Workshop: Equipping youth mentors to respond to disclosures of violence with first-line support

First-Line Support Training for Youth Mentors

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September 18, 2022
Workshop Schedule

9:00 – 9:40
- Icebreaker Bingo
- Youth mentors and managing disclosures of violence

9:40 – 10:40
- Overview of the first-line support training for youth mentors “LOVES”
- Adapted first-line support framework “LOVES”

10:40 – 10:55: Break

10:55 – 12:00
- Examples of building practical skills using the LOVES framework
- Self-care strategies for youth mentors
- Implementation experiences and best practices
• In this workshop we will discuss violence and some of the content could be traumatizing or trigger difficult emotions

• Please take care of yourself and feel free to step away at any time.
• Recommended global resource: https://nomoredirectory.org/

• Support available at SVRI:
  – Emotional support will be also available from Tuesday-Thursday 10am-6pm in area of the Lemon Fish restaurant (modified for emotional support only). Support available in English and Spanish.
  – Well-being activities availability and times: https://www.svriforum2022.org/well-being/
Objectives of the Workshop

- Share experiences working with youth mentors to respond to disclosures of violence
- Provide an overview of the First-Line Support Training for Youth Mentors “LOVES”
- Introduce the adapted first-line support framework, “LOVES,” for mentors to respond to violence disclosure from AGYW
- Share examples of building practical skills using the LOVES framework
- Explore self-care strategies
- Discuss implementation experiences and best practices
Icebreaker Bingo

- You will each receive a bingo card
- You have 6 minutes to meet as many participants as possible
- For each person you meet, find out:
  - Their name/pronouns
  - Where they are from
  - And where they fit on your icebreaker bingo card
  - Each person can only go on your bingo card ONCE
  - First person to get 5-in-a-row in any direction wins!
- **What if** nothing applies? There is a free space to fill in a unique fun fact- but you can’t give the same fun fact to two people!

<table>
<thead>
<tr>
<th>Is from the same country as you</th>
<th>Has been trained in first-line support</th>
<th>Whose favorite subject in school was math</th>
<th>Who speaks at least two languages</th>
<th>Who loves to sing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who has never been to a conference before</td>
<td>For whom this is their first international trip</td>
<td>Has a tattoo</td>
<td>Has not stopped listening to Renaissance since it came out</td>
<td>Has at least two pets at home</td>
</tr>
<tr>
<td>Has a twin</td>
<td>Already went to the beach today</td>
<td></td>
<td>Already went to the gym today</td>
<td>Plays an instrument</td>
</tr>
<tr>
<td>Is left-handed</td>
<td>Learned a new hobby during the pandemic (write down what it was!)</td>
<td>Ever played a team sport</td>
<td>Who has been to SVRI before</td>
<td>Is a vegetarian</td>
</tr>
<tr>
<td>Can’t whistle</td>
<td>Works with young people</td>
<td>Practices mindfulness and meditation</td>
<td>Has a birthday this month</td>
<td>Read a great book recently</td>
</tr>
</tbody>
</table>
Validation Activity:

- Throughout the workshop, use your post-its to write a validation to someone specific in this group, or a validation to the group as a whole.
- *Post-it on the "validation board"
Youth mentors and managing disclosures of violence
• Since 2003, PEPFAR has invested over $100 billion in the global HIV/AIDS response, saving 21 million lives, preventing millions of HIV infections, and accelerating progress toward controlling the global HIV/AIDS pandemic in more than 50 countries.

• Our work is shaped by the syndemic factors of violence exposure, substance use, mental health problems, and poverty that can lead to HIV risk behaviors and contribute to the burden of disease of people living with HIV.
 Violence is a barrier to achieving HIV epidemic control

**Mentors Across the HIV Prevention and Clinical Cascade**

**HIV Prevention (DREAMS) Mentors / PrEP Ambassadors**
- fear that partner will find out
- forgetting to take pills as a result of trauma
- partner throwing away pills
- fleeing home during a violent episode and leaving pills behind
- pills triggering reminders of trauma
- survivor-stigma and HIV-stigma
- fear of reprisal attacks from perpetrators

**Initiate & adhere to PrEP**
- Know Status
- Initiate Treatment
- Virally Suppressed

**Initiate & complete PEP**

**Mentor Mothers**
- fear that getting a test will lead to accusations of infidelity and result in violence
- fear that a positive HIV result could lead to violence or abandonment
- fear of partner discovering evidence of HIV treatment
- reduced social support for care seeking
- partner or family controlling behaviors that limit access to care

**Peer Champions/Expert Clients**
- shame of being abused, mental health effects or physical injury leading to missed appointments
- throwing away pills or hiding pills from abusive partner
- fleeing violence, resulting in losing pills or falling out of care

**Testing**

**Care & Treatment**

**Division of Global HIV & TB**
GBV/IPV and HIV

GBV/IPV → HIV
• Increase risk of infection through forced unprotected sex
• Limits ability to negotiate safer sexual practices
• Impacts disclosure of HIV status – e.g., fear additional violence
• Impacts access to health care services
• Impacts medication adherence (e.g., PrEP, ARVs)

HIV → GBV/IPV
• Increases vulnerability to violence – e.g., disclosure of HIV may trigger violence
• Increases stigma by partner/family – e.g., accused of infidelity by partner/family

Source: VPR Presentations, LINKAGES, PEPFAR 2018
How do you work with youth mentors?
Use the QR code to answer two survey questions OR go to https://www.menti.com/ (use participant code: 7421 5868)

1. Barriers: What are some barriers mentors may encounter in supporting youth who experience violence?

2. Assets/Strengths: What are some assets/strengths mentors bring to supporting youth who experience violence?
Barriers

- Limited information on referral points within the community
- The society that has stereotypes towards AGYWS
- Cultural norms / Traditions
- Lack of knowledge and trainings
- They are re-traumatized because of their own experience with violence.
- Known to the perpetrators
  - Getting support from the organization is hard. I've personally had to do everything from counselling to reporting the case (rape case) and making sure that the perpetrator was jailed
  - don't know what to say
- Being from the same neighbourhood with the survivor can raise issues of confidentiality.
- Threats from the offender.
- Some AGYW may not want the cases reported
- AGYW may fear that others will find out/hear what they share.
Enablers

Providing safe spaces for the AGYW to express themselves without fear if judgement

Mentors refer them to counselors who are of great help

They can be relatable, they may be from the community. Mentors are understanding and take time to listen to AGYW

they know areas within their localities where they can link AGYW in in need of help after being exposed to Violence

Their regular availability and rapport with AGYW are valuable assets

Their own life experiences and level of preparation to work with GBV survivors

Being close to them as we listen and make sure that something is done to help the AGYW

They have access to the IP organization that they can go to for help and additional resources like a counselor or social worker.

Patience and commitment

Their time, knowledge, skills, SoPs, tools they can use to support the AGWY

Care, love, time and knowledge
Overview of the first-line support training for youth mentors “LOVES”
First-Line Support to those who Disclose Violence

• A practical, survivor-centered, empathetic approach to communicating with and assisting survivors
• Responds to person's needs (emotional, physical, safety and support) while respecting privacy
• Should be offered immediately after someone discloses violence
• Helps people who have been through various upsetting or stressful events

With the right training, anyone can do it!

Source: WHO Clinical Handbook 2014
| L | LIVES  | ISTEN  | Listen closely with empathy, without judging |
| L | LIVES  | NQUIRE | Assess and respond to the client’s needs and concerns – emotional, physical, social, and practical |
| V | LIVES  | ALIDATE | Show the client you believe and understand them. Assure they are not to blame |
| V | LIVES  | NHANCE SAFETY | Discuss a plan for how to protect the client from further harm |
| S | LIVES  | SUPPORT | Help connect the client to appropriate services, including social support. |

LIVES empowers health care providers to respond to disclosure of violence.

Source: WHO Clinical Handbook 2014
Background: CDC LIVES Training

• First-Line Support “LIVES” for Health Care Providers
  – WHO published, *Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook*, in 2014
  – CDC conducted:
    ▪ 2 pilots, *Gender-based Violence Routine Enquiry Within HIV Clinical Settings*, in 2019
      o Conducted in-person in Nigeria and Mozambique with Jhpiego
    ▪ 11 virtual trainings, *LIVES for Providers*, in 2020-2022

Source: [WHO | Health care for women subjected to intimate partner violence or sexual violence](https://apps.who.int/iris/bitstream/handle/10665/317126/9789241515924-eng.pdf?sequence=1)
First-line Support for Mentors?

• Requests from implementing partners to include mentors in first-line support training

• Listening sessions with mentors and implementing partners to understand gaps and needs
  – Mentors shared they receive disclosures of violence and used specific skills and approaches in their support
  – Partners shared that they often expected mentors to provide support to participants

• Literature review
Theme 1: Low percentage of help seeking among survivors of violence; most told a relative or a friend/neighbor

Disclosure, Service-Seeking, and Receipt Among 13-17-year-old females who experienced past-year Sexual Violence: 4 Country Violence Against Children and Youth Surveys

Source: Violence Against Children and Youth Surveys. VACS Reports - Together For Girls
Literature Review: Disclosure

• Data from the VACS Among 13-17 years old: Reasons for not seeking help after sexual violence:
  – In Cambodia, the main reason was apathy and shame
  – In Kenya, Malawi and Nigeria, the most common reasons given were apathy, shame and stigma
  – In Haiti, the most common reason was not needing or wanting services followed by perceived helplessness (Pereira et al., 2020)

Theme 2: Reasons for not seeking help varied by country, gender, and type of violence; the most common reasons for not reporting or seeking help for all forms of violence included apathy, not needing or wanting services, stigma and self-blame
Barriers to disclosing child sexual abuse and care-seeking in Zimbabwe included stigmatization, fear of being doubted or labeled a liar, fear of being blamed for the abuse, and possible retaliation from the perpetrators against the survivors and/or their families (Obong’o et al., 2020).
Literature Review: Disclosure

A Psychosocial Understanding of Child Sexual Abuse Disclosure Among Female Children in South Africa

DOI: 10.1080/10538712.2016.1199078

Authors:

Shonaaz Mathews
University of Cape Town

Natasha Hendricks

Naeemah Abrahams
South African Medical Research Council

• Nearly half of the children failed to disclose the sexual abuse immediately, fearing caregivers’ reaction. Most children purposefully disclosed to a confidant through a process of identifying an intermediary to tell caregivers on their behalf (Mathews et al., 2015).

Theme 4:
Disclosures can be a dynamic process that unfolds over time rather than a single or static event
In a systematic review conducted in 2017, children and adolescents are more likely to disclose experiences of abuse if they are asked or prompted, and even more likely to disclose if the ask is coming from a person they trust. They are also more likely to disclose if the abuse was extra-familial and if they receive emotional support and understanding. (Lemaigre et al., 2017)

Theme 5: Actively listening and supporting children can minimize their feelings of guilt and shame and reduces their fear of negative consequences.
• **G:ENESIS – Understanding Mentoring for Adolescent Girls & Young Women Report**
  
  – Highlights the importance of ongoing connection

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**CONSISTENT PAIRING OF MENTORS & MENTEES**

Many of the interview respondents noted that the consistent pairing of mentors with mentees has allowed for the establishment of trust and ongoing relationship building in the program.

“We do it to create trust for those mentors and mentees. Once a person is trusted for those AGYW it becomes even easier to open up to her on cases of GBV. So we said let one mentor have specific mentees to build friendships with them, to monitor them and to build a relationship with them.” – *Program staff, Tanzania*
Do these themes align with your work with mentors and their experiences with disclosures of violence from mentees?
• **Goal:** To adapt a first-line support approach for mentors who may receive disclosures of violence or other serious health issues

- Developed a training curriculum for virtual training during COVID

- Piloted virtual TOTs with implementing partners

<table>
<thead>
<tr>
<th>LOVES</th>
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<tbody>
<tr>
<td>LISTEN</td>
<td></td>
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<tr>
<td>NGOING CONNECTION</td>
<td></td>
</tr>
<tr>
<td>ALIDATE</td>
<td></td>
</tr>
<tr>
<td>NCOURAGE SAFETY</td>
<td></td>
</tr>
<tr>
<td>UPPORT</td>
<td></td>
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### LOVES Virtual Training Format

**Pre-Training Requirements and Assignments**
- Before the first live session, all participants must:
  - Register for the course and complete the pre-test
  - Module 1: Overview of GBV, Youth and Trauma — Watch Recording
  - Module 2: Responding to Violence Using LOVES — Watch Recording

### Live Session 1
*(Day 1): Introduction and Overview (2 hours)*
- Introduction to course, overview of approach, and discussions plus interactive learning activities

### Independent Learning Assignment
- **Module 3: Self Care**
- Watch Recording

### Live Session 2
*(Day 2): LOVES (2 hours)*
- LOVES Refresh/Overview, interactive case study, practice roleplays (breakout groups)
- Post test and Evaluation

### Live Session 3
*(2 hours)*
- **For Implementing Partners Only**
- Best Practices for Rolling Out the Training and group work for rollout plans

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- Self-paced, independent learning
- Interactive, live sessions
LOVES Training Content

LOVES trainings include these two components:

Technical Content/Information
We highly recommend the use of the pre-recorded training materials for presenting the training content.

Participant Practice
We highly recommend requiring each participant to practice the role play and be observed.
LOVES Implementation - TOTs

- Adapted based on literature review, consultations with youth mentors and CDC country office youth/GBV experts
- Conducted four trainings (TOTs) (3 pilots with listening sessions to incorporate trainings)
- Country trainers rolled out training to mentors in more than 10 countries

<table>
<thead>
<tr>
<th>Group</th>
<th>Date</th>
<th>Countries Represented</th>
<th>Registered Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1 (Pilot)</td>
<td>August 2021</td>
<td>Kenya, Zimbabwe, Malawi, Uganda, Botswana</td>
<td>59</td>
</tr>
<tr>
<td>Group 2 (Pilot)</td>
<td>September 2021</td>
<td>Uganda, Cameroon, Zimbabwe, Tanzania, Zambia</td>
<td>45</td>
</tr>
<tr>
<td>Group 3 (Pilot)</td>
<td>November 2021</td>
<td>Eswatini, Kenya, Malawi, South Africa, Uganda, Zambia, United States</td>
<td>68</td>
</tr>
<tr>
<td>Group 4</td>
<td>September 2022</td>
<td>Zimbabwe, Zambia, Kenya, Mozambique, Ethiopia, Uganda, Cameroon, Cote d’ Iviore</td>
<td>103</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>275</td>
</tr>
</tbody>
</table>
LOVES Implementation in Kenya

82 Instructors trained

1,116 mentors in DREAMS Program trained

<table>
<thead>
<tr>
<th>LOVES Training</th>
<th>Instructors</th>
<th>Program Staff</th>
<th>Mentors</th>
<th>HTS Providers</th>
<th>Nurses</th>
<th>Ward Case Managers</th>
<th>Change Agents</th>
<th>DREAMS Ambassadors</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>82</td>
<td>86</td>
<td>1,116</td>
<td>5</td>
<td>0</td>
<td>8</td>
<td>53</td>
<td>10</td>
<td>18</td>
</tr>
</tbody>
</table>

CDC Kenya expanded LIVES and LOVES trainings within the 6 high HIV burden DREAMS Counties
Adapted first-line support framework “LOVES”
First-Line Support is Not Formal Care

- First-line support is a minimum response
  - It is not therapy or mental health care
  - First-line support can respond to immediate needs and help link to formal services, like post-rape care or therapy

- For many young people, first-line support is the most important service that you can provide
• LOVES takes into account
  o the unique role of mentors, including the ongoing connection with mentees
  o mentor and mentee safety needs of responding to violence among peers
  o challenges of helping someone who may be especially vulnerable or not able to protect themselves
"LOVES" is an adaptation of "LIVES" for mentors and peers working with youth

| L | LISTEN | Listen closely with empathy, no judgement |
| O | NGOING CONNECTION | Be attuned to the person’s needs through emotional closeness and trust and continue to follow up |
| V | ALIDATE | Show the person you believe and understand them |
| E | NCOURAGE SAFETY | Share safety messages and help the person recognize risks |
| S | UPPORT | Help connect the person to appropriate services, including social support. |

Source: WHO Clinical Handbook 2014
<table>
<thead>
<tr>
<th>How are LIVES and LOVES the same?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIVES (Health Care Providers)</strong></td>
</tr>
<tr>
<td>Emphasizes active and attentive <strong>listening</strong></td>
</tr>
</tbody>
</table>

**Validates** by believing and understanding the survivor and their experiences. Never blames the survivor for violence.

Helps connect the survivor to formal and informal **support** and resources.

Not a formal mental health intervention and neither the LIVES nor LOVES trainings make someone qualified to provide mental health counseling.
How are LIVES and LOVES different?

- Responder role
- Settings applied
- Event interaction
## How are LIVES and LOVES different?

<table>
<thead>
<tr>
<th>LIVES (Health Care Providers)</th>
<th>LOVES (Mentors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed for <strong>health care providers</strong> responding to adult women</td>
<td>Developed for <strong>mentors and community supporters</strong> responding to young people</td>
</tr>
<tr>
<td>Typically provided in a <strong>clinical setting</strong> as part of routine (screening) or clinical (signs and symptoms) enquiry</td>
<td>Typically provided in response to impromptu disclosures of violence during <strong>community programming</strong></td>
</tr>
<tr>
<td>Provided during unique, potentially “<strong>single event</strong>” interactions (such as partner notification services)</td>
<td>Provided as part of <strong>ongoing connection</strong>, prolonged mentee/mentor relationship</td>
</tr>
<tr>
<td><strong>Inquire</strong> and respond to client’s needs and concerns – which may include clinical services and safety within HIV programs</td>
<td>Emphasis on <strong>ongoing</strong> follow-up and mentor coordination with the organization</td>
</tr>
<tr>
<td><strong>Enhance safety</strong> by identifying safety risks and create a customized safety plan</td>
<td><strong>Encourage safety</strong> by maximizing mentor/mentee physical and emotional safety</td>
</tr>
</tbody>
</table>
LOVES: Ongoing Connection

PURPOSE
- to foster emotional connection with trust to support mentor and mentee’s growth and healing

- Develop a close trusting relationship
- Build rapport and help support mentee to achieve their goals
- Hold each other accountable for deserving of the best life
- Stay in touch and follow up over time
LOVES: Encourage Safety

**PURPOSE**
Encourage mentee to identify different strategies for their safety

- **Do NO Harm** for the mentee and the mentor
- **Work with the organizations** and other partners to link mentee to services and support
- **Discussions of safety** need to be specific for each situation
- **Safety resources** may include physical, psychological, emotional, financial, and social support
Mentors Know Their Role to Protect Mentees and Themselves

• Mentors should reflect on options based on the mentee and their situation
• Mentors and their supervisors should be in agreement on what they can and cannot do

Are there limits you have seen or have placed on mentor’s involvement with responding to disclosures of violence?

TAKE CARE OF YOURSELF. TAKE CARE OF EACH OTHER.
Mandatory Reporting

• It is an organization’s responsibility to know mandatory reporting requirements/policies and to ensure clear guidance to mentors

• Mentors should inform youth of mandatory reporting requirements ahead of situations in which a disclosure may occur

• Remember, it is not the mentor’s job to be an investigator

Not sure what to do? Ask!
Guiding Principles of LOVES

- **Safety**: Prioritizes the safety of both the survivor and the person responding.
- **Best interests of the person**
- **Privacy and Confidentiality**: Privacy means ensuring conversations cannot be overheard or visually observed; Confidentiality means keeping information private and not shared publicly.
- **Youth-specific**
- **Transparency**
- **Involvement and Choice**: Individual is engaged with all decisions and is empowered to make the choice that is right for their specific situation.
- **Support and Supervision**
<table>
<thead>
<tr>
<th>LOVES Guiding Principles</th>
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<tbody>
<tr>
<td><strong>Safety</strong></td>
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</table>
GUIDING PRINCIPLES ACTIVITY

In your work with youth mentors –
• Which of these is the most **difficult** to implement and why?
• Which of these is the **easiest** to implement and why?

Use sticky notes to put a note of either “difficult” or “easy” on 2 of the principles and briefly explain why.
Examples of building practical skills using the LOVES framework
Interactive Case Study Instructions

• We will now go through a story about a young woman, Glory, participating in a Safe Space
• Imagine yourself as her mentor
• The young woman is going to disclose an experience of violence and you will imagine how you would respond with LOVES
• There will be prompts for you to input your responses in the chat box for what you would do or say next

• *Tip!* Write down key details to help you tailor your response
Case Study: Glory

- Glory, age 17, is a young woman in your DREAMS Safe Space.
- You have gotten to know her over the last 6 months and your relationship has been open.
- Glory has friends in the Safe Space and she also has an older sister who finished the program.
- Glory is a good student and aspires to one day be a doctor.
• However, you’ve noticed Glory acting differently lately. She has been isolated from the other girls and you heard she is failing one of her classes

• After your meeting in the Safe Space, she asks to talk to you in private...
It’s my boyfriend. Things have been getting really bad lately. He always wants to be around me. Yesterday he slapped me when I told him I couldn’t see him after class.
Type in the Chat Box or Unmute Yourself

• What should you say or do next?
Thank you for sharing this with me. You are very courageous to tell me.

I believe you.

No one deserves to be hurt by their partner.
In this case, your organization has already given you training and an SOP on mandatory reporting. This situation does not meet the requirements for mandatory reporting.

It’s important for me to be transparent with Glory about my limits to confidentiality.
Give her the time and space to speak

I don’t want us to break up. I haven’t told anyone and I don’t want to upset my parents. But they’ve noticed my grades slipping.
• Think about your relationship with Glory and what you know about her
  – How can you rely on your emotional connection?
  – What is important to her and what is she worried about?
I am worried about you because you don’t seem like yourself.

We’re friends and I care about you.

I can see this relationship is important to you. I know there are other things that are also important to you for achieving your future goals.

I know how important school is to you and your dreams of one day being a doctor.
• What are some ways you can explore safety with Glory without telling her what she should do?
Encourage Safety

It’s important to take care of your physical, mental, and emotional health. What do you do to take care of yourself?

Who are trusted people you can connect with and ask for help?

Do you feel like this is a safe relationship for you?

What are ways you can keep yourself safe?
Respect her wishes

I really don’t want my parents involved

Actually...my older sister has been through the DREAMS program before. I have been wanting to talk to her now that she is home from her seasonal job.
I know of some resources that might be helpful that I would like to share with you...
What can you do as the mentor to make it easier for Glory to connect to a resource?
Ongoing Connection
What do you think about this case study and the approach?
Role Play Instructions

• We will break out into groups of 3-4 for 10 minutes
• Each person will play one role:
  1. Observer and time-keeper
  2. Mentor
  3. Mentee
• Decide quickly – each person will get a turn
Instructions

• 10 minutes total in your breakout room groups
  – Seven minutes for roleplay between mentor and mentee
  – Three minutes for feedback and discussion
• You are the mentee:
  – You should act out the assigned role
  – Put yourself “in the shoes” of the mentee who is experiencing violence
  – We will give you a few details but please improvise
• You are the mentor:
  – You should use LOVES as the mentee discloses their experience or fear of violence
• You are the observer:
  – You should listen and take notes
  – You should give feedback directly after each roleplay using what worked and what could be improved for each letter of LOVES (3 minutes)
  – You should keep track of time (7 minutes for roleplay followed by 3 minutes of your feedback with discussion)
    ▪ Facilitators will also send reminders through the chat
Role Plays: Scenarios

• Mentee: Florah is a 16-year-old girl and participates in DREAMS school-based sessions.
• She and her boyfriend broke up a few weeks ago.
• When you ask her how she’s been doing since the breakup, she gets upset.
• She tells you that her ex-boyfriend shared a private picture of her on WhatsApp to everyone in school.

• Mentee: Mary, 13-year-old girl
• She has been hired by the neighbor lady to help with chores. When she goes to help at the house, the woman’s husband gives her beer and asks her to sit with him. Last week he tried to touch her.
• She is afraid he is going to hurt her
• She let her mentor know that she is afraid and she doesn’t know what to do
A Note on Responding to Digital Abuse

- Digital abuse includes harassing messages, tracking your location, degrading or insulting comments posted on social media
  - One common form is sharing explicit photos of someone online without their consent
- Ways to support someone who has experienced digital abuse
  - Response should be similar to responding to individuals who have experienced direct sexual abuse – impact of this type of trauma is not well know
  - Key messages include: “This is abuse.” “You are not alone.” “This person has violated your trust.”
  - Help the person to remove the images by reporting the image to the platform or website (contact FB, Instagram, WhatsApp)
  - Help the person to know their rights – while most countries recognize digital abuse as harmful, laws and regulations might vary
  - Help connect them to resources like counseling

- Important! If you receive an explicit or degrading photo of someone else, delete or report the image and do NOT share with others
Abuse: pattern of behavior intended to harm another person to increase or maintain power and control – this includes behavior online and in digital spaces.

The Hotline:
https://www.thehotline.org/

UNFPA’s Bodyright Campaign:
https://www.unfpa.org/bodyright

Love is Respect:
Round 1: Welcome Back

• How did it go?
• What worked well?
• Challenges?
Take care of yourselves and your group

We encourage creating a trauma-informed training space.

The purpose of the activity is to build skills in using LOVES.

What are some ways we can make this a safe experience for training participants?

How can we de-stigmatize needing to step away or pause during skills-building?
Experiences with Roleplays

• Ensure situations are realistic and relevant to your community
• Direct participants to focus on practicing LOVES over practicing their acting/storytelling
• Be prepared to respond to, or redirect from, potentially victim-blaming or insensitive responses
• Maintain a trauma-informed mindset
  – Vague enough to not be identifiable to a specific person or situation in your community (e.g., avoid retraumatizing details that reflect known cases)
  – For group roleplays, avoid excessively intense or upsetting situations that could be traumatizing for someone to roleplay (e.g., child sexual abuse)
  – Give participants the opportunity to step away
  – Have resources available, ideally, a counsellor for individuals to debrief with, as needed
Self-Care
Mentors Experience all of the Below:

**Burnout**
physical and emotional exhaustion related to poor job satisfaction and/or helplessness to resolve a problem

**Compassion Fatigue**
builds up over time, in which a mentor can no longer emotionally respond to or handle an AGYW’s needs

**Secondary trauma**
when a mentor experiences emotional distress as if they are personally experiencing the AGYW’s trauma first-hand

Youth-Specific Self-Care Challenges

- Pressures from school, work, and family can mean limited time to relax
- Activity restrictions due to COVID
- Activity restrictions due to gender, age, and income
- Mental health stigma
- Gendered pressure to “be strong” or “balance everything”
- Needed services might not always exist—like LGBTQ-sensitive health care
Recommendations for Self-care

• Be aware of our own emotional reactions and distress when confronting others’ traumatic experiences

• Connect with trusted colleagues or other supportive people and talk about our reactions

• Maintain a balance between our professional and personal lives, with a focus on self-care

• Know what is within our ability to control
Organizational Support

• A trauma-informed organization recognizes these challenges and assumes the responsibility for proactively addressing the impact of secondary trauma on mentors.

• Organizations should be available to support mentors to prevent AND respond to burnout, compassion fatigue, and secondary trauma.

• Organizations can support mentors by:
  – Scheduling weekly mentor support meetings to share experiences
  – Facilitating 1-on-1 supervision calls or meetings
  – Managing workloads and frequency of meetings
  – Ensuring mentors have access to resources – counselors, social workers, and other services
  – Providing adequate stipends or renumeration with job responsibilities

Source:
1) U.S. Department of Justice, Office of Victim Services, Introduction to Vicarious Trauma for Victim Services
What self-care strategies or practices have you implemented in your mentor/youth programs?

Remember that **YOU** Deserve Care Too!
Implementation experiences and best practices
Helpful Tips for Facilitation: Setting the Stage

Start by setting up group rules/norms

- Norms and rules may look different with different groups

Create a safe environment

- Acknowledge trauma in the group
- Use trigger warnings
- Provide a resource list
Tailor the training to your audience needs

• Ask yourself: Who is your audience and what are their training needs?

• Consider conducting a needs assessment with audience to identify needs and gaps
• Gender sensitization as a component of any GBV/gender training
• Adjust content based on previous training or build on to previous content
• Explore best delivery model
  – Virtual? In-person? Mixed?
  – Other platforms: WhatsApp?
Helpful Tips for Training Rollout

• Think about innovative ways to roll-out the training for your mentors;
  – Include with supportive supervision
  – Integrate into other trainings

• Make it interactive with discussions, short quizzes, breakout rooms/group work
  – This also greatly reduces the burden on facilitators

• Make it personal by using stories, case studies
  – Individuals can remember content when they put meaning behind it
  – Think about examples which can help provide context and information
  – If you have never worked with GBV issues related to AGYW, ask colleagues or others in the field for stories/examples

• Acknowledge and reflect on biases and traumas related to gender, sexuality and gender-based violence
Training is not enough

Mentors need high quality supportive supervision and healthy work environments
Secondary trauma information and self-care is not enough

Organizations can have mental health counselors on staff or be able to link youth and mentors to counselors
Mentor-to-mentor learning and support should be prioritized
Referral systems are not as strong as we assumed

Several organizations reported that they expanded their referral process and created a structure for mentors to facilitate warm referrals after the training.
We need to contextualize and adapt our support for the forms of violence youth experience (e.g., digital/online violence)
LOVES Implementation Experiences from Kenya

What Worked

- Good selection of TOT participants
- Excellent flow of content
- Use of relatable examples for role play
- Training certificates to mentors
- Role plays and self care components were most appreciated

What did not Work

- Communication barrier in the audio sessions
- No tools for measuring mentors' contribution to GBV work
- Video role plays in LOVES require adaptation

Adaptations/Changes Made

- Used stories from mentors for role plays
- Added terms commonly used when talking about violence and types of violence
- More time was allocated for experience sharing among mentors
Staying Connected After SVRI

Ongoing Connection
Questions?

For more information, please contact:
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Health care for women subjected to intimate partner violence or sexual violence
A clinical handbook


Responding to Intimate Partner Violence and Sexual Violence Against Women

Violence impacts our HIV work and has an effect on the health outcomes of individuals.

Mentors who are trained on how to respond to disclosures of violence are better prepared to support youth.

First-line support is a practical, survivor-centered, empathetic approach that addresses immediate needs while respecting privacy.

The 5 components of LOVES for first-line support are: Listen, Ongoing Connection, Validate, Encourage Safety, Support.

Both mentors and IPs have important roles to play in responding to youth disclosures of violence and mentors need adequate support from implementing partners to be successful in this role.
LOVES

THANK YOU!

First-Line Support Training for Youth Mentors