HIV in the community. The services include HIV medical care, counselling and access to medications such as ARV's. There are also services within the community such as groups for people living with HIV and spiritual groups that provide offer a space of comfort and support.

I am worried that I am HIV positive?

Being diagnosed HIV positive can make one feel worried, frightened, upset or even depressed. It is important that when you struggling with these feelings you find someone you can talk too. This could be your friend, someone in your family or community whom you can confide in. Professional counselling services are provided through the HIV Care and Treatment Centre and local HIV/AIDS support groups

What treatment options are available for me?

HIV is a manageable health condition and there are now available medicines that can help manage HIV and help one to stay healthy. It may sometimes be hard to take that first step to HIV treatment.

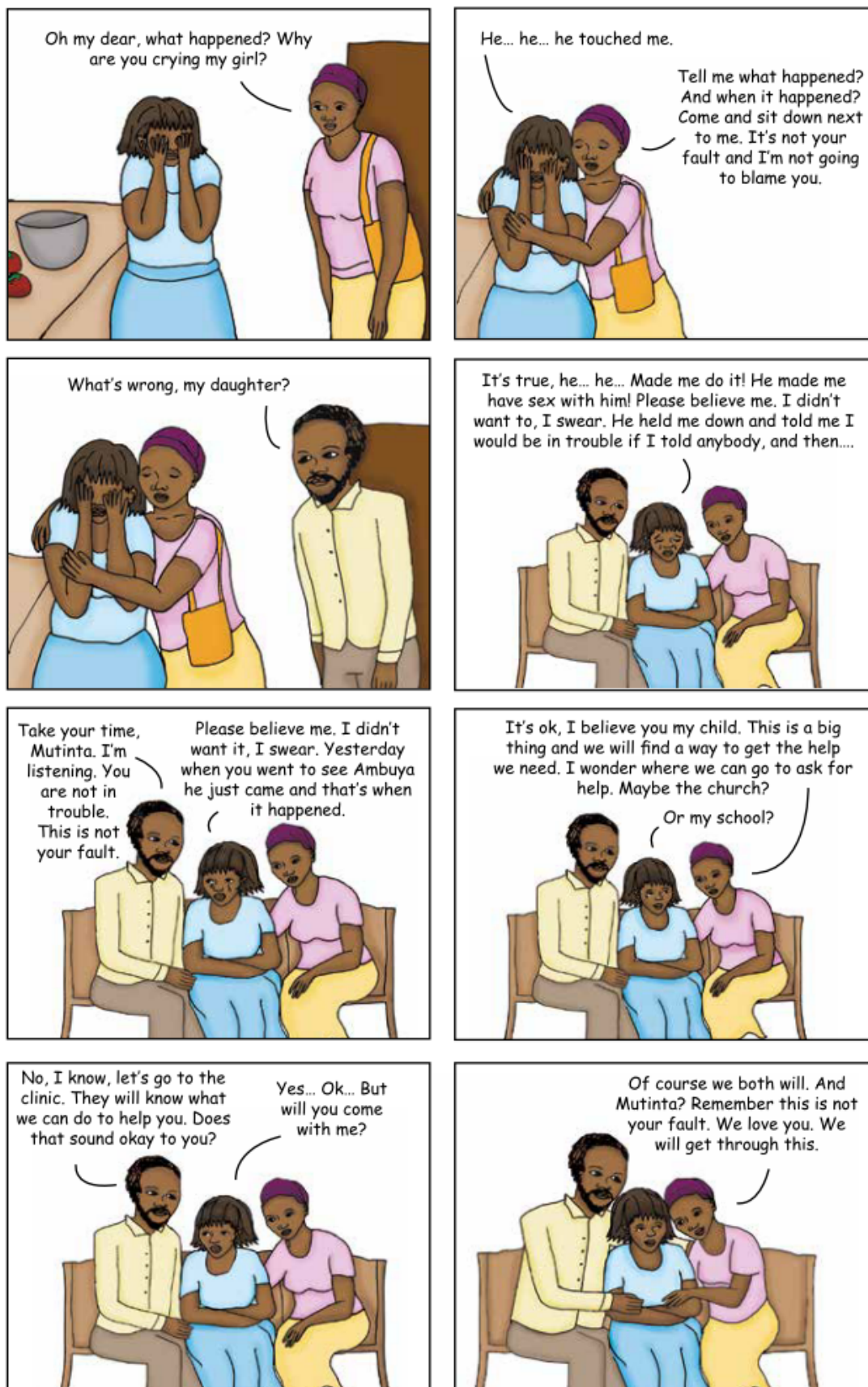
By getting linked to medical care early, starting treatment with HIV medication (called antiretroviral therapy or ART), adhering to medication, and staying in care, can keep the virus under control, and prevent the HIV infection from progressing to AIDS. It is important for people living with HIV to take their HIV medication every day, exactly as prescribed. Family and other loved ones can help in establishing a medication routine and sticking to it.

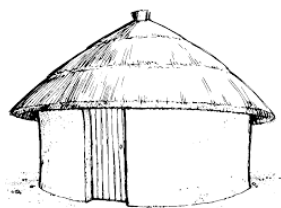
How Can I Help A Loved One Who Has Been Newly Diagnosed with HIV?

Being diagnosed with HIV can be a very life-changing. It is important that when find out that our friend or loved one has been diagnosed with HIV they know that there are people who are there for them. Take time to listen to your loved one and offer your support. Sometimes they may find it difficult to talk about it but be there for them. They need your reassurance and care.

Handout: ILLUSTRATION FOR SESSION 13

Mutinta's crisis (positive)...





Healthy Homes Parenting Program HOME VISIT

Guardian's Name _____
Adolescent's Name _____
Date _____ **Group** _____
Facilitator's Name _____

Session 13: RESPONDING TO CRISIS: THE CIRCLE OF SAFETY

Goal: Combine active listening, anger reduction and problem-solving to help parents and adolescents respond to abuse and crisis.

Overview: Last week we talked about safety outside our homes. This week we ask about whether we feel safe inside our homes.

- What do we do if we haven't managed to keep safe?
- We focus on what families can do when a crisis arises.

During a crisis, it helps to have a plan. It also helps to think about the long-term effects of what we do.

Illustration: Mutinta's crisis (positive); Handout: Emergency information

Core Lesson: This illustration deals with rape. It's important to remember that rape is a crisis that could happen in any family.

How did Mutinta and her parents use their listening skills in the illustration? What about their non-blaming skills? Their problem-solving skills?

Would these skills also work in different kinds of crisis?

Can you think about any of the other skills or tools we have talked about that might be helpful to Mutinta and her parents as they respond to this crisis?

Could Mutinta's crisis happen to a boy? Could Mutinta also turn to her father for help?

Can you think of short-term plans and long-term plans that could help Mutinta and her parents deal with this crisis? Are there consequences to these plans?

Home activities: Go over the emergency information handout with your family. Think about who the family could turn to in a crisis.

Attending sessions can be difficult. Is there anything we can do to help you attend sessions? *It is important to have a non-blaming attitude about attendance!*

Did any other members of the household participate in this Home visit? Who?