



Reduce-to-End Violence on Campus (REVOC) Multimedia Toolkit

AUGUST 2023



**Center for
Gender & Health Justice**

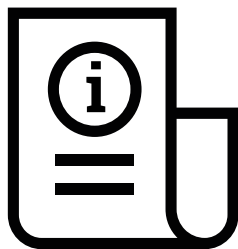


Executive Summary

Despite national laws to address and limit sexual and gender-based violence in Kenya, many people continue to experience physical, sexual, interpersonal, and emotional violence. In recent years, several university campuses in Kenya have begun to address this problem, but much more needs to be done. A pilot activity at Moi University near Eldoret sparked the creation of this **Reduce-to-End Violence on Campus (REVOC) Multimedia Toolkit**, which is intended to assist more campuses to engage in violence prevention, monitoring, treatment, and policy reform activities. The REVOC Multimedia Toolkit is a free resource to guide campus-related efforts towards reducing sexual and gender-based violence. Strong leadership amongst multiple levels of university staff, engaged with active and motivated student leaders, creates an environment eventually to be free from violence.

The cornerstone of the REVOC approach is to create several new entities to achieve changes:

1. a student-led **REVOC Club** on each campus to plan prevention activities and offer support groups;
2. a **Youth-Friendly Services (YFS) Champions Committee** to improve sexual and reproductive health services and to ensure that trauma-informed guidance is offered by academic counsellors; &
3. a **REVOC Policy Taskforce** to streamline university policies for survivors of sexual harassment and assault to obtain justice.



The REVOC Toolkit - and all its resources, videos, and appendices - is available for each university to adapt to its unique needs and environment. Videos on the **REVOC YouTube channel** will guide users through each aspect on the programme.

Acknowledgements

The REVOC Toolkit was developed by the Centre for the Study of Adolescence, in conjunction with the University of California at Los Angeles (UCLA) Bixby Center, with support from the UC Global Health Institute's Center for Gender and Health Justice. Numerous resources were referenced in the creation of this Toolkit and corresponding source information is available in the appendices, training sessions, videos, and additional resources.

We would like to thank these individuals for sharing their knowledge, resources, research, time and insights: Chryspin Afifu, Dr. Brittnie Bloom, Zoe Burger, Dollarman Fatinato, Dr. Abigail Hatcher, Jacqueline K. Ingonga, Jane Kariuki, Ronny Kimathi, Betty Mtuweta, Dr. Michelle Munroe-Kramer, James Njau, Dr. Pacificah Okemwa, Andrea Renteria, and Dr. Grace Wamue-Ngare.

Suggested Citation

Maderas, Nicole; Tavrow, Paula; Evelia, Humphres; Kathambi, Glory; and Lee, Emmanuel. Reduce-to-End Violence on Campus (REVOC) Multimedia Toolkit. August 2023. Centre for the Study of Adolescence: Nairobi, Kenya.

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Photos for this toolkit were from the following sources:

Bing Image Creator, Glory Kathambi, Pexels.com (Keira Burton, Monstera), and pixabay.com (ocharifredrick).



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Introduction

Reduce-to-End Violence on Campus (REVOC) is a new approach for preventing campus sexual violence in Kenyan universities.


According to the 2022 Kenya Demographic Health Survey, one in three women and one in four men experienced physical violence in their lifetime, and 13% of women and 7% of men experienced interpersonal violence (IPV).⁽¹⁾ Prevention of sexual and gender-based violence (SGBV) among young people, including university students, has become a priority area in many universities globally to prevent the cycle of violence that contributes to long-term negative physical, emotional, and psychological health outcomes—such as transmission of sexually transmitted infections, depression, post-traumatic stress disorder, substance abuse, and suicide.^(2, 3)

When young people have little information, a deficient and unfriendly healthcare system, and restrictive laws and policies, they have difficulty making informed decisions, accessing family planning methods, and obtaining post-exposure prophylaxis (PEP) and emergency contraception (EC) after being assaulted.⁽⁴⁾ Rigid gender and social norms also impede young people's sexual reproductive health and rights, and constrain their access to and use of essential healthcare and counselling services.

This REVOC Toolkit is an activity guide and compilation of multimedia resources. Its goal is to increase students' knowledge and awareness of all types of SGBV, to educate them on their rights and responsibilities, to motivate them to advocate for changes on their campus, and to help them to become active bystanders to reduce violence on their university campus. Each component of the Toolkit has a corresponding **explanatory video**. There are eight videos in total, all of which can be found on the REVOC Toolkit YouTube channel.



1 in 4 men
experienced
physical
violence in
their lifetime



1 in 3 women
experienced
physical
violence in
their lifetime

The 2022 Kenya Demographic Health Survey

PROBLEM OF VIOLENCE ON UNIVERSITY CAMPUSES



Campus violence in universities in Kenya and elsewhere is a serious problem, even if rarely discussed. High levels of violence occur when perpetrators face limited or no consequences from forcing others to engage in sex or other acts. For instance, in October 2017, Moi University made national news when two security guards were charged with the rape of a first-year student in her hostel room. The Moi University Student Council called upon the university administration to ensure student safety, not just in hostels but also within the institution. Despite the University's written policies on sexual harassment and discrimination, minimal effort was made to curb SGBV or IPV.⁽⁶⁾

Research conducted at six other Kenyan university campuses found that students felt helpless upon experiencing SGBV, partly because of lack of university assistance and support⁽⁶⁾. While universities may have written policies addressing campus-based violence, students often were not aware of these policies and what resources were available to them. Students also feared retribution, stigma, and not being believed if they reported harassment or assault.

Despite popular beliefs to the contrary, rape on campuses and elsewhere is much more likely to be perpetrated by an acquaintance or former intimate partner than by a stranger. Prevailing gender norms may prevent individuals from telling anyone about their experiences or labelling them as violence.^(3,4) Many people are unfamiliar with the

concept of “date rape” and rarely classify coerced sex from an acquaintance as a rape, unless a weapon was used.⁽⁷⁾ In addition, students may not report due to lack of evidence or the presence of alcohol and/or drugs.⁽⁸⁾

When survivors do not recognize or report SGBV, it leads to an underestimation of SGBV on campuses and reduces use of post-assault services



When survivors do not recognize or report SGBV, this leads to an underestimation of SGBV on campuses and reduces use of post-assault services.⁽⁴⁾ Sexual assault doesn't necessarily show any physical injuries. However, SGBV may have serious detrimental effects on students' health and well-being (e.g., depression, anxiety, post-traumatic stress disorder) and negatively impact their ability to thrive as students⁽⁹⁾ and beyond college, potentially affecting their career and economic capacity.⁽³⁾ University students who have survived sexual harassment or assault often do not perform at their prior academic levels, may not be able to carry a normal course load, and may skip classes - sometimes from a desire to avoid the perpetrator.⁽⁸⁾

WHY THE PROBLEM PERSISTS

SGBV continues to be a problem as its solution has yet to be prioritised by society. Social norms that perpetuate gender bias and inequality, do not hold perpetrators responsible, blame victims, and stigmatise those who report, all contribute to preserving the status quo when it comes to SGBV.

For university students who have been harassed or assaulted, many lack awareness of how and where to report, and worry that confidentiality will not be maintained.⁽³⁾ Students lack forums or support groups to share issues affecting them. In some cases, there are gaps between students and the administration due to unapproachable personnel in relevant offices. Survivors of SGBV often feel shame or self-blame.

It should be noted that while victims of sexual violence frequently are girls and women, boys and men also are harassed and assaulted. Males may be even less likely to disclose because of intense shame, beliefs that they should have been able to fend off the perpetrator, or cultural norms that SGBV only happens to females.^(3, 4)

About 55% of the sexual harassment and assault is between university students



Reducing SGBV on African universities requires comprehensive new policies and strategies. One example is a collaboration between ActionAid and UN Women, in which several university campuses launched **#CampusMeToo** campaigns. These campaigns focused on harassment by lecturers. A survey found that 1 in 2 female students and 1 in 4 male students were sexually harassed to some degree by staff at Kenyan universities.⁽¹⁰⁾ The report noted that first and second-year students, gender non-conforming students, and financially vulnerable students were more likely to be survivors.⁽¹⁰⁾

However, the problem of sexual assault and harassment is not limited to staff-student encounters. A previous version of REVOC, called End Violence on Campus (EVOC), found that at Moi University about 55% of the sexual harassment and assault was between students.

HOW THE REVOC TOOLKIT CAN HELP

The prevention of sexual and gender-based violence on campuses requires the collaboration and engagement of students, faculty, and university administration. The current REVOC Toolkit offers a range of tools to assist in:


- Setting up a campus student-led REVOC Club to engage in **prevention** activities, including training of students and support groups for survivors;
- Establishing a quarterly **monitoring** programme using Google surveys, to gauge students' knowledge, attitudes and experiences, and feed the information back to administrators;
- Improving **services for survivors**, through youth-friendly health services delivery and CARE trauma-informed counselling; and
- Streamlining policies for **reporting and investigating** harassment and assault, as well as developing clear contractual obligations for students and staff.

The REVOC Toolkit presents a **step-by-step approach** for university staff and students to implement a comprehensive campuswide programme to end sexual harassment and assault. The Toolkit also includes multimedia resources, some of which are original and others that are already being used elsewhere and are being reprinted with permission here. All materials are listed in the Appendices, which can be downloaded and modified for use on individual campuses.



Implementing a prevention programme in a campus setting has the potential to disrupt subsequent IPV and non-intimate partner relationships that may contribute to chronic physical, mental, and reproductive health consequences.⁽¹¹⁾ Engaging both females and males in the prevention of violence and the promotion of gender equality is critical to reducing SGBV. Similarly, dispelling common myths that violence is mainly perpetrated by strangers (such as motorcycle taxi drivers) is important to preventing harassment, assault, and violence by individuals known to the survivors.

Components of REVOC

REVOC consists of a university campus undertaking activities in five key areas: identifying leadership and assessing needs, starting prevention efforts, introducing monitoring, developing services for survivors/victims, and streamlining reporting and investigation policies. [Watch the introductory video \(1\)](#) .



Below is a table outlining the main components of REVOC, showing the key activities in each of the five areas.

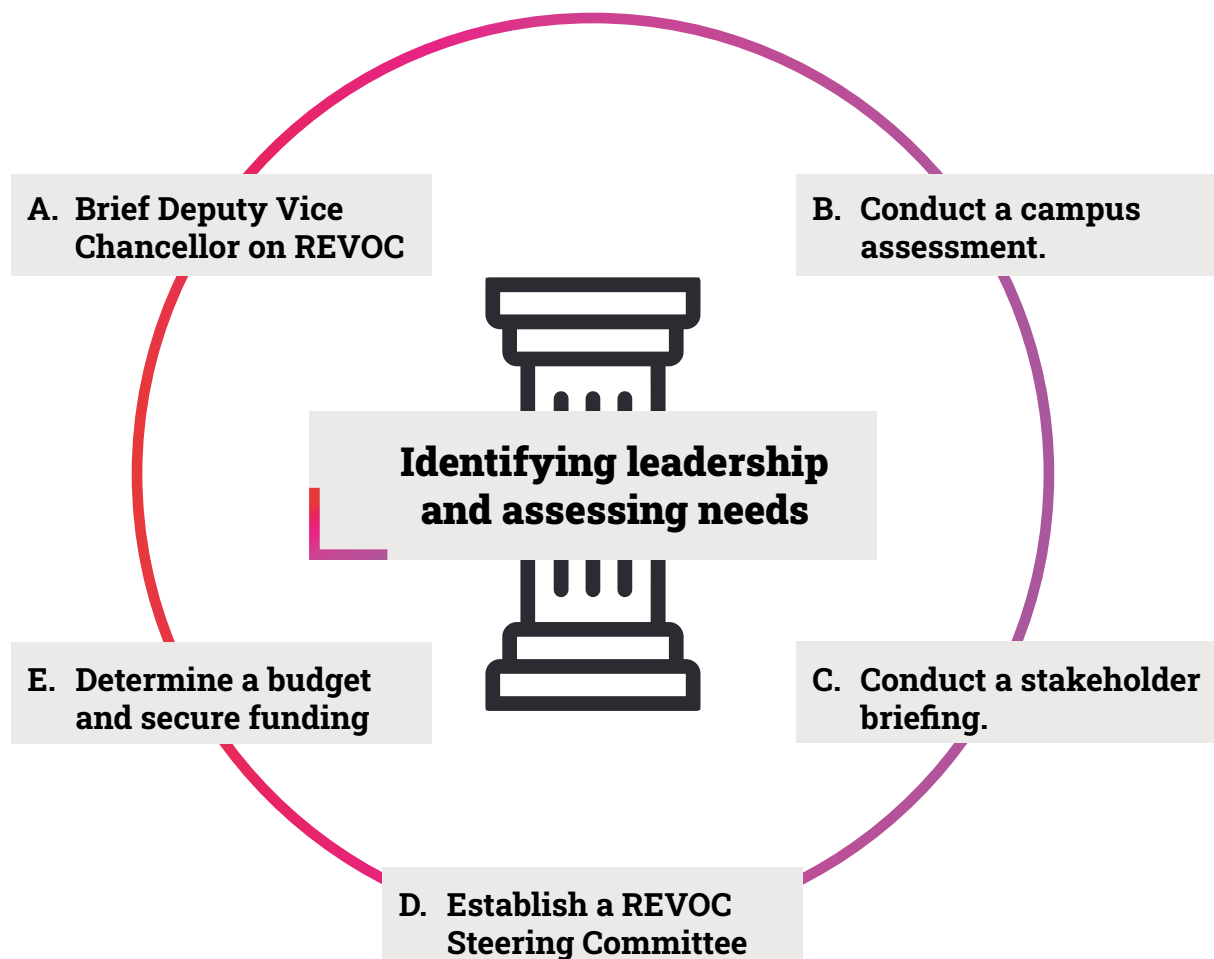
Table 1. Main components of REVOC - including videos and appendices

1. Identify Leadership .	2. Preventing SGBV	3. Monitoring	4. Survivor Services	5. Reporting and Investigation
VIDEO 1 (INTRO) VIDEO 2 (LAUNCH) Identify university department and point people Appendix 1A	VIDEO 3 (ORIENTATION) VIDEO 4 (CLUB) Recruit REVOC Club members & develop plans Appendix 2A	VIDEO 5 (MONITOR) Set up monitoring (Google surveys) Appendix 3A, 3B Appendix 3C	VIDEO 6 (CARE) VIDEO 7 (YFS) Train academic counsellors to be CARE Counsellors Appendix 4A	VIDEO 8 (REPORT) Set up a REVOC Policy Taskforce to streamline reporting & investigation
Identify 2 student leaders (female & male) to set up REVOC Club	Transmit orientation video to new students	Engage students in completing surveys	Establish and publicise CARE Counselling services	Have the Taskforce review existing instruments Appendix 5A, 5B, Appendix 5C, 5D
Brief & gain commitment from Deputy Vice Chancellor	Convene regular meetings of the REVOC Club Appendix 2B	Analyse survey results & share with Steering Committee Appendix 3D	Set up a warm hand-off referral system from health services to CARE Counsellors	Obtain necessary approval from the Deputy Vice Chancellor
Conduct campus assessment/ focus groups Appendix 1B	Conduct 3 training sessions for Club members Appendix 2C, 2D Appendix 2E, 2F	Create annual magazine/ newsletter of findings for the administration	Have REVOC Club set up survivors support groups	Have leaders of the REVOC Taskforce convene a workshop
Conduct stakeholder briefing on results of focus groups	Have Club lead campus activities & Freshers Orientation Appendix 2G		Set up hotline (if funds are available) Appendix 4B	Publicise new procedures on the university website, Club social media, and in emails Appendix 5E
Establish Steering Committee (include staff & students)	Take actions to make campus safer Appendix 2H Appendix 2I		Create "YFS Champions" to improve youth friendliness of health services Appendix 4C, 4D	Send email to campus community to sign brief contract on sexual misconduct Appendix 5F, 5G
Determine budget Appendix 1C	Establish & maintain social media such as Facebook, Instagram		Have "YFS Champions" use YFS checklist to assess services Appendix 4E	
			Introduce and analyse "Student Feedback Cards" at health services Appendix 4F, 4G	Other appendices: Appendix 6A (Transcripts of Videos) Appendix 6B (Additional Resources)
Notes: YF=Youth-Friendly YFS=Youth-Friendly Services			Develop action plan to improve health services Appendix 4H	

1. IDENTIFICATION OF CAMPUS REVOC LEADERSHIP AND ASSESSMENT OF CAMPUS NEEDS

The first step is to identify a university department to collaborate with student leaders in setting up a REVOC project, using the REVOC Toolkit. [Watch video \(2\)](#) on identifying campus leadership and assessing campus needs. The university department/school leadership would then assign a high-level lecturer from the sociology, psychology, nursing, education, or other similar department as a point person. This point person could work together with a senior-level administrator (such as from the Gender Office or the DVC's Office) to serve as Patrons of the student REVOC Club.

At least two students (ideally a male and female) need to be identified to lead the student REVOC Club. The REVOC leadership (student leaders, Patrons, and university department Chair) will review the proposed timeline for REVOC activities throughout the year. See [Appendix 1A. Activities Timeline](#). Key initial activities are:



A. Brief Deputy Vice Chancellor on REVOC and gain approval for:

- Monitoring activities to be sent out as surveys for students;
- Ensuring that faculty/staff sign a contract regarding Code of Conduct;
- Establishing a designated area for REVOC Club's activities;
- Supporting the training of CARE Counsellors to provide survivor services;
- Opening a dialogue for policy changes at the university; and
- Creating a basic budget for REVOC.

B. Conduct a campus assessment.

The Patrons and students will conduct a campus assessment to learn what are the main SGBV issues of concern at the university. The campus assessment will consist of four focus groups, each including 8-12 individuals. Ideally each focus group would be recorded, and subsequently transcribed and summarised. For suggested focus group questions, see [Appendix 1B: Campus Assessment Focus Group Discussion Guide](#).

- Focus group with faculty
- Focus group with administrators
- Two focus groups with students (one to include students in leadership positions, one to include all students)

C. Conduct a stakeholder briefing.

Based on the information gathered from the campus assessment focus groups, the university department will present findings and best suggestions for what can be done. This will address the key issues of SGBV (i.e., stalking, harassment, rape). These individuals may include other faculty and administration allies to assist with REVOC Toolkit implementation.

D. Establish a REVOC Steering Committee.

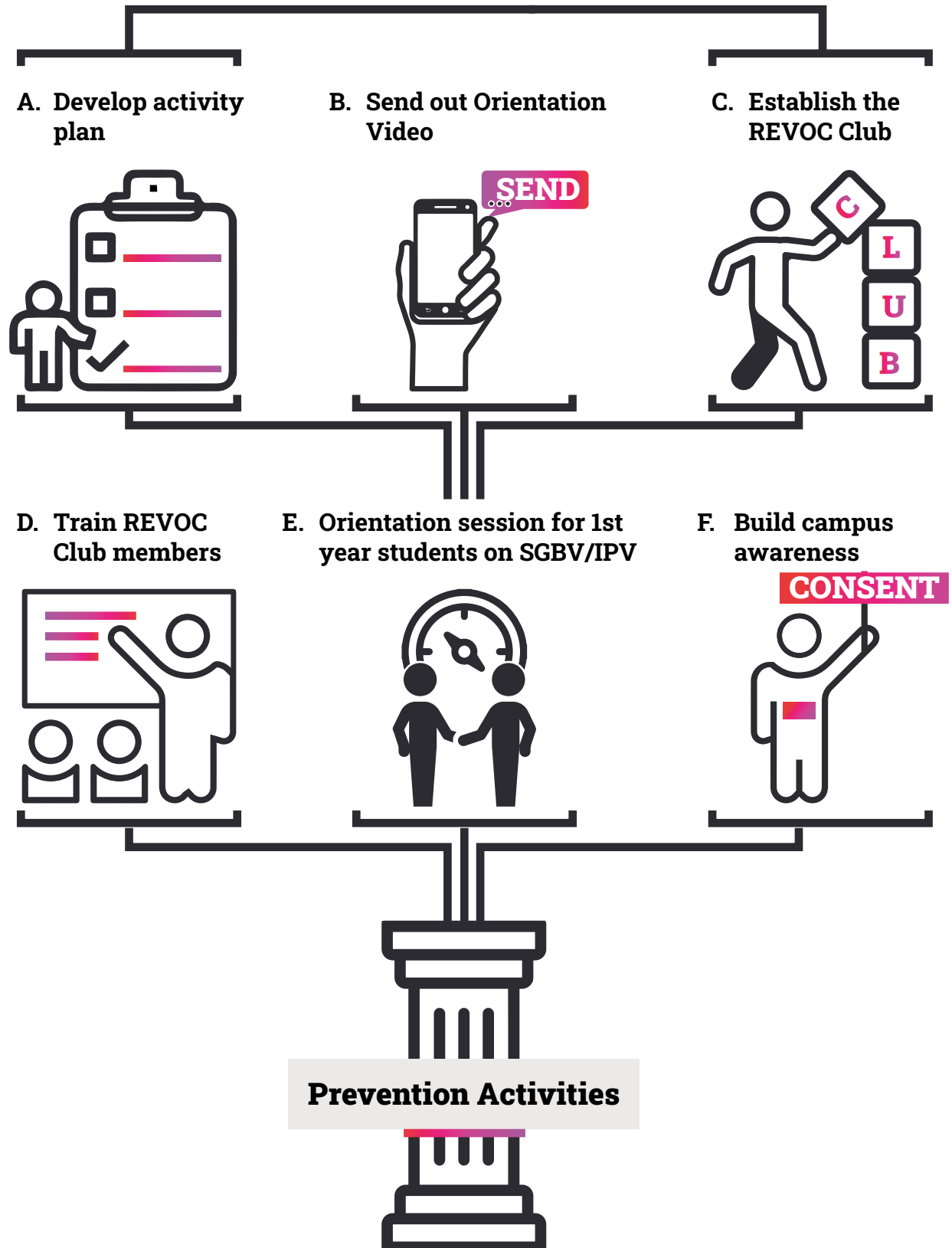
The Steering Committee will include faculty, administration, and student leaders (ideally including all genders of students) and will create a schedule for informational meetings, and a plan for a multi-day training. The Steering Committee will follow the university's policies about setting up clubs on campus. In addition to the feedback from the campus assessment, the Steering Committee may address concerns about campus security and lighting, etc.

E. Determine a basic budget and secure funding.

The leaders within the assigned university department are to determine any requirements for spending and basic funding needs that would be valuable/appropriate for REVOC Club operations for annual expense. See [Appendix 1C: Sample 1-Year Budget](#).


2. PREVENTION


An essential element of REVOC is to seek to prevent SGBV before it happens. The main strategies are to build campus awareness, particularly among first year students, and to create a robust REVOC student club. Below are suggested activities.



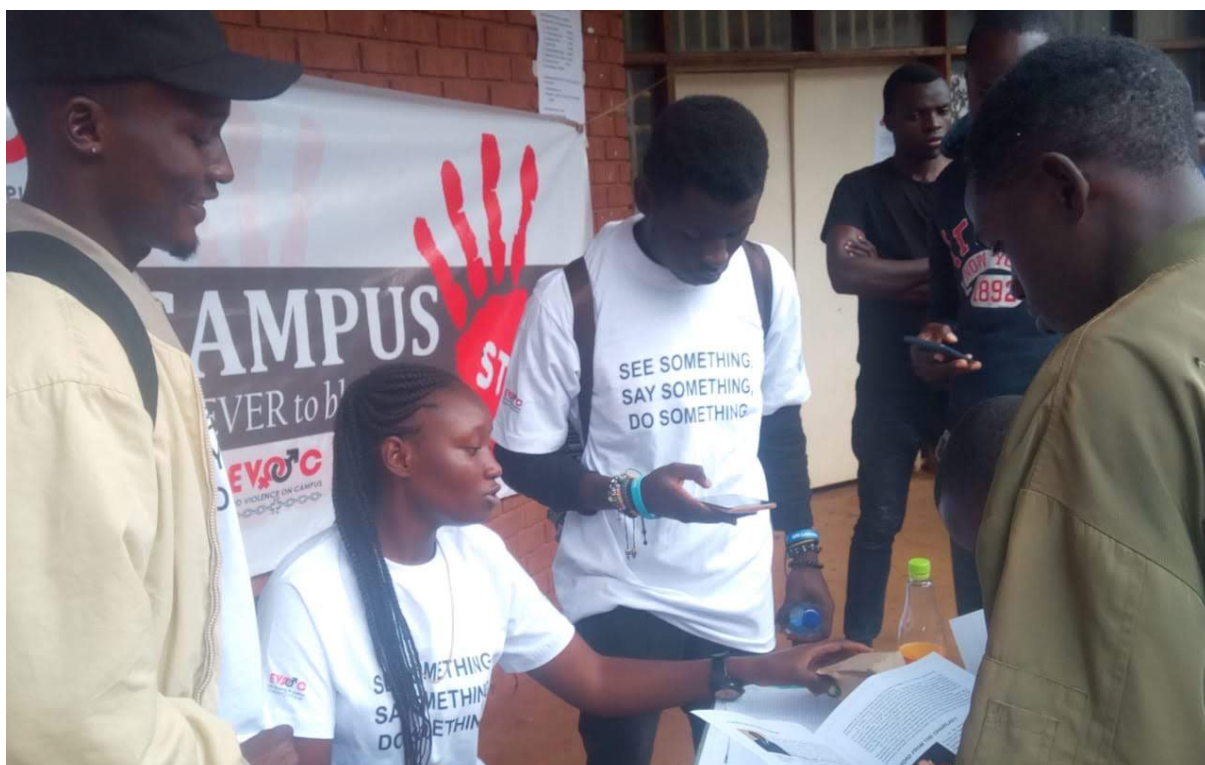
A. Develop activity plan. Students who are identified as leaders on the REVOC Leadership team shall recruit REVOC Club members.

- Utilise an activity plan to keep track of activities, student members, and materials needed for each activity. See [Appendix 2A. Sample Activity Plan](#).
- Publicise the Club's Activity Plan on social media pages to recruit more club members.

Send out Orientation Video. Before the start of the next school year, work with campus administrators to send out a “must-see video” to all incoming students. This may be included with the information sent by the university prior to arrival on campus. This video shall discuss ways that new students can be tricked or intimidated by others. [Watch the sample orientation video \(3\)](#) 

Establish the REVOC Club. With the two REVOC staff as Patrons, have students establish a REVOC Club composed of a variety of genders and disciplines (to establish gender equity in its membership). REVOC Club leaders will be able to effectively articulate the REVOC Club's aims, to participate meaningfully in REVOC activities. The REVOC Club is intended to be a safe space for students to share experiences and get mutual support. If possible, and funding is available, provide refreshments for the first few meetings. [Watch video \(4\)](#)  [on REVOC Club prevention activities](#).

- Advertise Club and invite students to attend the REVOC Club using flyers/ brochures and through other outreach, including social media, and university website. See [Appendix 2B. Club Brochure \(Example\)](#).



- B. Train REVOC Club members.** Have Patrons conduct three REVOC Club training sessions on various SGBV key topics (i.e., definitions, consent, rape myths, active bystander approaches, toxic/unhealthy relationships, how to be supportive, sexual and reproductive health, safe contraception for youth, and experience accessing university health services). Each training session is for three hours. Trainings are to be scheduled on pre-agreed afternoon from 2-5 pm, ideally on the weekend. For each training session, there is a detailed guide on topics, relevant resources, and trainer's manual in this toolkit. See [Appendix 2C. Facilitator Reminders](#).

Training Session 1

DEFINITIONS, POWER & CONTROL, CONSENT, & RAPE MYTHS.

Session will address: what makes people vulnerable to violence, affirmative consent, how to get consent (using role play), power and control, and rape myths (and discussion). See [Appendix 2D. REVOC Club Training Session 1](#).

Training Session 2

UNHEALTHY RELATIONSHIPS, BYSTANDER INTERVENTIONS, & VICTIM BLAMING.

Session will address: how to identify unhealthy/toxic relationships and get out of them safely, bystander interventions to make a difference, and how to be a good friend and not blame the victim. See [Appendix 2E. REVOC Club Training Session 2](#).

Training Session 3

SEXUALLY TRANSMITTED INFECTIONS, PREGNANCY PREVENTION, YOUTH-FRIENDLY HEALTH SERVICES, & COMPLAINT PROCESS.

Session will address: what are sexually transmitted infections, ways to prevent pregnancy, students' rights to youth-friendly health services, and how to get justice through a complaint process. It is recommended that this training session be led by the Patrons, together with a university nurse. See [Appendix 2F. REVOC Club Training Session 3](#).

C. Introduce an orientation session for first year students on SGBV/IPV. Working with the Dean's office and a student drama club, the REVOC club will develop an orientation session for freshers that will cover key issues such as what is SGBV, consent, how to be an active bystander, where to go for help if harassed and assaulted, and what are the campus policies. Consider preparing flyers and posters with resources for distribution. The orientation may consist of the following.

- Role plays about how university students may encounter SGBV
- Discussion on key topics, including:
 - What is consent?
 - Why is consent important?
 - What to do if you have been harassed or assaulted?
- Role plays on bystander actions if one witnesses harassment/assault
- Introduce the campus REVOC Club and share with students how they can become involved.

D. Build campus awareness. The Club can raise awareness about the problem on campus through marches, meetings, campus dialogues, walkathons and community-based events like **#CampusMeToo** campaigns, and International Women's Day. It can set a goal of seeking solutions through engagement amongst club members and gaining consensus.



- E. Build campus awareness with film shows and merchandise.** Many short films have been created to educate university students about SGBV. They are available free on YouTube. A list of these short films with links and descriptions is available in the toolkit. During REVOC Club meetings, several films may be watched on a classroom screen or a computer (including a student's laptop or ipad). After viewing several films, the Club leaders can encourage a group discussion about the topic. For the list of films and discussion guide, see [Appendix 2G. REVOC Short Films and Discussion Guide](#).



The Club can create materials for campus events which may include:


- Brochures with messages on victim-blaming and survivor rights
- Club T-shirt (example) - "See Something; Say Something; Do Something"

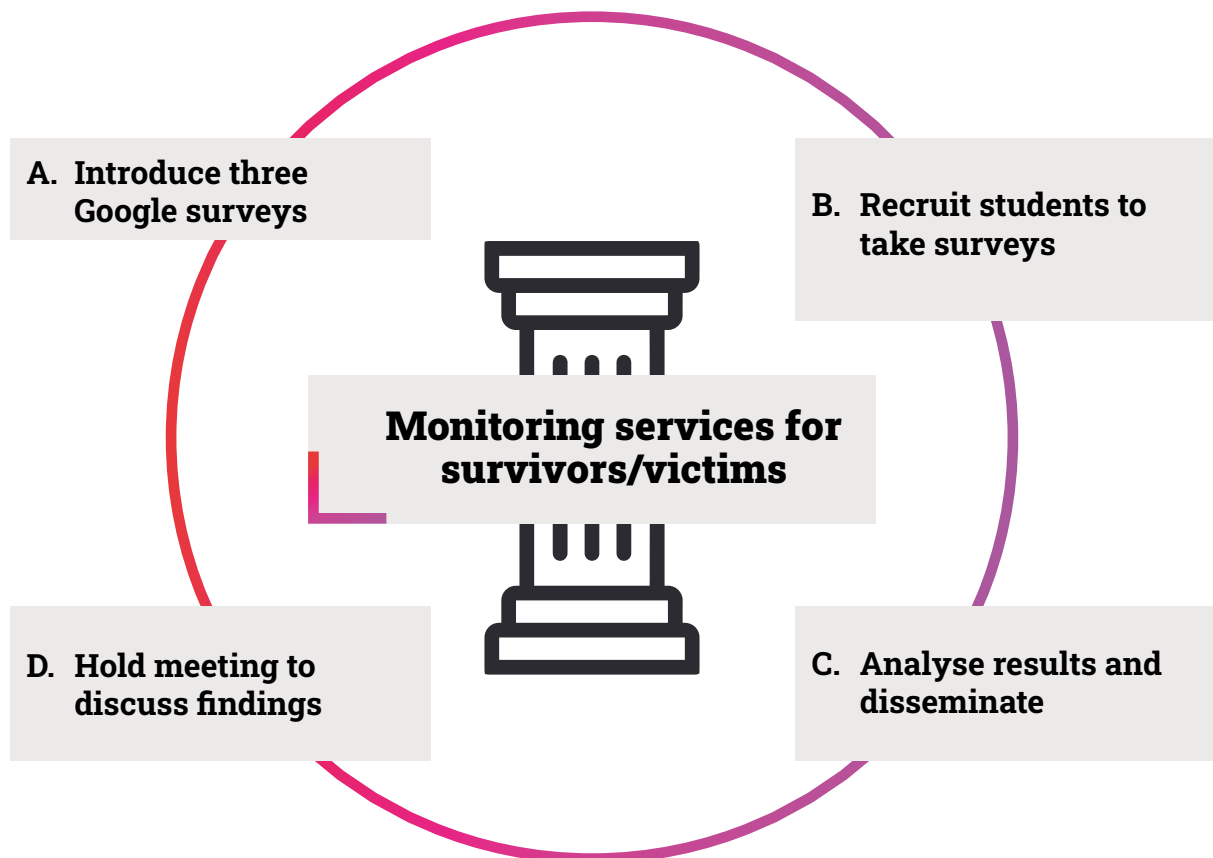
- F. Take specific actions to make the campus safer and maintain enthusiasm among REVOC members.** These activities may include:

- Creating a Resource Guide consisting of a list of phone numbers for victims on where to seek local support. The Resource Guide should include contact information for University Health Services, as well as health services offered to the community, for example Marie Stopes Clinics. For an example, see Moi University's list of phone numbers in [Appendix 2H. Phone Numbers List \(Example\)](#).
- Establishing better lighting and campus security for students.
- Acknowledging all REVOC Club members who completed the three training sessions and participated in campus awareness activities by giving out a certificate at the final club meeting of the year. See [Appendix 2I. Certificate of Participation \(Example\)](#).
- **Create social media presence on Instagram, Facebook, and/or YouTube.** Designate 1-2 student leaders to maintain current presence on platforms and publicise Club activities and events.



3. MONITORING

Another important aspect of the REVOC approach is to introduce a regular monitoring system on campus sexual violence. The monitoring system will provide REVOC leadership with key data about students' views about and experiences of SGBV on campus. Data will include sexual harassment, misconduct, stalking, and assault to know the extent of the problem. This data can be used to identify specific problems to be addressed and also to track progress over time. The cornerstone of the monitoring system are three surveys administered during the year to university students, with a focus on second year students. Surveys may be repeated each year. [Watch video \(5\) on monitoring.](#) 



- A.** Introduce the three Google surveys to be conducted near the beginning, in the middle, and at the end of the academic year. Each survey consists of ten questions. Surveys are available in three separate documents formatted as Google surveys.

Google survey 1

Assess students' rape myth knowledge and awareness, see [Appendix 3A. Google Survey 1](#)

Google survey 2


Assess students' experiences of sexual harassment and assault, see [Appendix 3B. Google Survey 2](#)

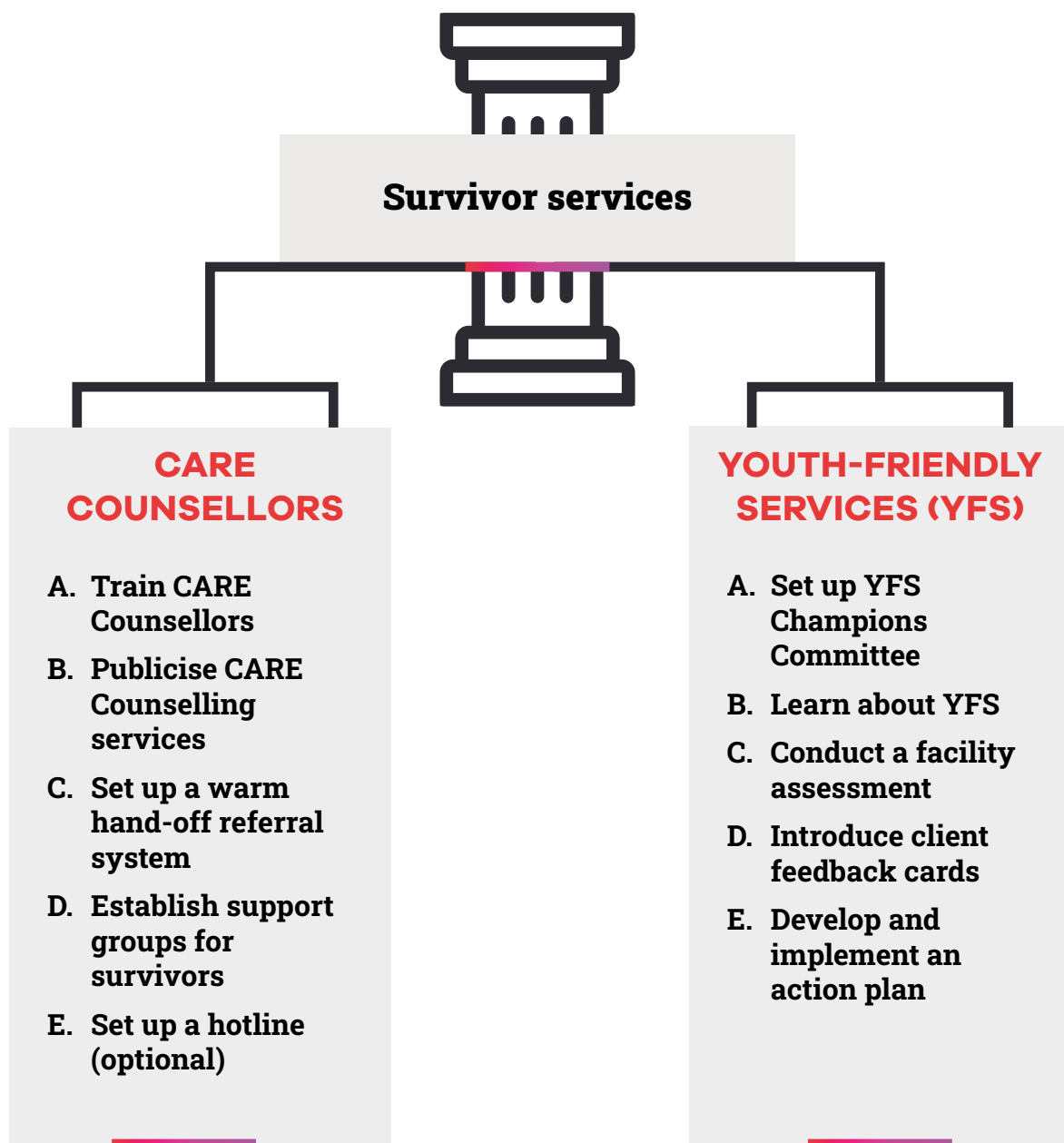
Google survey 3

Assess students' use of and knowledge about university health services, see [Appendix 3C. Google Survey 3](#)

- B.** Recruit students during REVOC Club meetings and through emails, Instagram, and Facebook outreach to complete the three Google Surveys.
- C.** Enlist several REVOC Club members to analyse results from surveys and share with Steering Committee members. Answers are available for Google Survey 1. See [Appendix 3D. Google Survey 1 - Answers](#).
- If possible, use funding that was included in the budget to offer monetary compensation to the students who assists with the survey analysis.
 - Disseminate findings via REVOC social media and newsletters
- D.** Hold campus level meetings to discuss the findings and plan activities.

4. SURVIVOR SERVICES

The REVOC approach includes new activities to provide support to survivors (victims) and encourage reporting. [Watch video \(6\) on survivor services.](#) 



CARE COUNSELLORS

One important new initiative is to train existing academic counsellors to also serve as “CARE Counsellors.” As CARE counsellors, they would be able to provide ongoing trauma-informed care. For those survivors who first visit health services, university health providers would first deal with any medical issues. Then they would do a “warm hand-off” to a trained guidance and counselling staff.

CARE Counsellors

C= Compassionate

A= Active listeners

R= Respectful

E= Educative

- A. Train CARE Counsellors.** The toolkit includes a 4-hour training that can equip guidance and counselling staff with the skills they need to serve also as CARE Counsellors. As CARE Counsellors, they will assist individuals who are seeking support after SGBV experience with appropriate, confidential and trauma-informed care. When done appropriately, this counselling will empower the victim to seek further services and/or report what happened to them. It is recommended that a university psychology lecturer lead this training. See [Appendix 4A. Staff Training for CARE Counsellors.](#)

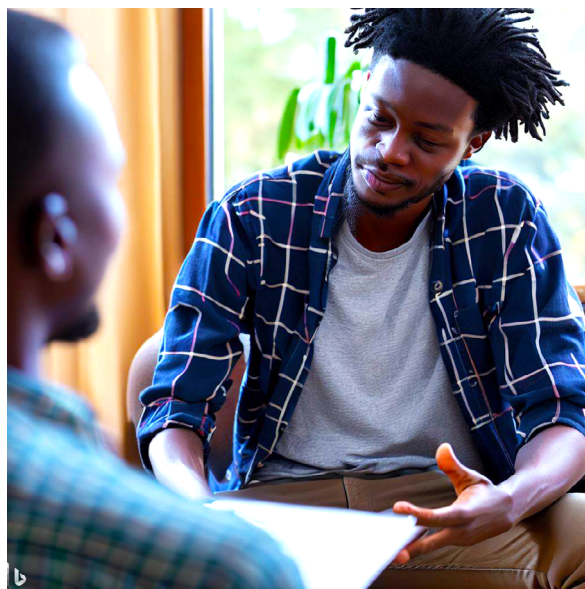
CARE Counselling consists of:

1. **Providing counselling to survivors of sexual violence to deal with shock, loss, grief and despair;**
2. **Offering assistance to survivors to develop a plan of action; and**
3. **Serving as a liaison with others to help survivors carry out their plan of action.**

- B. Publicise CARE Counselling services.** Get the word out that student survivors can get confidential counselling services, from trained academic guidance and counselling staff. Advertise services using flyers, Instagram, WhatsApp, and Facebook
- Given students’ schedules and need for after-hour (including weekend and evening) services, consider staggering work schedules so that some guidance and counselling staff are available on weekends or evenings.⁽¹³⁾

- Monitor use of CARE Counselling Services by tracking use, type of services needed, and hours served, without using personally identifiable information.

C. Set up a warm hand-off referral system. Ensure that university health providers meet with academic guidance and counselling staff and develop procedures for warm-hand-offs. Establish a clear way for communicating between health providers and CARE Counsellors.




D. Establish support groups for survivors. Have the REVOC Club set up and lead support groups for survivors. Groups may be created based on student demand, and led by 3rd or 4th year psychology students or 4th year students in guidance & counselling. Potential groups may be: females only, males only, LGBTQ students, young mums, and others as prioritised by REVOC members. Club leaders may determine the most ideal meeting location. Club leaders may use the WhatsApp Poll feature to solicit input from Club members on best meeting times/days. Support groups could meet weekly or monthly.

E. Set up a hotline (optional). *If funds are available, establish, publicise availability of, and staff a Hotline phone number for reporting SGBV. (This may be an added activity after the core components of REVOC Club are established.)*

- Work with university administration and health services to have a dedicated phone line available 24/7 to respond to students' needs to address violence and assault. Phone number to be made known and available to students on the university website home page and in public spaces on campus with flyers/brochures.
- Consider training fourth-year students in relevant disciplines (e.g., nursing, psychology, sociology, education, guidance & counselling) to provide volunteer staffing of the hotline as part of their apprenticeship programme.

The [Centre for Gender, Equity and Empowerment](#) at Kenyatta University offers a hotline. Please refer to the brochure for an example in [Appendix 4B. Hotline](#).

YOUTH-FRIENDLY SERVICES (YFS)

Survivors of SGBV, as well as all students, need for their university health services to be youth-friendly so that they get the proper care after trauma. [Watch video \(7\) on how to ensure health services are youth friendly.](#) 

Kenya's National Adolescent Sexual and Reproductive Health (ASRH) Policy defines youth-friendly services as sexual and reproductive health (SRH) services delivered in ways that are responsive to the specific needs, vulnerabilities and desires of adolescents and should be offered in a non-judgmental and confidential way that fully respects human dignity.⁽¹²⁾ When providers are judgmental and not supportive, youth are less inclined to seek the services and care they may need, exacerbating long-term physical and mental health problems.^(4, 13)

- A. Set up YFS Champions Committee.** It is recommended that a "Youth-Friendly Services (YFS) Champions" Committee be set up, consisting of health providers, guidance and counselling staff, and students in the REVOC Club. The YFS Champions Committee will be tasked with improving and monitoring the quality of health services to ensure that they are youth-friendly. Providers who are able to make young people comfortable through attentive listening and ensuring privacy and confidentiality, show more compassion for young people's [SRH rights](#) and have the ability to talk about young people's SRH issues without judgement. This engenders more trust amongst students seeking care and services at the university.⁽¹⁴⁾
- B. Learn about YFS.** Healthcare providers and counsellors who have positive attitudes to young people who experience SGBV or have diverse sexual orientations and gender identities will inspire confidence in students seeking university health services.⁽¹⁴⁾ See [Appendix 4C. YFS Qualities and Framework](#) for a diagram on quality and inclusive sexual and reproductive health and rights services for young people. The YFS Champions will review recommendations developed to improve the youth-friendliness of university health services.⁽¹⁴⁾ See [Appendix 4D. YFS Recommendations by Youth](#).

Guidelines for Youth-Friendly Health Services

1. Guarantee privacy and confidentiality;
2. Promote autonomy so adolescents can consent to their own treatment and care;
3. Provide information and support to enable adolescents make free and informed decisions about their care; and
4. Ensure access to sexual and reproductive health services, such as contraception, comprehensive post-rape care, and HIV-screening and treatment.⁽¹³⁾

C. Conduct a facility assessment. Have the YFS Champions Committee conduct a facility assessment to ensure students' privacy and confidentiality; that facility open hours accommodate students' schedule; incur minimal wait times; and offer kind, accessible and respectful youth-friendly services.

- The National Guidelines for Provision of Adolescent and Youth-Friendly Services in Kenya offers a checklist for "Youth-Friendly Service Characteristics". See [Appendix 4E. YFS Checklist](#).
- After completing the assessment of the university health services youth friendliness, the YFS Champions Committee shall discuss main problematic issues identified through the YFS Checklist.



D. Introduce client feedback cards. It is recommended that the YFS Champions Committee introduce client feedback cards to obtain anonymous suggestions from student patients about how to improve the health facility and make it more youth-friendly. See [Appendix 4F. Student Feedback Card-Front \(Example\)](#) and [Appendix 4G. Student Feedback Card-Back \(Example\)](#) for examples of a two-sided tool to collect client feedback. Place cards at health services reception and have a box to collect them.

- Enlist several REVOC Club members to analyse "Student Feedback Cards" and report back to university health services.
- If possible, use funding that was included in the budget to offer monetary compensation to the students who conduct and report on the analysed results.

E. Develop and implement an action plan. Using feedback from Student Feedback Cards and the YFS Checklist, the YFS Champions Committee will develop and implement an action plan to make the facility more youth-friendly. See [Appendix 4H. YFS Sample Action Plan](#).

5. REPORTING AND INVESTIGATION



Reporting and investigation of SGBV is critical to bringing perpetrators to justice and assisting survivors. [Watch video \(8\) on reporting and investigation.](#)

Students who feel that they will not be judged or shamed or retaliated against—and who have access to services—are more likely to report. In addition to the immediate benefits of disclosure, telling someone about the violence may mitigate future mental and physical health outcomes^(4, 13) and punish those who harm others. Key suggested activities are as follows:

- A. Set up a REVOC Policy Taskforce.** Drawing upon members of the Steering Committee (including students and staff), this Taskforce develops new policy guidelines to streamline reporting and investigation.
- B. Review existing policies and procedures.** A key task of the Taskforce is to review existing policies on a campus, as well as other instruments and guidance which can be found in this Toolkit. Note that the new system needs to provide survivors with options should they choose to report, as well as how to seek care for physical or mental trauma.

Guidance to survivors should include where to get information and services, as well as immediate post-rape care. **Survivors should be given information regarding their rights to report (or not) any harassment or assault, and told that they get to decide if their parents or guardians should be contacted.**⁽¹⁵⁾

The REVOC Toolkit has several appendices to be reviewed in developing a streamlined policy:

- **Appendix 5A. Clinician's Guide to Address Assault/Rape** details the scope of practice a clinician/healthcare provider may follow for an initial consultation to health services by a survivor.
- **Appendix 5B. Safety Planning Form (Example)** provides a template for suggestions to make a plan for a survivor to increase safety in their relationship, and for when a relationship is over.
- **Appendix 5C. Disclosure and Reporting Options** details the differences between disclosure, anonymous reporting, and standard reporting. It is important to distinguish the **differences between** when a survivor **"discloses"** and when a survivor **"reports."**
- **Appendix 5D. Reporting and Investigation Flowchart** presents a flowchart for university students who have experienced SGBV to guide decision-making around choices for reporting, support, and action upon experiencing violence on campus.

C. Review other university policies. It is valuable to assess other university campuses' policies to determine which components are most appropriate and feasible. The Taskforce should review existing policies, and from these, affirm that very clear directions are provided for SGBV survivors to use and follow-up for reporting and investigation on their own campus. A short list of some existing policies from Kenyan universities are linked below:



- **Reporting and Investigation Policy:** [Kenyatta University Sexual and Gender Based Violence Policy \(p. 26-27\)](#)
- **Sexual Assault Policy:** [South Eastern Kenya University Gender-Based Violence Prevention Policy](#)
- **Gender and Discrimination Policy:** [University of Nairobi Gender Policy](#)
- **Good Conduct Policy:** [University of Eldoret Code of Conduct and Ethics Policy](#)

- D. **Develop a new, clear policy.** Obtain necessary approval from the Deputy Vice Chancellor, and additional key stakeholders.
- E. **Convene a workshop to finalise the policy.** Have leaders of the REVOC Policy Taskforce convene a workshop in which all implementers review and give final input about the new policy guidelines for survivors. Ensure that this policy is feasible and is consistent with national laws and regulations.
- F. **Publicise the new, streamlined policy.** Publicise new procedures on the campus website and on REVOC Club media pages. Advertise clear processes for investigating and handling cases of sexual harassment, stalking and assault. Consider including on website and media pages information from **Appendices 5A-5D**.
 - An example of using the campus website to promote the university and its staff and their efforts to address SGBV on campus is provided by the [University of Nairobi](#). An individual can walk in to a Gender Desk and anonymously report cases of SGBV, rape, and any other form of abuse, and receive immediate clinical and psychological care.
- G. **Develop contracts for staff and students.** In order for everyone on the campus to understand their obligations, develop brief contracts that each person needs to sign upon arrival on the campus. For university faculty, administrators, employees, and students, these contracts should be signed annually and put into their permanent file. Signing a contract acknowledges that one is aware of and will abide by the procedures for dealing with university sexual misconduct. See [Appendix 5E. Procedures for Dealing with University Sexual Misconduct](#). It is recommended that there are separate contracts for staff and students, which include known consequences for violation.
 - For staff and university employees, see [Appendix 5F. Staff Contract on University Sexual Misconduct \(Example\)](#).
 - For students, see [Appendix 5G. Student Contract on University Sexual Misconduct \(Example\)](#).
 - Once this sample contract is developed, include it (and the Procedures for Dealing with University Sexual Misconduct) in an annual email to all university employees and students before school starts, outlining their rights and responsibilities concerning SGBV on and off campus, and requiring signatures.

Conclusion

In many important ways, Kenya has shown it is committed to “significantly reducing all forms of violence” (Sustainable Development Goal 16) and “eliminating all forms of violence against all women and girls” (SDG 5).⁽¹⁶⁾ Kenya has already taken some key steps in making this a reality:

- In 2006, the Sexual Offences Act consolidated laws relating to sexual offences and gender-based violence to make it easier for victims to pursue justice.^(4, 17)
- In 2009, the Kenyan Ministry of Health released a second edition of national guidelines on the management of SGBV including on medical management, psychosocial support, forensic management, humanitarian issues of SGBV, quality assurance, and quality improvement for post-rape care.⁽¹⁸⁾
- In 2014, Kenya launched the National Policy on Prevention and Response to Gender-Based Violence ⁽³⁾.
- In June 2021, the Government of Kenya pledged to end SGBV by 2026.⁽¹⁹⁾

However, laws and regulations are not sufficient to prevent sexual violence and ensure justice for survivors. Effective application of the laws requires building awareness about prevention, educating people on their rights, dismantling negative gender stereotypes, training health providers, setting up structures to enable survivors to get services and obtain justice, and monitoring progress.

This REVOC Toolkit is intended to assist universities to reduce sexual harassment and assault, increase student involvement, and improve health and counselling services to “reduce-to-end violence on campus.”

At Kenyan universities, some students have been requesting mandatory induction sessions for newly enrolled students, training sessions for university staff with regard to authorised sexual harassment policies, and the establishment of an investigation committee on all campuses tasked with handling sexual harassment cases.⁽¹⁰⁾

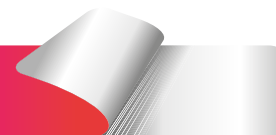
From CARE Counsellors and health care providers, to police to judges, it is critical that professionals support the delivery of justice by practising trauma-informed, youth-friendly, and gender-sensitive methods of care and services. Research consistently shows that survivors often are reluctant to report crimes because they fear being shamed or disbelieved by authorities.⁽⁸⁾



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Appendices

1. IDENTIFYING CAMPUS LEADERSHIP AND ASSESSING CAMPUS NEEDS

1A. Activities Timeline

REVOC TIMELINE														
REVOC		University Name												
Timeline		School Year 2023												
No.	TASK TITLE	WHO IS RESPONSIBLE	QUARTER 1			QUARTER 2			QUARTER 3			QUARTER 4		
			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
1	Identify Leadership & Assess Needs													
1.1	Identify university department and assign point person/leader)		X											
1.2	Identify 2 student leaders (female & male) to set up REVOC Club	University department leaders	X											
1.3	Brief & gain commitment from Deputy Vice Chancellor	University department leaders	X											
1.4	Conduct campus assessment & focus groups	University department leaders, 2 student leads		X										
1.5	Conduct stakeholder briefings on results of focus groups	University department leaders			X									
1.6	Establish Steering Committee (include staff & students)	University department leaders			X									
1.7	Determine budget	University department leaders			X									

REVOC TIMELINE (continued)

REVOC		University Name												
Timeline		School Year 2023												
No.	TASK TITLE	WHO IS RESPONSIBLE	QUARTER 1			QUARTER 2			QUARTER 3			QUARTER 4		
			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
2	Prevention													
2.1	Recruit REVOC Club members and develop activity plans	2 student leads		X	X									
2.2	Develop & plan to send out YouTube video for incoming students	University department leaders			X	X								
2.3	Convene regular meetings of the REVOC Club	2 students leads			X	X	X	X	X	X	X	X	X	X
2.4	Conduct 3 training sessions during the year of Club members	Faculty member & health leader				X			X			X		
2.5	Have Club lead campus awareness activities & Freshers Orientation	2 student leads					X			X			X	
2.6	Take actions to make campus safer	Steering Commitee & REVOC Club							X		X		X	
2.7	Establish & maintain a presence on social media such as Facebook, Instagram	2 student leads & designated Club members				X	X	X	X	X	X	X	X	X
3	Monitoring													
3.1	Set up monitoring programme using Google surveys	University department leaders				X								
3.2	Recruit students to complete Google surveys	University department leaders, 2 student leads					X			X			X	
3.3	Analyse survey results & share with Steering Committee	Designated Club members						X			X			X
3.4	Create annual magazine/ newsletter of findings for the administration	Designated Club members											X	X

REVOC TIMELINE (continued)

REVOC		University Name												
Timeline		School Year 2023												
No.	TASK TITLE	WHO IS RESPONSIBLE	QUARTER 1			QUARTER 2			QUARTER 3			QUARTER 4		
			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
4	Survivor/Victim Services													
CARE COUNSELLORS														
4.1	Train selected academic counsellors to also be CARE Counsellors	Guidance & Counselling staff				X								
4.2	Establish and publicise CARE Counselling services	Guidance & Counselling staff					X	X						
4.3	Set up a warm hand-off referral system from health services to CARE Counsellors	University health services staff & Guidance & CARE Counselling staff							X					
4.4	Have REVOC Club set up survivors support groups	REVOC Club members								X			X	
4.5	Set up hotline (if funds are available)	CARE Counselling staff & 4th-year psych students										X	X	X
YOUTH-FRIENDLY HEALTH SERVICES														
4.6	Create “YFS Champions Committee” to improve youth friendliness of university health services	University department leaders				X								
4.7	Have “YFS Champions Committee” use YFS Checklist to assess YFS, and identify areas that need improvement, discuss problems with staff, and develop action plan to address them	Health providers, nurses, Guidance & Counselling staff, students					X	X			X			X
4.8	Introduce “Student feedback cards” at health services	University department leaders				X								
4.9	Analyse “Student feedback cards” & report back to health services	Designated Club members						X			X			X
4.10	Develop action plan to improve health services	CARE Counselling staff/ designated Club members										X	X	X

REVOC TIMELINE (continued)

REVOC		University Name												
Timeline		School Year 2023												
No.	TASK TITLE	WHO IS RESPONSIBLE	QUARTER 1			QUARTER 2			QUARTER 3			QUARTER 4		
			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
5	Reporting & Investigation													
	Set up a REVOC Taskforce (from the Steering Committee) to streamline reporting & investigation	Steering Committee members							X	X	X			
	Train campus leadership to ensure/ enforce legal protections & justice	REVOC Taskforce										X	X	
	Provide survivors/ victims with detailed options of reporting (campus health services and police)	REVOC Taskforce										X	X	
	Publicise new procedures on the university website, club social media and in emails	REVOC Taskforce & student leads											X	
	Send an email to all in campus community to sign contract on sexual harassment	All staff, all students										X	X	X

1B. Campus Assessment Focus Group Discussion Guide

1. Is sexual and gender-based violence (SGBV) a problem on this campus? Please describe.
2. Why does this problem persist on this campus?
3. Has anything been done in the past to address this problem?
4. If so, what worked? And what didn't work?
5. What are the resources available to someone who has been assaulted, harassed, or raped?
6. What suggestions do you have for:
 - a. prevention in the future?
 - b. for monitoring in the future?
 - c. for survivor/victim services?
 - d. policies for making the campus safer?
 - e. policies for dealing with perpetrators?
7. How could this problem be prioritised on this campus?
8. Is there anyone you recommend inviting to join the Steering Committee?
9. Are there any other comments?



1C. Sample 1-Year Budget

No	Item	Estimated Cost	Estimated Cost	Cost Includes:
		Kenyan Shillings	US Dollars	
1	REVOC Club materials and supplies	100,000	\$670	T-shirts, banner, newsletter, airtime
2	Training of REVOC Club members	60,000	\$400	Meeting supplies, certificates, incentives
3	Training of CARE Counsellors	30,000	\$200	Supplies for hosting meeting
4	Stipends for REVOC staff leaders	300,000	\$2,000	Stipend divided by 3 leaders x12 months
5	Printing materials & signage (brochures, posters, etc.)	120,000	\$800	Health services posters + Club materials
6	Stipends for analysis and report writing	115,000	\$770	Stipend divided by 3 individuals x3 surveys
7	Stipends for 2 REVOC Club leaders	100,000	\$670	Stipend divided by 2 students x12 months
8	Meeting expenses and snacks for Taskforce	75,000	\$500	For 6 meetings/year
9	Trauma Hotline (optional)			
	TOTAL	900,000	\$ 6,010	

Note: 1 US Dollar = 150 Kenyan Shillings

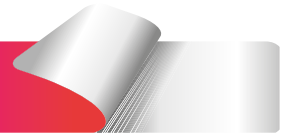
2. PREVENTION

2A. ACTIVITY PLAN FOR REVOC CLUB

Nº.	ACTIVITY	WHO IS RESPONSIBLE	ITEMS NEEDED	BY WHEN
1	Build membership			
2	Train Club members			
3	Plan for Google surveys			
4	Present at Freshers Orientation			
5	Set up Youth-Friendly Champions committee to improve health services			
6	Set up support groups for survivors			
7	Watch Youtube videos and discuss			
8	Hold a campus awareness march against SGBV			
9	Create newsletter			

2B. CLUB BROCHURE (EXAMPLE)

<p>Sexual violence includes</p> <ul style="list-style-type: none"> ○ Sexual Harassment ○ Stalking ○ Sexual Assault (including rape) ○ Interpersonal Violence (such as dating violence) 	 <p>Let's Stop GENDER BASED Violence</p>	<p>END VIOLENCE</p> <p>What you need to know</p> <p>Sexual violence affects all of us. Ending sexual and gender-based violence is everyone's responsibility. If you or someone you know has experienced sexual violence, you are not alone.</p> <p>Sexual violence survivors can experience profound emotional trauma which may include depression, self-doubt, self-blame, withdrawal, shock, fear and anxiety. Survivors may experience this trauma days, weeks, or even years afterwards.</p> <p>Basic Data</p> <ul style="list-style-type: none"> • 1 in 5 women and 1 in 16 men have been victims of sexual assault during college. • Among college women, 9 out of 10 victims of rape and sexual assault knew the person who assaulted them. • More than 90% of sexual assault victims on college campuses do not report the assault • First year students, low-income students, and sexual minorities are the most vulnerable to assault.
<p>What is sexual harassment?</p> <p>Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or other verbal, nonverbal, or physical conduct of a sexual nature that interferes with a person's employment or education. It creates an environment that a reasonable person would find to be intimidating, hostile or offensive. Sexual harassment can occur between students, as well as from faculty or staff who may offer students specific benefits in exchange for sex.</p> <p>What is stalking?</p> <p>Stalking is repeated conduct directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others, or to suffer substantial emotional distress. Talking can occur physically (by not leaving someone alone, following them) or through texts, emails, and phone calls</p> <p>What is sexual assault and rape?</p> <p>Sexual assault is any attempt or completion of physical sexual. Contact, without consent. It involves penetration or attempted penetration with a body part or an object. Sexual assault behaviour may include physical force or violence, threats, intimidation, ignoring the objections of the other person.</p> <p>What is interpersonal violence?</p> <p>Interpersonal violence is also known as domestic violence, dating violence, intimate partner violence, and relationship abuse. Interpersonal violence is a pattern of harmful language and/or behaviours that are used to maintain control and exert power over others. It may or may not include sexual misconduct. It can include threats, beatings, and insults. Victims of interpersonal violence include people in intimate relationships, past and present sexual partners, and children or household members.</p>	<p>REMEMBER: At the core of all sexual violence is the desire to use power and control. Men are not animals; they do not have to act on sexual urges.</p> <p>Consent is essential.</p> <ul style="list-style-type: none"> ○ An outdated view is that when a girl says "no," she means "yes" ○ For everyone: "yes means yes" and "no means no." ○ Consent is voluntary, mutual, and can be withdrawn at any time ○ Past consent does not mean current or future consent. ○ There is no consent when there is force, intimidation, or coercion ○ There is no consent if a person is mentally or physically incapacitated, drunk or unconscious. <p>How do you ask for consent? Don't assume a partner is OK with what you want to do. Always ask them. Be direct. If you are unsure whether you have consent, ask again. Just because someone is wearing sexy clothing does not mean that they are ready for sex. Just because someone comes to your room does not mean that they are ready for sex.</p> <p>How do you communicate your needs? Don't be afraid to talk about sex and communicate your boundaries, wants, and needs. Encourage your partner to do the same. We all are able to talk.</p> <p>Where does consent fit? Consent does not have to be something that interrupts sex, it can be a part of sex. Checking in with your partner throughout sexual experiences can be a great way to build intimacy and understand your partner's needs.</p> <p>It is never the victim's fault.</p> <p>REMEMBER, you are NEVER to blame, even if.</p> <ul style="list-style-type: none"> ○ Your attacker was an acquaintance, date, friend, or partner. 	<ul style="list-style-type: none"> ○ You were drinking or using drugs. ○ You originally said, "yes" and then said, "no." ○ You have had sex with that person or with others before. ○ You choose not to report it. ○ You froze, could not say "no" or were unable to fight back. <p>How do we prevent violence? Be an active bystander.</p> <p>See something → Say something → Do something</p> <p>See something → Recognize the environment around you and identify dangerous situations. If you see something or think someone is in trouble, intervene in any way you can.</p> <p>Say something → Be direct. Ask someone who looks like they may need help if they are okay. If they cannot respond, stay by their side until you can get help for them.</p> <p>Do something → Get in the way by creating a distraction, drawing attention to the situation, or separating them. Ask a friend to step in or to call the authorities, if needed.</p> <p>Resources</p> <p>Where can you go for help if you experience violence?</p> <p>University Health Services Dean of Students REVOC Club Leaders</p> <p>UNIVERSITY LOGO</p>



2C. Facilitator Reminders

1. Be confident! You have the knowledge and skills to facilitate this workshop.
2. Practice active listening when participants ask questions or provide responses. It takes courage to speak up, so acknowledge and validate participants' questions and ideas.
3. When appropriate, direct questions back to the group in order to have a group discussion. Consider engaging participation with these prompts:
 - I see where you're coming from. How do others feel about that?
 - Does anyone have a different opinion or perspective?
4. Encourage participants to elaborate on an example they provide to address the 'what' and the 'why'.
5. Ask guiding questions to help participants explore their own beliefs and to think more critically, rather than directly answering questions and giving a lecture on the right or wrong.
6. If you don't know the answer to a question, that's okay. Let them know you will consider it and get back to them.
 - Engage the knowledge of your co-facilitator to answer questions you may not know.
7. Consider resistance to and conflict with the material as a sign that you are helping participants explore new ideas, push the boundaries of their comfort zone, and help them grow, even if it is uncomfortable or unfamiliar.
8. Silence is okay! Sometimes people need time to process a new idea. Be patient and welcoming of reflection.
9. The best way to be engaging is to be yourself! Let your authentic personality guide your facilitation style.

Source: Adapted from Munro-Kramer, M. L., Rominski, S. D., Seidu, A. A., Darteh, E. K. M., Huhman A., and Stephenson, R. (2020). Relationship Tidbits Facilitator Manual (Unpublished). *From a Sexual Violence Primary Prevention Program in Ghana.*

2D. REVOC Club Training Session 1

Definitions, power & control, consent, & rape myths

REVOC Club Training Plan

- It is recommended that each training take place from 2-5 PM on Friday, Saturday, or Sunday.
- The REVOC Club Patron or another university staff would lead the training.
- For trainings, the trainer will need marking pens, poster paper (or a whiteboard), small cards or pieces of paper, ballpoint pens, and tape. Also the trainer needs to put the Wheels of Violence and Wheels of NonViolence on separate flip charts for display and use. Snacks are also recommended at the end.

Training Topics

1. Basic data on sexual violence
2. Definitions of four types of campus interpersonal violence & short exercise
3. Power and control as the root cause of violence
4. Consent: Why it is essential
5. Rape myths quiz, attitudes & discussion

Training Agenda

■ Introductions and Ground Rules (15 minutes)

Have students share out ground rules for the training (e.g., no side conversations, phones are silenced, respect everyone's opinion, no gossiping, keeping to time, no judgements)

■ Basic Data (10 minutes)

- A. Explanations of various SGBV terms (sexual harassment, stalking, molesting, assault, rape).
- B. Why is SGBV a problem on university campuses? Who is vulnerable to SGBV? (Everyone, but some are more so.)

■ **Exercise on Definitions (45 minutes)**

- A. Write the main SGBV terms on a whiteboard or poster paper (and hang on the wall). Also have a place for OTHER.
- B. Hand out blank small cards or pieces of paper. Have each student write about an incident of SGBV that they experienced or a friend experienced. Keep the story anonymous. Shuffle the cards or pieces of paper, and have different students read out each story. Discuss what type of SGBV it was (or not SGBV) and place the story under the type of SGBV it represents. Discuss what kind of action could be taken after each one occurred.
- C. Leave up on board for students to observe later.

■ **Discussion on Root Cause of Violence: Power & Control (20 minutes)**

Hang up the 2 Wheel diagrams previously drawn on 2 flip charts.

- A. Discuss the Wheel of Violence: Power & Control and how these are the root causes of violence and trying to minimize the occurrence is the current way to prevent violence.
- B. Have participants give examples of some of these items.
- C. Discuss the Wheel of NonViolence and discuss how this alternate approach can reduce violence and improve relationships.
- D. Have participants give examples of these items.

■ **Role Plays on Consent (30 minutes)**

- A. What is consent? Why is it important? Can someone who is drunk give consent? Can someone who is unconscious give consent? Why do people think that "no" really can mean "yes"? Why is this dangerous to all concerned?
- B. Discuss that silence is not consent. Discuss body language--verbal and non-verbal--and explain that non-verbal language is not sufficient for giving consent. Also discuss why buying someone food or gifts does not mean that the recipient has given consent for sex. Be sure to mention that even if someone has given consent for sex in the past, it doesn't mean that they consent to sex now.

- C. Have students do role plays to practice asking for and giving consent. Recognize that this can be a little awkward. Have this be a gender-neutral exercise with different genders practicing asking and giving consent. After each role play, discuss if consent was clear and what could be done differently. Note that if a person consents to go to someone's room that does not mean that they consent to sex.

- **Exercise on Rape Myths (45 minutes)**

- A. Have the students all assemble and read off one of statements (labelled rape myths). Ask students who think it is true to go to the left, and those who think it is false go to the right. Those who don't know will remain in the middle. Then explain what is the correct answer and have a brief discussion.
- B. Keep playing the game until all of the statements have been read and discussed.
- C. Ask students which of these statements they think are major beliefs on their campus and why. Also, how to change viewpoints?

- **Final Recap (15-30 minutes)**

Have all students return to their seats to summarize what was learned during the training. Have different students share out something new that they learned or will be discussing with others.

End with snacks, if available.

Materials for Session 1 for Trainer

Who does sexual violence affect?

Sexual violence affects all of us. Ending sexual and gender-based violence is everyone's responsibility. If you or someone you know has experienced sexual violence, you are not alone.

Sexual violence survivors can experience profound emotional trauma, which may include depression, self-doubt, self-blame, withdrawal, shock, fear and anxiety. Survivors may experience this trauma days, weeks, or even years afterwards.

Basic Data

- 1 in 5 women and 1 in 16 men have been victims of sexual assault during college.
- Among college women, 9 out of 10 victims of rape and sexual assault knew the person who assaulted them.
- More than 90% of sexual assault victims on college campuses do not report the assault.
- First year students, low-income students, and sexual minorities are the most vulnerable.

Definitions of types of violence

What is sexual harassment?

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or other verbal, nonverbal, or physical conduct of a sexual nature that interferes with a person's employment or education. It creates an environment that a reasonable person would find to be intimidating, hostile or offensive. Sexual harassment can occur between students, as well as from faculty or staff who may offer students specific benefits in exchange for sex.

What is stalking?

Stalking is repeated conduct directed at a specific person that would cause a person to fear for their safety or the safety of others, or to suffer substantial emotional distress. Stalking can occur physically (by not

leaving someone alone, following them) or through texts, emails, and phone calls.

What is sexual assault and rape?

Sexual assault is any attempt or completion of physical sexual contact, without consent. It involves penetration or attempted penetration with a body part or an object. Sexual assault behavior may include physical force or violence, threats, intimidation, ignoring the objections of the other person.

What is interpersonal violence?

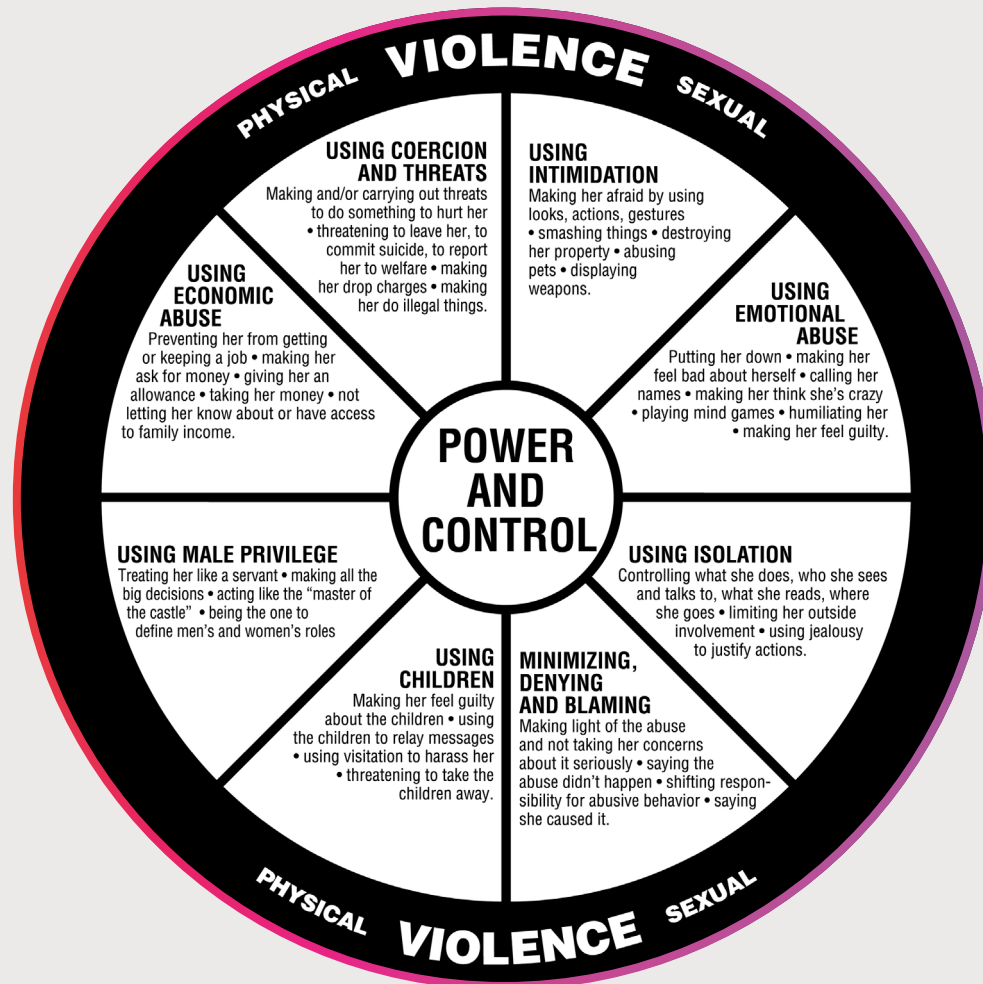
Interpersonal violence is also known as domestic violence, dating violence, intimate partner violence, and relationship abuse. Interpersonal violence is a pattern of harmful language and/or behaviors that are used to maintain control and exert power over others. It may or may not include sexual misconduct. It can include threats, beatings, and insults. Victims of interpersonal violence include people in intimate relationships, past and present sexual partners, and children or household members.

Root cause of violence: Power & control

At the core of all sexual violence is the desire of one individual to exert power and control over another individual. Both males and females may want to be the most powerful in a relationship and may use the mechanisms depicted in the Wheel of Violence below to dominate the other.

Let's discuss them one-by-one.

Wheel of Violence: Power & Control



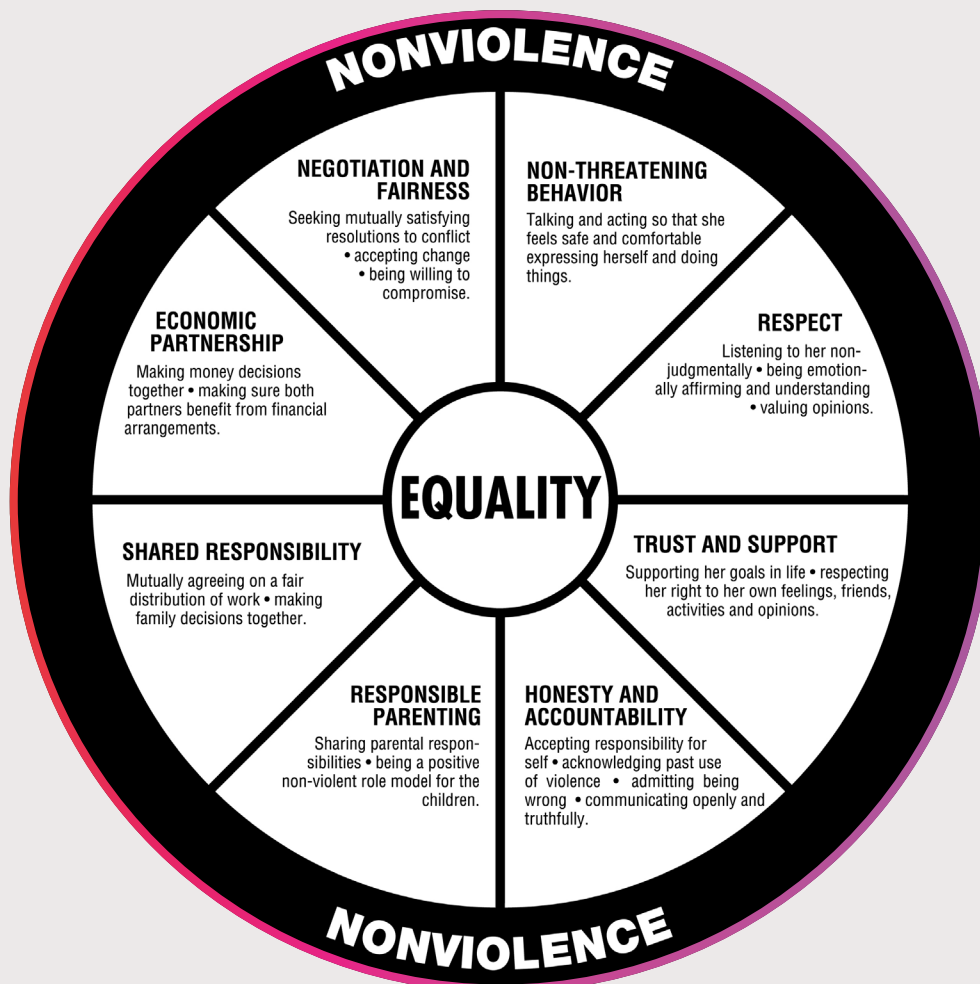
Source: The Duluth Model. (2017) Domestic Abuse Intervention Programs. the duluthmodel.org

To prevent violence the goal is to promote an alternate set of behaviors that can lead to partnership and equality in a relationship, which is beneficial to all concerned.

Below is the Wheel of NonViolence that depicts an alternative, consensual, and recommended way to engage in harmonious human relationships.

Let's discuss the advantages of the Wheel of NonViolence over the Wheel of Power & Control.

Wheel of NonViolence: Equality



Source: Guided to Safety. (2023) <http://guidedtosafety.org/domestic-violence-sonoma-county/the-wheels-of-violence-vs-nonviolence/>

Why is consent essential?

- An outdated view is that when a girl says “no,” she means “yes.”
- For everyone: “yes means yes” and “no means no.”
- Consent is voluntary, mutual, and can be withdrawn at any time.
- Past consent does not mean current or future consent.
- There is no consent when there is force, intimidation, or coercion.
- There is no consent if a person is mentally or physically incapacitated, drunk or unconscious.

How do you ask for consent?

Don't assume a partner is OK with what you want to do. Always ask them. Be direct. If you are unsure whether you have consent, ask again. Just because someone is wearing sexy clothing does not mean that they are ready for sex. Just because someone comes to your room does not mean that they are ready for sex.

How do you communicate your needs?

Don't be afraid to talk about sex and communicate your boundaries, wants, and needs. Encourage your partner to do the same. We all are able to talk.

Where does consent fit in?

Consent does not have to be something that interrupts sex; it can be a part of sex. Checking in with your partner throughout sexual experiences can be a great way to build intimacy and understand your partner's needs.

Role plays on sexuality and gender roles

1. A girl has the right to say no to sex. (No means no. Yes means yes.)
2. When a student is very drunk, she cannot consent to sex.
3. Either a girl or a boy can initiate moving the relations toward sex.
4. Silence is not consent. Without a Yes, there is no consent.
5. Consent one time does not mean consent to everything. Consent must be given at every step and every time.
6. Consent doesn't spoil the mood. Getting consent is sexy!

Note: Students should have completed Google Survey 1 before doing this training.

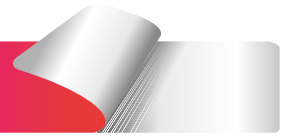
QUIZ - Rape myth knowledge & attitudes

SELECT ONE ANSWER FOR EACH ITEM	TRUE	FALSE	DON'T KNOW
1. If someone is raped while drunk, they are at least partially responsible for what happened.			
2. If someone goes to a party wearing sexy clothes, they are asking for trouble.			
3. If a girl goes to a room alone with a boy, it is her fault if she is raped.			
4. If both people are drunk, it cannot be considered a rape.			
5. False accusations of rape are very rare.			
6. Unless a girl physically fights back, it is not a rape.			
7. A boy never plans ahead for a rape. It just happens.			
8. If a girl says "no" and is still raped, it means that she did not communicate clearly.			
9. Accusing someone of rape is generally done because a person wants to take revenge.			
10. If a boy and girl are in a relationship, and the boy forces her to have sex, it can be considered a rape.			

ANSWERS - Rape myth knowledge & attitudes

ITEM	ANSWER	REASON
1. If someone is raped while drunk, they are at least partially responsible for what happened.	FALSE	It is never the victim's fault, even if they are drunk. No one should assault a drunk person.
2. If someone goes to a party wearing sexy clothes, they are asking for trouble.	FALSE	People enjoy wearing sexy clothing. It is not an advert for sex. Some may want to have sex, but others do not.
3. If a girl goes to a room alone with a boy, it is her fault if she is raped.	FALSE	A girl may just want to have a private conversation with the boy. He cannot assume she wants sex.
4. If both people are drunk, it cannot be considered a rape.	FALSE	Alcohol is not an excuse for rape. Both have to consent for sex.
5. False accusations of rape are very rare.	TRUE	It is difficult and painful to accuse someone of rape. This is not done lightly. One's whole life can be judged.
6. Unless a girl physically fights back, it is not a rape.	FALSE	Some can be afraid to fight back because they worry about being harmed. Others are too shocked to fight.
7. A boy never plans ahead for a rape. It just happens.	FALSE	Some people do plan ahead for rape. In fact, some people are serial rapists, which means they are looking for new victims, particularly students who are poor or vulnerable.

8. If a girl says “no” and is still raped, it means that she did not communicate clearly.	FALSE	A positive assent is necessary for sex. If someone says “no”, they are not agreeing to sex, even if they continue to stay in the room or do not fight and scream.
9. Accusing someone of rape is generally done because a person wants to take revenge.	FALSE	Making an accusation of rape is a serious issue. If someone is just seeking revenge on a cheating partner, this will be uncovered during an investigation.
10. If a boy and girl are in a relationship, and the boy forces her to have sex, it can be considered a rape.	TRUE	A boyfriend also needs to ask for consent from his girlfriend. He cannot assume that he can have sex whenever he wants.



2E. REVOC Club Training Session 2

Unhealthy relationships, bystander interventions, & victim blaming

REVOC Club Training Plan

- It is recommended that each training take place from 2-5 PM on Friday, Saturday, or Sunday.
- The REVOC Club Patron or a university staff member would lead the training.
- For trainings, the trainer will need marking pens, poster paper (or a whiteboard), small cards or pieces of paper, ballpoint pens, and tape. It is best to put a copy of the 'Break the Cycle' visual on a flip chart or provide handouts to participants. Snacks are also recommended at the end.

Training Topics

1. Warning Signs of Unhealthy Relationships
2. Bystander Interventions & Josephine's Story
3. Victim Blaming and How to Support a Friend

Training Agenda

■ Introductions and Ground Rules (15 minutes)

Have students share out ground rules for the training (e.g., no side conversations, phones are silenced, respect everyone's opinion, no gossiping, keeping to time, no judgements)

■ Toxic Relationships (60 minutes)

- A. Identify elements of toxic relationships: Read the list of 11 elements of toxic relationships. Have participants keep score of how many of these elements have been or currently are present. Tell participants if any are present, it is not a healthy relationship. If 3 or more are present, it is very toxic.
- B. Discussion of toxic relationships: Discuss why each of these 11 elements are not healthy and explain why. Have discussion with participants why each of the elements are not healthy. Jealousy and control are not healthy features of love, but of insecurity or desire for domination. **Explain to students how toxic/unhealthy relationships can ultimately lead to intimate partner violence.**

- C. Generate a list of positive attributes in a healthy relationship: Do a brainstorm with participants to generate a list of Components of a Healthy Relationship. Use Trainer Materials to provide additional positive attributes, if they are not all listed by the participants. If someone provides a response that is not correct, the trainer must correct and provide information.
- D. Have participants role play elements of a healthy relationship, using "I" language. Provide language 'how' they can have the conversation. Discuss the steps of 'How to end a toxic relationship' without causing anger and revenge.
 - Role Play - Discuss with a friend why you need to end it and practice together.
 - Then do Role Plays to show how to end the relationship. Have various scenarios with male/female participants. One person needs to keep calm and the other gets emotional. Keep from escalating/ retaliation/ revenge. Pick a calm time, that is private, to have a conversation about the relationship.

■ **Bystander Interventions (60 minutes)**

- A. Introduce concept of Bystander Intervention (See something, say something, do something.) Discuss strategies for Bystander Intervention. People think: It's not my business, I shouldn't get involved. Specifically, men don't want to get involved with another man's relationship.
 - We need to overcome this way of thinking. You can be an Active Bystander by getting help from someone else, or going to the police. But don't completely walk away from a situation where someone could be in danger.
- B. Recap the three elements (see something, say something, do something.)
- C. Have a participant read Josephine's Story. (This is a true story.) Discuss what Josephine did. Make sure people appreciate that it doesn't take much to stop some abuse from occurring.
- D. Go through 8 strategies for getting involved.
- E. Role plays of various scenarios. How would the other students get involved as active bystanders? Discuss after each role play.

1. Faculty member starts to sexually harass a student and others overhear. How would the other students get involved as active bystanders?
2. Several students are planning to have a party in which they plan to get female students drunk so they could have sex with them. Two students overhear the plan and they discuss how they can intervene.
3. At the party, a female student got intoxicated. Some male students are trying to get her into a separate room. Some others intervene to stop this from happening.
4. Student has just arrived on campus. Someone may offer to help with her bags to show her to her room. Another student may intervene and warn her.

■ **Victim Blaming and How to Support a Friend Who has Been Abused (30 min)**

- A. Explain what is Victim Blaming
- B. Use Break the Cycle visual to introduce what you can say to support someone who says they have been abused. They don't want to be interrogated by their friends. They want to be heard and supported.
- C. Break into pairs to practice where one person is the abused person and the other uses the Break the Cycle tool to provide support. Switch roles.
- D. Report back to the whole group how it felt to be supported by a friend.

■ **Final Recap (15-30 minutes)**

Have all students return to their seats to summarize what was learned during the training. Have different students share out something new that they learned or will be discussing with others.

End with snacks, if available.

Materials for Session 2 for Trainer

Warning signs of an unhealthy/toxic relationship

Being able to tell the difference between healthy, unhealthy and abusive relationships can be more difficult than you would think. No two relationships are the same, so what's **unhealthy** in one relationship may be **abusive** in another.

Although there are many signs to pay attention to in a relationship, look for these **common warning signs of dating abuse**:

1. Checking cell phones, emails or social networks without permission
2. Extreme jealousy or insecurity
3. Constant belittling or put-downs
4. Explosive temper
5. Isolation from family and friends
6. Making false accusations
7. Constant mood swings towards you
8. Physically inflicting pain or hurt in any way
9. Possessiveness
10. Telling someone what they can and cannot do
11. Repeatedly pressuring someone to have sex

Be aware that toxic relationships frequently lead to intimate partner violence.

Components of Healthy Relationships

A healthy relationship is more than the absence of abuse; having a healthy relationship is about knowing what both you and your partner want/need out of the relationship and being able to communicate constructively. Knowing our values is foundational to a healthy relationship. Since our values guide how we act and make decisions, it is important to be aware of them.

RESPECT

- Listen to your partner
- Value opinions
- Give as you receive

TRUST AND SUPPORT

- Support each other's goals and choices

HONESTY AND COMMUNICATION

- Be honest, open
- Mean what you say
- Express yourself openly

INDEPENDENCE AND AUTONOMY

- Recognize interdependence
- Develop individual identities

SHARED RESPONSIBILITY

- Make decisions together
- Think of "us" rather than "me"

NON-THREATENING BEHAVIOUR

- Make your partner feel safe
- Express self non-violently
- Respect boundaries

ACCOUNTABILITY

- Admit mistakes
- Keep your word

NEGOTIATION AND FAIRNESS

- Compromise as you are comfortable
- Accept your partner's best self
- Accept changes as you are able

Source: Adapted from Munro-Kramer, M. L., Rominski, S. D., Seidu, A. A., Darteh, E. K. M., Huhman A., and Stephenson, R. (2020). Relationship Tidbits Facilitator Manual (Unpublished). *From a Sexual Violence Primary Prevention Program in Ghana.*

How to End a Toxic Relationship

Leaving a toxic situation can be confusing and scary, and it's okay to seek help from friends or family if you need it. These kinds of relationships tend to be full of wild emotions, and freeing yourself from that can be tough. However, it is totally possible to break the cycle.

1. **Remind yourself why the relationship must end.**

From the start, you need a strong argument for ending the relationship, so you can make sure you follow through. Get real with yourself and take some time to write out all the reasons this relationship is toxic and needs to end.

2. **Rehearse the conversation.**

Go over what you want to say to the person beforehand. This will help you to appear more confident when you have the talk.

3. **Let the person know you want to talk.**

Give the person advance notice that you want to have a conversation and ask them when they are available to talk. Depending on how safe you feel, consider reaching out in person, over the phone, or via text.

4. **Choose where to have the talk.**

Have a face-to-face discussion with the person, if possible. Set the location based on how you expect the conversation to go. For example, if the person is likely to become angry, have the conversation in a public place.

5. **Be clear and straightforward about what you want.**

Be direct about what's not working in the relationship and your decision to end it. Use "I" language, not "You" language.

6. **Hear the other person out.**

There's a good chance the other person will have quite a mouthful to say. Listen to what they have to say as long as their response is free of insults or threats.

It is important to take care of yourself in this process. If you "ghost" the other person - ignoring all attempts to reach you or connect - they may stalk you since there is no closure, or become more angry and violent. Remember to also be considerate.

Source: Miller, K. How to End a Toxic Relationship. (2022, Dec 18). WikiHow. <https://www.wikihow.com/End-a-Toxic-Relationship#:~:text=Be%20clear%20and%20straightforward%20about,I%20want%20to%20end%20it.%E2%80%9D>

Bystander intervention

How to prevent violence? Be an active bystander.

People think:

It's not my business, I shouldn't get involved. (Specifically, men don't want to get involved with another man's relationship). I might get harmed by getting involved. Someone said that it's none of my business. I don't think I can help.

We need to overcome this way of thinking. You can be an Active Bystander by intervening, getting help, or going to the police. But don't completely walk away from a situation where someone could be in danger.

Strategies for Active Bystanders

See something Recognize the environment around you and identify dangerous situations. If you see something or think someone is in trouble, intervene in any way you can.

Say something Be direct. Ask someone who looks like they may need help if they are okay. If they cannot respond, stay by their side until you can get help for them.

Do something Get in the way by creating a distraction, drawing attention to the situation, or separating them. Ask a friend to step in or to call the authorities, if needed.

Josephine's Story

I was at a college party with a friend and didn't know anyone else there. The host, "Anna," was very drunk by the time I had arrived, only making brief appearances between trips to the bathroom and her bedroom.

I heard commotion outside Anna's bedroom door. A few guys were standing outside the door. They were laughing about how easy it would be for "Andrew" to "get laid" because Anna was "blacked out." They were standing guard of the door, as many people stood around laughing or seemingly unaffected by what was happening. I felt uncomfortable. A part of me felt that despite my anger and clear understanding that what was happening was wrong, that there were better people to intervene. These weren't people that I knew. I was hoping that Anna's friends would step in.

A few minutes passed. I swallowed my fear and walked back down the hallway, sternly asking the guys in front of the door what was happening. They looked uneasy and offered varying stories, including "It is just a joke" and "It is no big deal, we're all friends; Anna doesn't mind." I told them to move, and they did. The door was unlocked and I entered. Andrew was startled and I told him to leave. He appeared embarrassed, attempting to justify his intentions by explaining that "She's OK" and "I didn't do anything."

Anna appeared to be only partially awake and coherent. She held my hand and said "I didn't want to do it. You saved my life. You saved my life."

As my college years continued, many of my friends and classmates would share similar stories, often referring to the people perpetrating these actions as "friends." Friends do not force or coerce each other into unwanted sex. Friends do not find humour in one's inability to give consent. Friends do not stand by and say that it is not their responsibility to intervene.

Friend or stranger, uncomfortable or not, we are responsible to help each other. We are responsible to say that sexual violence, in any context, is not OK.



How to be an ACTIVE Bystander

If you overhear or see someone sexually harassing another person, or engaging in violent behavior of any kind, what can you do?

1. **Appeal to friendship:** "I know you well. Why are you doing this? It isn't right."
2. **Speak only for yourself:** "Hey, I don't like what I am seeing."
3. **Try using humor:** "I don't think you will be able to go to church anymore if you do that!"
4. **Distract:** "Let's get out of here." OR "I think that your family is trying to reach you."
5. **Find support:** "Someone, please call the campus security right now!"
6. **Appeal to empathy:** "Imagine if this was your sister. Please don't treat her like this."
7. **Talk to the victim:** "Are you okay? Do you need any help?"
8. **Refuse to go along:** "This isn't funny. She isn't interested."

Important: Don't leave until the situation is resolved, unless you are in personal danger.



Victim blaming

Victim blaming is when people presume that the victim somehow provoked or is responsible for the abuse they received.

Examples of victim blaming are these types of questions:

- What were you wearing when you were attacked?
- Were you drinking?
- Did you say 'Yes' to the person at a previous time?
- Why did you go there (when you know it could be dangerous)?
- Why didn't you flee?
- Why didn't you scream for help?
- Why were you out so late?



It is never the victim's fault.

Remember, you are NEVER to blame, even if:

- Your attacker was an acquaintance, date, friend, or partner.
- You were drinking or using drugs.
- You originally said, "yes" and then said, "no."
- You have had sex with that person or with others before.
- You choose not to report it.
- You froze, could not say "no" or were unable to fight back.
- You were out late because the party went long.

What to DO when you learn that a friend has been abused or experienced dating violence?

YOU CAN:

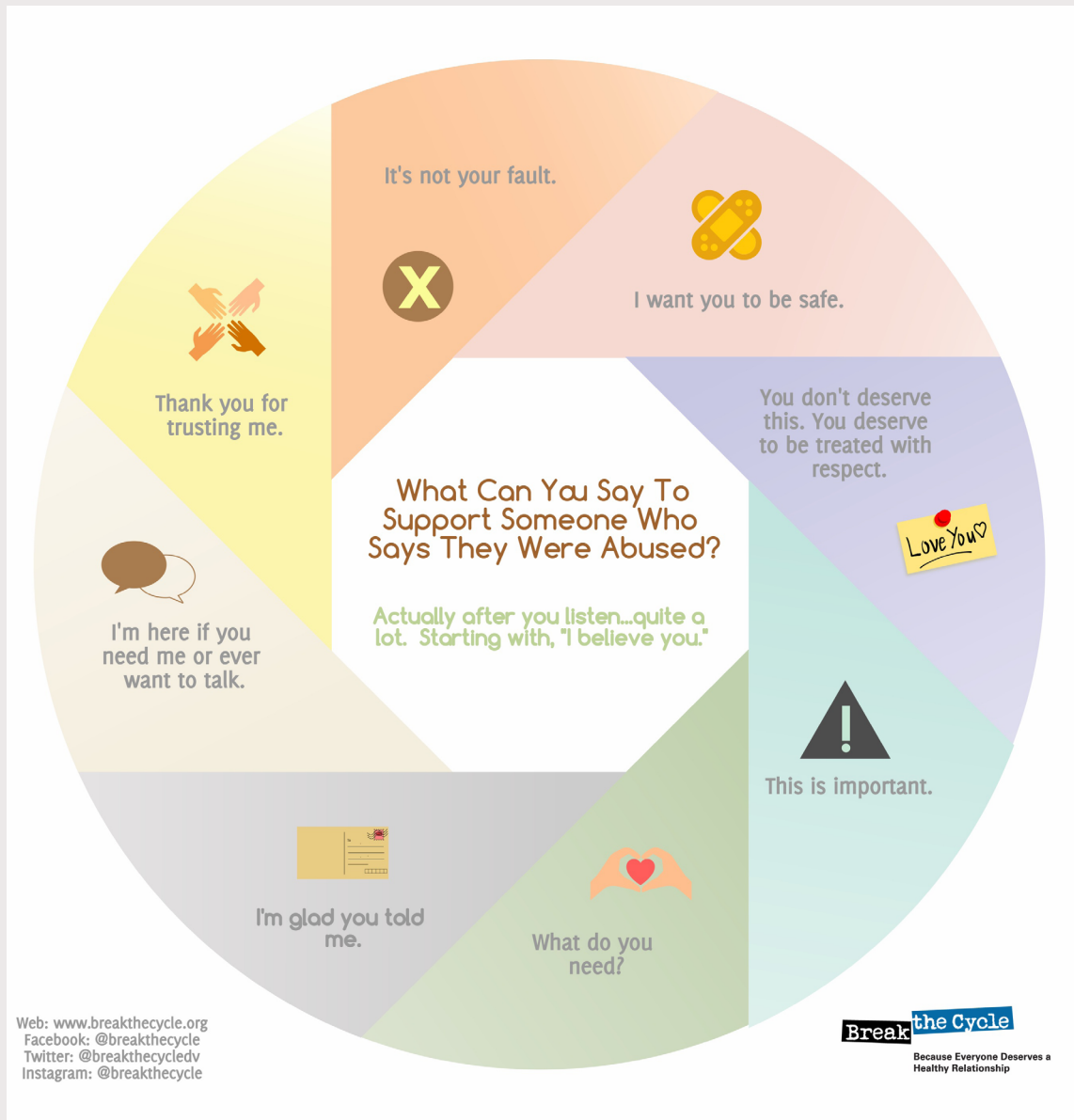
Listen to what they need from you to be helped. Let them know that you believe them.

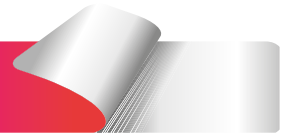
Support your friend in ways that respond to their needs.

Refer your friend to a CARE counsellor.

Provide resources consistent with the decisions and needs for privacy and confidentiality.

What to SAY to a friend who has been abused or experienced dating violence:





2F. REVOC Club Training Session 3

Sexually transmitted infections, pregnancy prevention, youth-friendly health services, & complaint process

REVOC Club Training Plan

- It is recommended that each training take place from 2-5 PM on Friday, Saturday, or Sunday.
- The REVOC Club Patron or a health provider would lead the training.
- For trainings, the trainer will need marking pens, poster paper (or a whiteboard), small cards or pieces of paper, ballpoint pens, and tape. Snacks are also recommended at the end.
- Before the training, the trainer needs to confirm the process for lodging a complaint, and identify resources available on their own campus for sexual harassment and assault survivors, to share with the trainees at the end of this training session.

Training Topics

1. Sexually Transmitted Infections (STIs)
2. Pregnancy prevention (Contraceptives)
3. Youth-friendly health services/ Know your rights on campus
4. Complaint process: Reporting, investigation, adjudication, decision, consequences

Training Agenda

■ Introductions and Ground Rules (15 minutes)

Have students share out ground rules for the training (e.g., no side conversations, phones are silenced, respect everyone's opinion, no gossiping, keeping to time, no judgements)

■ Sexually Transmitted Infections (STIs) (45 minutes)

- A. Discuss why we care about STIs when we are trying to end violence.
- B. Share what are the main STIs and what to do for prevention and care.

C. Review the following key messages:

1. If you suspect you are infected, you should get medical treatment as soon as possible. Many STIs can be treated with antibiotics.
2. With HIV, if a person uses antiretrovirals correctly, they can eventually bring their viral load down to an undetectable point, and they will no longer transmit to others through sexual contact.
3. If you know you are infected, you should not have unprotected sex with somebody until you are healed.
4. Let any sexual partners know that you have been diagnosed with a STI so they can get diagnosed and treated.

D. Role Play in pairs: Revealing your STI status to a sexual partner and advising to get tested and treated. Share experience afterwards with the group.

■ **Pregnancy Prevention (Contraceptives) (45 minutes)**

Exercise on Pregnancy Prevention/Contraceptive Myths.

Have the students all assemble and read off one of the statements (in table of Myths). Ask students who think it is true to go to the left, and those who think it is false go to the right. Those who don't know will remain in the middle. Then - using the "Answers" table - explain what is the correct answer and have a brief discussion.

Keep playing the game until all of the statements have been read and discussed.

Ask students which of these statements they think are major beliefs on their campus and why. Also, ask what they can do to change viewpoints?

■ **Youth-friendly health services and know your rights on campus (45 minutes)**

- A. Review what are youth-friendly services and discuss each item. Ask students which of the 10 items is most important to them and why.
- B. Discuss any experiences students might want to share about services they received at the university health services.
- C. Conduct 4 Role Plays using outlined scenarios at the university health services where students all role play experiences between a nurse and a student. After each role play, discuss what could have been done differently.

D. Tell students in addition to individual attempts to improve health services, it is important to have a longer-term strategy to assess the services overall with a Task Force of students and health center staff and to make an action plan of how to improve the services.

■ **Complaint Process: Reporting, investigation, adjudication, decision-making, consequences (15 minutes)**

Ask if any student has ever tried to lodge a complaint. If the student is willing to share, what happened?

Review campus procedures for reporting a complaint and provide students with relevant campus resources.

■ **Final Recap (15 minutes)**

Have all students return to their seats to summarize what was learned during the training. Have different students share out something new that they learned or will be discussing with others.

End with snacks, if available.

Materials for Session 3 for Trainer

Sexually transmitted infections (STIs)

If you knowingly infect somebody and you don't tell them to get treated, that could cause anger and violence. No one wants to get a disease. If you know you are positive for an STI, abstain from sex until you are healed, or only use a condom during sex.

Recognize that some participants are not having sex, which is okay, but it is important that they pay attention because this information could prove useful when/if they decide to have sex.

Key Information about STIs

- There are many kinds of Sexually Transmitted Infections (STIs). They can be split into two basic classes: bacterial/parasitic and viral.
 1. **Bacterial/parasitic (can be treated and cured with antibiotics)**
 - Gonorrhea
 - Syphilis
 - Chlamydia
 - Trichomoniasis
 2. **Viral (can be treated, but not cured)**
 - Herpes (HSV)
 - HIV
 - HPV
 - Hepatitis A/B/C
- If you and your partner(s) have the same infection, it is advised that you still continue to use protection because it is possible to be infected with a different strain.
- Individuals who are sexually active may want to be tested for STIs regularly. How often a person should be tested is something that is decided on a case by case basis and differs from person to person due to people having different risk factors, exposures, and relationship practices.
 - Generally, testing every six months is recommended. If any partner is not monogamous, it is recommended to be tested more often.
 - There is no such thing as a clean bill of health. There are many STIs and the average STI test won't be for all of them.

- Most STI tests will give an accurate result 2 weeks after exposure, meaning a person might be able to pass on the infection before knowing they have it.
- HIV tests are accurate 3-6 months post-exposure and all infections have a different time frame when the test will be accurate.
- It is recommended to get tested, ideally with your partner(s), before entering a new relationship.
- Urinating after sex decreases risk of getting a urinary tract infection (UTI) but not STIs.

STI Symptoms

- People can be asymptomatic (have no symptoms) and still have an STI.
- Common symptoms of STIs
 1. A burning sensation during urination
 2. Pain during urination
 3. Odd (funny smell and/or color) discharge from a vagina or penis
 4. Itchiness in genital area

STI Prevention

- Use barrier methods
 1. Latex or latex free external/male condoms.
 2. Internal/female condoms
 3. Dental dams (can be made out of a condom cut in half)
- Engage in lower-risk activities such as manual sex
- Communicate with your partner(s)

Source: Adapted from Munro-Kramer, M. L., Rominski, S. D., Seidu, A. A., Darteh, E. K. M., Huhman A., and Stephenson, R. (2020). Relationship Tidbits Facilitator Manual (Unpublished). From a Sexual Violence Primary Prevention Program in Ghana.

Pregnancy prevention (Contraceptives)

Quiz

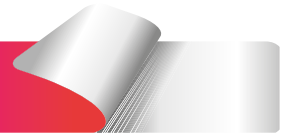
SELECT ONE ANSWER FOR EACH ITEM	TRUE	FALSE	DON'T KNOW
1. Using contraceptive methods like pills, injections, and implants can make people lose interest in sex.			
2. Condoms often have holes in them.			
3. Prolonged use of contraceptive methods can cause cancer or infertility.			
4. Contraceptive methods are against African culture.			
5. Long-term use of condoms can cause impotence.			
6. Some contraceptive methods weaken the body system.			
7. Contraceptive methods are safe for people who have never given birth.			
8. Contraceptive methods don't always work.			
9. Contraceptives can be used by girls as young as 13.			
10. Condoms are the only contraceptive method that can prevent both unintended pregnancies and STI/HIV.			



Answers - Pregnancy prevention (Contraceptives)

ITEM	ANSWER	REASON
1. Using contraceptive methods like pills, injections, and implants can make people lose interest in sex.	FALSE	These contraceptive methods are in use by millions of young people worldwide. Loss of libido is not a side effect that has ever been documented.
2. Condoms often have holes in them.	FALSE	Condoms are tested extensively by manufacturers to ensure they do not have holes in them. Only expired condoms or those that have been exposed to intense sunlight could tear during use.
3. Prolonged use of contraceptive methods can cause cancer or infertility.	FALSE	This is a common myth used to discourage young people from using contraceptive methods. No research has ever shown a link between contraceptives and cancer or infertility.
4. Contraceptive methods are against African culture.	FALSE	Just like many medicines found in chemists, contraceptives originated in Western countries. All people around the world have a right to control their fertility by using these products.
5. Long-term use of condoms can cause impotence.	FALSE	Condoms are as safe to use as a glove on one's hand. Condoms prevent semen from entering another person's body during sex. There are no long-term effects on the penis or man's ability to ejaculate.

6. Some contraceptive methods weaken the body system.	FALSE	Contraceptive methods have no effect on people's strength and ability to perform their daily functions.
7. Contraceptive methods are safe for people who have never given birth.	TRUE	Contraceptive methods can be used safely by any person having sex, regardless of age. Because contraceptives only prevent pregnancy in the short term, one may get pregnant again soon after stopping use.
8. Contraceptive methods don't always work.	TRUE	During normal use, contraceptive methods prevent approximately 95% of pregnancies. Using condoms along with a hormonal method (pill, implant, injectables) can increase effectiveness to nearly 100%.
9. Contraceptives can be used by girls as young as 13.	TRUE	Contraceptive methods can be used safely by any person having sex, regardless of age. Condoms are particularly recommended for young people because they prevent both pregnancy and STIs.
10. Condoms are the only contraceptive method that can prevent both unintended pregnancies and STI/HIV.	TRUE	If someone is sexually active, using condoms is the only method that has dual protection. It prevents STI/HIV transmission because it stops infected fluid (semen or vaginal) from entering another person's body. It also prevents pregnancies because it is a barrier that prevents sperm from reaching an egg.



Youth-friendly health services

What are youth-friendly health services on a university campus?

1. **One-stop shopping** You should be able to get any kind of service on the same day.
2. **Open 24/7** Health services should not close for lunch or in the evening.
3. **Waiting time** The wait should not be more than 15-20 minutes to be served.
4. **Confidential** Your issues should not become known to others, only to health professionals.
5. **Privacy** No one should be able to see if you are getting services, or your body parts exposed.
6. **Respect and dignity** You should always be treated kindly, not rushed or made to feel judged.
7. **Quality services** You should be getting a correct diagnosis and treatment, and not referred elsewhere unless necessary.
8. **Supportive services** No one should be turned away based on how they are dressed, or if they bring some friends along to provide moral support.
9. **Consent needed** No one should be informed about your condition without your consent, unless you are unconscious.
10. **Commodities** All essential commodities for sexual and reproductive health - contraceptive methods, STI/HIV testing and treatments, emergency contraception, etc. - should be in stock at all times.

You have a right to youth-friendly health services

We are going to role play what you are going to do in the moment when you have been mistreated.

Role Play 1 **Nurse is rude to student**

You have a right to get care from someone who is kind and friendly. If they are not, the student needs to remind the nurse of this requirement or complain to someone in charge. The nurse should not say that contraceptive methods are only for prostitutes.

Role Play 2 **Nurse does not maintain confidentiality**

You have a right to not have your personal information shared. If a nurse tells others about why a student has come to the health services, they are violating the student's rights and a complaint should be made to someone in charge.

Role Play 3 **Nurse turns a student away because of how they are dressed**

You have a right to services no matter how you are dressed, even if you have come directly from a pub. Nurses should not deny treatment to any student, no matter the circumstance. In this role play, several students have escorted the friend to get services and they intervene on her behalf.

Role Play 4 **Nurse interrogates LGBTQ student about their sexuality**

Everyone, no matter their sexual identity, has the right to receive quality care regardless of sexual orientation or practices. In this role play, the student will demonstrate how to push back and ensure they get the services they came in for. The student has a right to file a complaint.

A longer-term strategy is for a group of students to work together to create a Youth-Friendly Services Committee to review the 10 items listed above about care provided to improve on the services provided at the university health services. For more information on creating a YFS Champions Committee refer to **4. Survivor Services** in the Toolkit and [Appendices 4C-4E](#).

Complaint process

You have a right to a transparent Campus Administrative Policy on reporting harassment and sexual assault

The campus needs to have clear procedures for the following:

1. Reporting: How to report harassment or assault (by a student, lecturer, staff, cleaner, security guard, etc.)

2. Investigation: Who will investigate and the time period, (e.g. 2 weeks)

3. Adjudication: Who will judge and make determinations (e.g. 3-person team, with 1 student representative)

4. Decision-making: Should only be preponderance of evidence, not complete proof needed

5. Consequences: Warning/ accommodations, suspension, expulsion, or dismissal

Students should be given the option of confidential counselling and medical treatment only, if desired. Police should be contacted for criminal activities beyond the scope of the campus security process.

Resources: Where can you go for help?

1. CARE Counsellors
2. University Health Services
3. Dean of Students
4. REVOC Club Leaders

2G. REVOC Short Films and Discussion Questions

There are numerous good short films in the pages that follow. After the REVOC Club members watch any of the short films, have a group discussion about the film.

VIDEO TOPICS:

Consent
Campus Action
Bystander Training
Survivors Stories
Engaging Men Against Assault

Suggested discussion questions are:

- What were some of the main points that you learned from this film?
- What aspects of the film are relevant to your life or really affected you?
- Who else on this campus do you think should be watching this film and why?
- Based on this film, what could the REVOC Club do to make improvements on this campus or in the lives of students here?




Title	Topic	Length	Link	Synopsis	Comments
Sexual Assault on College Campuses: What We Can Do	Campus Action Plan	9:35	https://vimeo.com/165189572	This animated video gives an extensive overview of sexual assault and its prevalence on college campuses. Additionally, it provides an excellent 7-step plan for creating and advocating for a comprehensive sexual assault program on a university campus.	Educational, great video for the REVOC Club
Intervene	Bystander	19:00 (First 2 mins only)	http://www.cornell.edu/video/intervene	Explains that an intoxicated young woman at a party is being led upstairs by a boy that she does not know. Other people at the party decide to intervene and prevent an assault.	Real-life situation, college age students
Bystander Intervention to Prevent Assault	Bystander	3:35	https://www.youtube.com/watch?v=Uu-Ely0zFt8	Shows how a girl has become severely intoxicated at a party and is being taken advantage of/separated from her friends. Gives step-by-step instructions by college students on what measures to take.	Good instructional content, step-by-step bystander training
When your Date Doesn't Hear the Word "No"	Date Rape	5:34	https://www.youtube.com/watch?v=qj_OcHp7zm8	Shows how a girl goes on a date with a guy and ends up drinking more than she wanted to because of pressure. Then he pressures her into letting him drive her. Although she tells him "No" he assaults her.	Great video for discussion, college-age students

Title	Topic	Length	Link	Synopsis	Comments
Makerere University Students Reveal Details of Sexual Harassment	Survivor Story	4:08	https://www.youtube.com/watch?v=8GD-FQ5aihBE	News report about the harassment at Makerere University. Interviews with victims of abusive lecturers. Includes an interview with a male lawyer who represents a female student who was expelled from school after reporting harassment, discusses courage to come forward.	College age students, African students, good for discussion
Brown University Student Shares his Story of Sexual Assault	Survivor Story (male)	6:11	https://www.youtube.com/watch?v=2GwECrVhFF4	A student shares his story of being assaulted in a dorm bathroom during his first week of college. He describes his feelings of confusion and guilt after the assault. Months later he decides to tell the school about the assault and the other student is expelled.	College age student, Male survivor story, emotional
Battling Campus Sexual Assaults	Survivor Story	7:38	https://www.youtube.com/watch?v=pVwiGU7AEpc	News report of Columbia University students who were sexually assaulted their first year in college. The 3 survivors explain the feelings that follow sexual assault/rape including guilt and depression. Discusses how assaulters are not properly punished.	First year college students, survivor stories

Title	Topic	Length	Link	Synopsis	Comments
NBS Investigates: Sex for Marks at Makerere University	Survivor Story	15:35	https://www.youtube.com/watch?v=ztH-pNJLcvls&t=48s	Investigative news report on abusive lecturers at Makerere University in Uganda who take advantage of students and promises them better grades. Includes a survivor story of a girl. Also discusses how cases are underreported to the university police.	College age students, good for discussion, interview with survivor
"Sexy Clothing Provokes RAPE"	Anti-Sexual Assault	9:41	https://www.youtube.com/watch?v=S-3N3io-2q_k	Discusses why the way a woman dresses is never an excuse or invitation for rape or sexual assault.	Important issue at Moi University
Tea and Consent	Consent	2:59	https://vimeo.com/128105683	Animated video that was very popular among US college students. The video compares giving consent in a sexual context to offering someone a cup of tea. Just as someone has the right to refuse a "cup of tea," they also have the right to refuse sexual activity.	Funny, relates consent to a less serious topic
Brown University Students Ask for Consent	Consent	4:43	https://www.youtube.com/watch?v=8lRIW-WItLx4	It begins by explaining that consent during sex is important and having multiple students define consent. They then explain that "no" means "no" and give some examples of questions to ask your partner such as "are you comfortable with this?"	College students, diverse

Title	Topic	Length	Link	Synopsis	Comments
Sexual Harassment at Makerere University	Survivor Story	4:05	https://www.youtube.com/watch?v=LT-gEP-GesC8	News report on the students' testimonies at Makerere University where the lecturers failing female students on purpose and sexually harassing them after promising them better marks.	College age students, good for discussion
The Solution to Fighting Sexual Assault in Kenya	Survivor Story	9:54	https://www.youtube.com/watch?v=BbQD-sW8tX3A	TED talk by Kizzie Shako, a forensic clinician in Kenya who wants to help victims of sexual assault/violence. She calls for a more comprehensive treatment center specifically for victims of sexual assault.	Young Kenyan woman speaking, good survivor story
Why Women Stay Silent After Sexual Assault	Survivor Story	16:42	https://www.ted.com/talks/ines_hercovich_why_women_stay_silent_after_sexual_assault	Why do women who experience sexual assault rarely speak up about it? "Because they fear they won't be believed," says Inés Hercovich. She explains what these situations really look like -- and the difficult choices women make to survive.	Survivor story, real life situation, good for discussion
Violence Against Women—It's a Men's Issue	Men Against Sexual Assault	17:40	https://www.youtube.com/watch?v=ElJxUV-J8blw	TED talk by Jackson Katz, who discusses how domestic violence and sexual abuse are often called "women's issues." But he maintains that these are intrinsically men's issues and tied to definitions of manhood.	Explains men's responsibility in this issue

2H. Phone Numbers List (Example)


MOI UNIVERSITY
OFFICE OF THE CHIEF SECURITY OFFICER
INTERNAL MEMO

FROM: Chief Security Officer DATE: 23rd July, 2019

TO: All Staff & Students REF: MU/ADM/S&S/GC/21/306

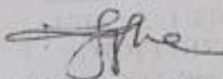
SUBJECT: SECURITY AND SAFETY DEPARTMENT HOTLINES

The following are the Security and Safety HOTLINES which are available on twenty four hour basis.


1. 0726 206 156 - Hotline
2. 0724 136 555 - Chief Security Officer
3. 0723 881 904
4. 0723 971 879
5. 0720 253 976
6. 0710 761 679 – Ambulance

Please call the above numbers for help of any nature and to pass information that may be of security nature.

Thank you.


MR. OBADIAH K. ROTICH
CHIEF SECURITY OFFICER

OKR/wr

 (ISO 9001:2015 Certified Institution)

2I. Certificate of Participation (Example)





3. MONITORING

3A. GOOGLE SURVEY 1- KNOWLEDGE & ATTITUDES

REVOC Club - Survey 1

Rape Myth Knowledge & Attitudes

* Required

1. What is today's date? *

Example: January 7, 2019

2. What is the name of the university you attend? *

3. What year are you in your studies? *

Mark only one oval.

- ☐ First
☐ Second
☐ Third
☐ Fourth (+)

4. What best describes your gender and sexual identity? *

Mark only one oval.

- ☐ Woman
☐ Man
☐ LGBTQ Woman
☐ LGBTQ Man
☐ Other: _____

5. If someone is raped while drunk, they are at least partially responsible for what happened. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

6. If someone goes to a party wearing sexy clothes, they are asking for trouble. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

7. If a girl goes to a room alone with a boy, it is her fault if she is raped. *

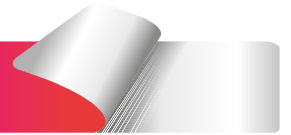
Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

8. If both people are drunk, it cannot be considered a rape. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know



9. False accusations of rape are very rare. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

10. Unless a girl physically fights back, it is not a rape. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

11. A boy never plans ahead for a rape. It just happens. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

12. If a girl says "no" and is still raped, it means that she did not communicate clearly. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

13. Accusing someone of rape is generally done because a person wants to take revenge. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

14. If a boy and girl are in a relationship, then if the boy forces her to have sex, it cannot be considered rape. *

Check all that apply.

- ☐ Yes
☐ No
☐ Don't Know

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Google Forms

3B. GOOGLE SURVEY 2- EXPERIENCES

REVOC Club - Survey 2

Experiences of Harassment and Assault

* Required

1. What is today's date? *

Example: January 7, 2019

2. What is the name of the university that you attend? *

3. What year are you in your studies? *

Mark only one oval.

- ☐ First
- ☐ Second
- ☐ Third
- ☐ Fourth (+)

4. What best describes your gender and sexual identity? *

Mark only one oval.

- ☐ Woman
- ☐ Man
- ☐ LGBTQ Woman
- ☐ LGBTQ Man
- ☐ Other

5. As a student here, have you ever gone to bed hungry because you could not afford food? *

Mark only one oval.

- ☐ No
☐ Yes, a few times
☐ Yes, many times

6. If you experienced sexual harassment or assault, do you know where on this campus where you could go to get help? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Maybe

7. Since you have been a student here, has anyone tried to pressurise you to have sex, even though you said NO? *

Mark only one oval.

- ☐ Yes
☐ No

8. Has any university employee (lecturer, security guard, cleaner, etc.) harassed or assaulted you? *

Mark only one oval.

- ☐ Yes
☐ No

9. Has any student on campus harassed or assaulted you? *

Mark only one oval.

☐ Yes

☐ No

10. If you have been harassed or assaulted, did you report it to university authorities? *

Mark only one oval.

☐ Yes

☐ No

☐ N/A

11. If you have been harassed or assaulted, did you get any counselling or health services? *

Mark only one oval.

☐ Yes

☐ No

☐ N/A

12. Would you like to get counselling for any past or present trauma you may have experienced? *

(If Yes, please go to a CARE Counsellor.)

Mark only one oval.

☐ Yes

☐ No

☐ N/A

3C. GOOGLE SURVEY 3- USE OF SRH SERVICES

REVOC Club - Survey 3

Use of and Knowledge about University Health Services

* Required

1. What is today's date? *

Example: January 7, 2019

2. What is the name of the university that you attend? *

3. What year are you in your studies? *

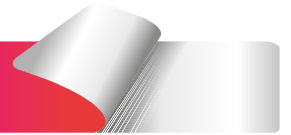
Mark only one oval.

- ☐ First
- ☐ Second
- ☐ Third
- ☐ Fourth (+)

4. What best describes your gender and sexuality? *

Mark only one oval.

- ☐ Woman
- ☐ Man
- ☐ LGBTQ Woman
- ☐ LGBTQ Man
- ☐ Other



5. Do you think condoms are safe and effective for young people to prevent HIV/STI and unwanted pregnancy? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't Know

6. Do you think that injections, pills, or implants can be used safely by young women to prevent pregnancy? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't Know

7. Since arriving on this campus, have you ever contracted an STI? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't Know

8. Since arriving on this campus, have you been impregnated, or have you impregnated someone else? *

Mark only one oval.

- ☐ Yes
☐ No

9. Have you ever visited the university health services to get contraceptives or services? *

Mark only one oval.

- ☐ Yes
☐ No

10. If yes, how would you rate the services? *

Mark only one oval.

- ☐ Excellent
☐ Fair
☐ Poor
☐ N/A, never visited

11. Have you ever visited the university health services to get an HIV/STI test? *

Mark only one oval.

- ☐ Yes
☐ No

12. If yes, how would you rate the services? *

Mark only one oval.

- ☐ Excellent
☐ Fair
☐ Poor
☐ N/A, never visited

13. Do you think that family planning pills, injections, or implants could have serious side effects for girls, like cancer or infertility? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't Know

14. Do you think some unexpired condoms have holes in them that make them ineffective? *

Mark only one oval.

- ☐ Yes
☐ No
☐ Don't Know

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Google Forms

3D. Google Survey 1 - ANSWERS

What You Need to Know - RAPE Myth Knowledge & Attitudes

ITEM	ANSWER	REASON
1. If someone is raped while drunk, they are at least partially responsible for what happened.	FALSE	It is never the victim's fault, even if they are drunk. No one should assault a drunk person.
2. If someone goes to a party wearing sexy clothes, they are asking for trouble.	FALSE	People enjoy wearing sexy clothing. It is not an advert for sex. Some may want to have sex, but others do not.
3. If a girl goes to a room alone with a boy, it is her fault if she is raped.	FALSE	A girl may just want to have a private conversation with the boy. He cannot assume she wants sex.
4. If both people are drunk, it cannot be considered a rape.	FALSE	Alcohol is not an excuse for rape. Both have to consent for sex.
5. False accusations of rape are very rare.	TRUE	It is difficult and painful to accuse someone of rape. This is not done lightly. One's whole life can be judged.
6. Unless a girl physically fights back, it is not a rape.	FALSE	Some can be afraid to fight back because they worry about being harmed. Others are too shocked to fight.
7. A boy never plans ahead for a rape. It just happens.	FALSE	Some people do plan ahead for rape. In fact, some people are serial rapists, which means they are looking for new victims, particularly students who are poor or vulnerable.



<p>8. If a girl says “no” and is still raped, it means that she did not communicate clearly.</p>	<p>FALSE</p>	<p>A positive assent is necessary for sex. If someone says “no”, they are not agreeing to sex, even if they continue to stay in the room or do not fight and scream.</p>
<p>9. Accusing someone of rape is generally done because a person wants to take revenge.</p>	<p>FALSE</p>	<p>Making an accusation of rape is a serious issue. If someone is just seeking revenge on a cheating partner, this will be uncovered during an investigation.</p>
<p>10. If a boy and girl are in a relationship, then if the boy forces her to have sex, it cannot be considered rape.</p>	<p>FALSE</p>	<p>A boyfriend also needs to ask for consent from his girlfriend. He cannot assume that he can have sex whenever he wants.</p>

4. SURVIVOR SERVICES

4A. STAFF TRAINING FOR CARE COUNSELLORS

REVOC Staff Training Guide on CARE Counselling for University Guidance and Counselling Staff

Staff Training Plan

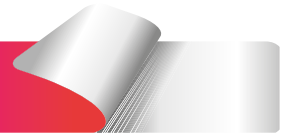
- It is recommended that a university psychology lecturer lead this training.
- For trainings, the trainer will need marking pens, poster paper (or a whiteboard), small cards or pieces of paper, ballpoint pens, and tape.
- The trainer also needs to photocopy handouts for the participants from the “Materials for Trainer.”
- Before the training, the trainer needs to confirm the process for lodging a complaint, and identify resources available on their university campus for sexual harassment and assault survivors, to share with the trainees at the end of this session.

Training Topics

1. Understanding Trauma
2. Role of CARE Counsellors
3. Working with Recent Sexual Assault Survivors
 - Beliefs to Reinforce
 - Specific Issues and Counselling Processes
 - Techniques for Counselling
4. Building an Environment of Care
 - Core Principles of Trauma-Informed Care
 - Privacy and Confidentiality
5. Practice Trauma-Informed Response
6. Complaint Process and Local Resources for Sexual Violence Survivors

Training Agenda

Introductions and Ground Rules (15 minutes)



Have participants share out ground rules for the training (e.g., no side conversations, phones are silenced, respect everyone's opinion, no gossiping, keeping to time, no judgements)

Understanding Trauma (15 minutes)

- A. Discuss what is trauma. (*Refer to training materials.*)
- B. Ask participants to take a minute to reflect on any trauma they may have experienced in their lives. Ask if anyone wants to share out what helped them to heal from the trauma they may have experienced.

Role of CARE Counsellors (30 minutes)

- A. Discuss their current role as guidance and counselling staff at this university. Have them share out what their normal work entails.
- B. Explain that the university now wants guidance and counselling staff to serve also as CARE Counsellors.
- C. Review one-by-one each of the responsibilities of a CARE Counsellor.
- D. Discuss among the group which of these responsibilities are new, and which they already have experience with.
- E. Have trainees give examples of how they have previously/currently assisted traumatized students.
- F. Discuss how Care Counsellors might feel some "burn-out" and ask participants for ideas on how to avoid burn-out.

Working with Recent Sexual Assault Survivors (45 minutes)

- A. Review and discuss the three Beliefs to Reinforce.
- B. **Create in advance** cards with the 13 Specific Issues/Emotions on one side and the students' response on the other side.
- C. Hand out the cards to participants and ask participants to read out each card.
- D. The trainer would then explain why this is common and ask participants to help someone expressing this issue/emotion.
- E. **Create in advance** another set of cards with the five techniques for responding to the specific issues/emotions, with techniques and the definition on one side, and Counsellors' response on the other side.
- F. Hand out cards to participants with the techniques and ask participants to read each card one by one. After each card, discuss the technique.

Break (15 minutes)

Building an Environment of Care (45 minutes)

- A. Discuss with the participants the 6 Core Principles of Trauma-Informed Care. For each principle ask participants to explain why this principle is essential to help survivors of violence
- B. Have participants read out loud about the real life experiences of Kenyan university students, from *The Standard*: [Campus girls open up about rape by fellow students](#)
- C. Divide the group into (4) small groups. Have the groups use the 6 Principles to discuss what they would do to help Agnes to heal if the student came to see them to discuss.
- D. Reconvene and have the groups share out their ideas
- E. Discuss with the participants why Privacy and Confidentiality are also key components of trauma-informed care and the importance of not contacting a student's parents or guardian without their express permission

Practice Trauma-Informed Responses (45 minutes)

- A. Discuss what is meant by a "trauma-informed response".
- B. Explain the 4 main aspects of trauma-informed care and why it is worth doing.
- C. Review with the trainees the DO's and DON'Ts of trauma-informed response.
- D. Engage in Role Plays to practice providing trauma-informed care.

Role Play 1 - Student raped at a party

Student had been out at a party and became intoxicated. Another student said he would take her to her hostel, but instead he took her to a room and raped her. Student went to health services and the nurse examined her. Afterwards, the nurse escorted her to the guidance and counselling staff for CARE Counselling. Do a role play of how to provide counselling to the student who has now been brought to the guidance and counselling Staff person.

Role Play 2 - Student being sexually harassed by lecturer

Student has had trouble with understanding some class material and asked to meet with the lecturer during office hours. While in the office hours the lecturer made many suggestive comments to the student and said that if the student wanted a good grade in the class, she needed to sleep with him. Student left the office hours without getting the assistance and is feeling very hopeless. She comes to the guidance and counselling staff for help. Do a role play of how to provide counselling for this student.

Role Play 3 -

Male student is experiencing intimate partner violence

Student has been living in a rental with a girlfriend who is able to afford the rent. The girlfriend began accusing the student of different things and now the girlfriend is physically and verbally abusive. The student feels trapped in the relationship and comes to the counsellor for help. Role Play the student coming to the counsellor for help.

Role Play 4 -

LGBTQ student is assaulted by a male student

New LGBTQ student had trouble with schoolwork. An older male student offered to help him with an assignment. When they went to the older student's room, he locked the door and proceeded to sexually assault the LGBTQ student. Student went to health services and the nurse examined her. Afterwards, the nurse escorted her to the guidance and counselling staff for CARE Counselling. Do a role play of how to provide counselling to the student who has now been brought to the guidance and counselling staff person.

- E. After each Role Play, discuss what could have been done better to provide support (focus on the DO's) to the students and minimize the DON'Ts.

Complaint Process and Local Resources for Sexual Violence Survivors (15 minutes)

CARE Counsellors should become very familiar with the complaint process and the local resources for sexual violence survivors on or near their university campus. They may review the example provided, but be prepared to share with participants their university's complaint process and local resources for survivors.

Final Recap (15 minutes)

Have all participants return to their seats to summarize what was learned during the training. Have different participants share out something new that they learned or will be discussing with others.

End with snacks, if available.

Materials for Trainer of CARE Counsellors

Understanding Trauma

Sexual assault trauma is a physical and emotional violation that might result in feelings of intense fear, powerlessness, and hopelessness.

Such events can be traumatic, not because they are rare, but because they overwhelm the internal resources that give individuals a sense of control, connection, and meaning.

Trauma begins when an event or experience overwhelms normal coping mechanisms. Physical and psychological reactions— which are normal — often result in response to the traumatic event.

Re-traumatization occurs when an environmental cue related to the trauma (e.g., a sound or smell) triggers a fight, flight, or freeze response in the survivor. While it is not possible to eliminate all environmental cues, it is important that sexual assault services programmes create environments where survivors feel safe.

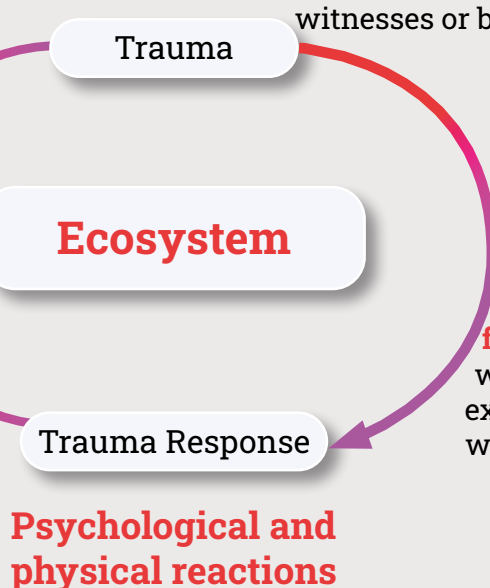
The model below represents how each individual's reaction to a traumatic event is influenced by the circumstances surrounding the event and the individual's lived experiences. The attributes of the community to which the survivor belongs also can influence how a survivor is affected by trauma. The individual, the event, and the environmental factors can shape a survivor's reaction to trauma and the healing process.

AN ECOLOGICAL UNDERSTANDING OF TRAUMA

Individual factors: Age, personality, previously developed coping skills, previous traumatizations, relationship to the perpetrator, resilience, developmental stage

Event factors: Frequency, severity, duration of the event(s), degree of violence or bodily violation, extent of terror or humiliation, existence of witnesses or bystanders

Contributing factors of retraumatization: Triggers, response to disclosure, contact with perpetrator, victimization, lack of control, empowerment, agency or safe environment



Environmental factors: Context in which trauma was experienced (home, work, school, social gathering) and pre-existing support system

Role of CARE Counsellors

1. Provide face-to-face and telephone crisis counselling to victims/survivors of recent or past violence or sexual assault (including interpersonal violence, rape, attempted rape, harassment, stalking, abuse and other sexual misconduct).
 - May also include non-offending family members and support people.
2. Provide crisis care services to deal with shock, loss, grief, despair, depression, anxiety, stress.
3. Assist victim/survivor to develop a plan of action, which may include:
 - Getting medical help
 - Telling authorities
 - Reporting to police
 - Telling family members
 - Getting legal advice
 - Making other changes (such as in lodging, classes)
 - Learning stress reduction
 - Connecting to a support group
4. Liaise with other professionals, as necessary, to help survivor carry out her/his plan of action
5. Assure confidentiality at all times
6. At end of each counselling session, maintain a brief record of what transpired and when will meet again, if appropriate
7. Provide up to ten counselling sessions for any individual, unless survivor remains in crisis

CARE Counsellors – Also Need to Beware of Burn-Out

Vicarious trauma

This refers to the cumulative effect of witnessing the suffering of others over time. While those who work with survivors of sexual violence might be impacted positively by this work, vicarious trauma refers to negative changes to an individual's physical, psychological, and spiritual health. When considering the impact of trauma in an effort to create cultures of trauma-informed care, it is important to address the needs of organisations and staff in order to reduce and effectively respond to vicarious trauma. Counsellors may benefit from monthly meetings amongst each other to share experiences.

Working with Recent Sexual Assault Survivors

Beliefs to Reinforce

It is essential that the counsellor communicate to the sexual assault survivor that they are believed. By validating their experience, you validate their sense of self. These are the main beliefs to reinforce:

1. **Survivors should not blame themselves:** They are not responsible for being sexually assaulted. The assault does not mean they are promiscuous or immoral. Their survival of the assault means they did the right thing.
2. **Survivors should be in charge:** It is their right to make decisions about events which affect their lives (i.e., whether to report the crime, tell family, friends, etc.). With their consent, the counsellor will actively encourage support and cooperation from family and friends. They have the counsellors support no matter what decisions they make.
3. **Survivors should not be compelled to answer all questions:** The counsellor does not demand or expect immediate open communication with the survivor's regarding how they feel or the details of the assault.

Specific Issues and Counselling Processes

Each survivor of sexual assault has their own personal and private experience. The way they respond to the assault is determined by a multitude of factors. These include, the survivor's age, relationship status, cultural background, personal history, physical ability, access to support systems, level of self-esteem and the unique combination of strengths, weaknesses and skills that help them survive the situation which all combine to produce unique experiences.

However, just as there are common patterns of sexual assault, there are common responses to sexual assault. These responses will be experienced by most survivors at some point in time.

Issue/ Emotion	Student response	An effective CARE Counsellor response
Power- lessness and loss of control	"I feel so help- less. Will I ever be in control again?"	Because all forms of sexual violation involve a wrestling of power from the survivor, the counsellor's primary role must be to facilitate the empowerment of the survivor. By explaining procedures and options, by respecting and advocating for their choices, the counsellor can help the survivor to regain a sense of control in the ongoing process of their life.
Emotional numbness	"I feel so numb. Why am I so calm? Why can't I cry?"	Many survivors experience periods of emotional numbness which is a shock response. This response is often misinterpreted by others. It may be taken as an indication that they are in control, are unharmed, or are fabricating their experience. However, emotional numbness frequently occurs. The counsellor needs to help the survivor to discuss the experience and recognize that their numbness should be interpreted as a 'front line' defense against the overwhelming reality that they have been sexually assaulted.
Denial	"Was it really sexual assault? I'm okay. I'll be fine."	Following the initial shock of the assault, or even months later, a survivor may deny to others or to themselves that they have been assaulted. They try to suppress the memory of what happened in an attempt to regain the previous stability of their lives. The counsellor needs to assure the survivor that all forms of sexual harassment and violation are experienced as threatening and can have devastating consequences.
Disturbed sleep	"I am having trouble sleep- ing."	Survivors of sexual assault often experience sleepless nights &/or nightmares. The nightmare may involve reliving the assault/s which indicates that they have unresolved issues pertaining to the assault. The counsellor should support the survivor in the process of sifting through these issues. Also important is to affirm that as the healing continues, the nightmares or sleepless nights will become less frequent.

Issue/ Emotion	Student response	An effective CARE Counsellor response
Guilt/ self-blame	"I feel as if I did something to make this happen. If only I hadn't..."	Survivors of sexual assault may feel that they could have avoided it by acting differently, referencing myths that prevail in the community, which frequently blame the survivor rather than the offender. Similarly, if they believe they could have resisted more forcefully they may also feel at fault. Counsellors must remind survivors that the offender is always at fault. Nothing a survivor does is 'asking for it'. The survivor's strategies for surviving the assault are issues for affirmation, not condemnation. The counsellor must reinforce that the survivor is not to blame and that it is the offender who must take full responsibility for the crime they have committed.
Embar-rassment / shame	"I feel so dirty, like there is something wrong with me now. Can you tell that I've been raped? What will people think?"	Many people who have been sexually assaulted feel intensely ashamed and embarrassed. They often feel dirty or 'marked for life'. This may prevent survivors from speaking out about the assault. The counsellor needs to encourage survivors to work through these assumptions to ensure appropriate relocation of responsibility for the assault to the offender.
Loss of confidence	"I feel I can't do anything anymore.... even the simplest things."	The experience of assault exposes the survivor to the reality that they cannot always protect themselves. The assault is not only an invasion of the survivor's physical self but also the intellectual, social and emotional self. The experience of assault brings about vulnerability issues which can devastate self- confidence and destroy assumptions about the world and your place within it. To facilitate the survival process, counsellors must concentrate on building and affirming a newly defined sense of confidence.

Issue/ Emotion	Student response	An effective CARE Counsellor response
Mood changes	"I feel like I'm going crazy!"	After the assault, the survivor's emotions may swing from intense emotional pain to complete numbness. Feeling at the whim of emotions over which they have no control may make them believe they are psychologically unstable or crazy. Counsellors can support survivors by predicting the possibility of intense mood changes and validating their responses while placing them in a framework of 'normal' and understandable responses to trauma. The survivor should also be reassured that as they continue to work through the issues these reactions will subside.
Low self-esteem	"I'm disgusted by myself, by the memories. I'm just worthless."	Given that sexual assault disempowers and humiliates, it is not surprising that survivors often experience low self-esteem. Counsellors must focus attention on the positive aspects of the survivor's character, strategies to cope, and personal achievements as a means of enhancing and making more accurate the survivor's sense of self.
Depression	"How am I going to go on? I feel so tired and hopeless."	Many survivors suffer periods of depression. It may take the form of inertia, fear, anxiety or self-hatred, numbness, loss of appetite, disturbed sleep. After being assaulted many of a survivor's previous assumptions about themselves, and their rights lose meaning, leaving them feeling undermined. Counsellors should try to uncover themes beneath the depression, including personal grief and repressed anger. The release of grief & appropriate refocusing of anger may empower survivors.

Issue/ Emotion	Student response	An effective CARE Counsellor response
Fear	"I'm constantly jumpy. A sudden noise, an angry voice, moving bushes and I am afraid."	During an assault many survivors fear for their lives. Often this fear is a direct result of the offender's threats. They may experience fear generated by the possibility of pregnancy or STI's or live in fear of running into the offender again or facing them in court. The counsellor should regard the survivor's fears as legitimate and support them to develop strategies which will contribute to a gradual rebuilding of their confidence in day-to-day living.
Anxiety	"I feel so tense. I'm a nervous wreck."	Survivors of sexual assault often experience severe anxiety which may manifest in physical symptoms like difficulties in breathing, muscle tension, nausea, stomach cramps or headaches. These symptoms can be eased as they gradually deal with the issues underlying the stress, and employ relevant stress management strategies. Counsellors should support survivors to use stress management techniques.
Loss of sexual confidence	"I just can't bear to be touched"	For those who have been sexually assaulted, the experience of sexual expression may now be linked to aggression, hostility, force, domination, insensitivity and coldness. Often it is difficult to free one's mind of these associations and feel comfortable again in a sexual relationship. It is important that the survivor's partner not pressure them into sexual activity and ensure that the survivor is the one to initiate. The counsellor can facilitate a dialogue between survivor and their sexual partner.



Five Counselling Techniques

There are **five specific techniques for counselling** which will assist you and reduce the trauma effects of sexual assault. These include:

Technique	Definition	How a CARE Counsellor can respond
1. Universalising	It is helpful to draw attention to the links between experiences which the survivor sees as specific to him/her and experiences of other assault survivors.	"You know, many survivors I've spoken to say that they feel similar to the way you said you felt immediately after the assault...an overwhelming sense of grief."
2. Individualising	It is important to recognize any features which are specific to the person's situation that may make his/her feelings, thoughts and behaviors unlike those of others.	"...as you said, when Clara was assaulted, there was a lot of support around.... people she could call on. Your situation is very different, isn't it? You don't know anyone who you can count on that won't blame you for what happened. This may explain why you continue to blame yourself. What do you think?"

Technique	Definition	How a CARE Counsellor can respond
3. Believing, validating feelings and statements	The survivor's feelings and statements should be believed and validated, not ignored or reinterpreted. This also means recognizing outside institutional and social pressures that stimulate a person to act, think and feel a particular way. A sexual assault survivor's feelings, thoughts, and behaviors are entirely justified.	"people around you act as though you're no longer yourself. They don't know how to respond to you and sometimes avoid you. No wonder you're feeling so down."
4. Encouraging the survivor to speak for him/herself	The sexual assault survivor had their power denied and there is a need to support them in developing direct, assertive communication rather than covert, manipulative or physically aggressive communication.	"...it is understandable that you did not scream or try to get away from the rapist. If you had tried either of these things, you may have been hurt or even killed."
5. Re-labelling the experience	This involves exploring and reframing the significance or meaning that can be given to a feeling, thought or behavior. This is particularly important for sexual assault survivors who, in retrospect, often blame themselves.	"...perhaps he assaulted you because he wanted to show he had power over somebody, not because he had an uncontrollable sexual urge."

Building an Environment of Care

Trauma-Informed Services

A trauma-informed approach integrates an understanding of a survivor's history and the entire context of their experience.

The survivor's strengths are at the center of trauma-informed services. Resilience is the core focus, as opposed to pathology, problems, or symptoms.

What are the principles of trauma-informed care?

Following are recognized core principles of a trauma-informed approach to care that are necessary to transform a Health care setting:



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness & Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility & Responsiveness

Biases and stereotypes and historical trauma are recognized and addressed

Adapted from the Substance Abuse and Mental Health Services Administration's "Guiding Principles of Trauma-informed Care.",

Source: from Trauma-Informed Care: Implementation Resource Center. [What is Trauma-Informed Care?](#) (April 2021.) Center for Healthcare Strategies.

Real Life Examples of Trauma Experienced by Kenyan University Students

The Standard:

Campus girls open up about rape by fellow students

By Miriam Mukami | April 2021

As the Ministry of Education is scratching its head in an attempt to get students back to school, some university girls are reluctant to go back to campus fearing sexual harassment by people well known to them.

The harassment often ranges from unwanted explicit messages and sexual advances, catcalling and forced sex. Sadly, most of these go unreported – and the perpetrators are never punished.

Young women, most of them in their first year in the university, are left nursing deep wounds that could last a lifetime.



According to psychological counsellor Esther Mentor, sexual assault in campuses mostly happens among students who know each other including friends or even lovers.

In Kenya, such victims rarely report sexual assault cases due to stigma, besides having been socially close to the perpetrators. Indeed, the offices of the dean of students in the majority of Kenyan universities hardly ever receive rape reports.

Agnes, a victim of sexual assault, agreed to speak to The Nairobiian if we conceal her identity.

"I still remember that day vividly. A male student invited me to his hostel room for dinner. I stayed until late – and before I knew it, it was already deep in the night. I couldn't go back to my room, so

I slept on his bed as he stretched himself on the couch,” Agnes narrates.

“Moments later, he crept onto the bed, began touching my body. I had no intention of sleeping with him. I told him off – and he went back to sleep. I slept but woke up later that night to find him on top of me. I tried fighting him off, but he was too strong. He had his way with me,” says Agnes who is yet to heal from the trauma despite sharing her ordeal with a close female friend.

“The incident stuck and keeps following me like a shadow. I have had to accept it and find a way to live with it,” says Agnes.

Another university student, Joan, says she has been sexually harassed so many times she cannot count in one hand.

“Sometimes men will grab your hand, stroke your boobs or fondle you without your consent,” says Joan.

“A lot of sexual harassment occurs in hostel parties, hosted by men. Many girls get raped in drunken state. Some don’t even know they have been sexually assaulted because they are too drunk to even remember their name,” adds Joan.

On her part, Beatrice, who has since left campus, says she saw campus boys drug naïve girls, then take advantage of them. “It was a common thing in campus; like a competition of sort among the boys. They would invite girls into their hostels and give them spiked snacks to eat. They would then have their way with them. The girls would be too intoxicated to notice anything,” says Beatrice. “I know for instance, that hundreds of new girls were raped during “fresher bashes” after being drugged,” adds Beatrice.

Most rape occurs in relationships. Perpetrators include students, university staff, and community members.

In 2017 January, 20-year-old Abigael Wachira jumped from a moving vehicle and injured her head as she tried to escape from a man. The man had allegedly agreed to drop Abigael and her friend at the hostel after taking them out, but then changed his mind and drove off towards the opposite direction. The 11:30pm incident left Abigael in a coma.

A year earlier in 2016, a lecturer from a local university was accused of raping a student after offering her lift. The woman later dropped the charges.

Perpetrators of sexual assaults range from students, university staff and community members. Most of the rape occurs in relationships. Such aggression can be blamed on drugs and substance abuse, naivety and materialism among female students.

But just what would prompt a victim to keep mum about their rape ordeal in campus?

Most cases, according to sociology professor, Halimu Shauri, go unreported due to several reasons such as culture. We are traditional people, and sexual matters are a taboo. Therefore, coming out to report rape may not be the best action for most girls.

There are girls who drop cases after reconciling with the culprits, others on the assumption that they are adults and therefore as victims cannot blame anyone for 'agreeing' to have sex. Many others are never sure whether they were actually raped given it happened when they were drunk or drugged.

Although there are no clear statistics about date rape in Kenya, a study in the US revealed that date rape was common among students aged between 16 and 24, and that 74 per cent of attackers and 55 per cent of victims were drinking alcohol before the date rapes, with the majority of victims being female college students.

But who is to blame for the rising case of rape in campuses?

According to Prof Shauri, there are a number of factors to blame for the rising numbers. "Some girls have needs that cannot be fulfilled by parents, hence find themselves depending on men who end up abusing them. Others happen due to peer pressure, poverty, lack of knowledge and being in abusive relationships," says Prof Shauri.

Adding: "Many of these girls do not access justice because of poverty and ignorance. Most of them join campus at quite a young age, and are very naïve with regard to their own bodies, rights and access to justice."

On her part, Counselor Esther Mentor thinks it is not just about the victim, but about the perpetrator who might have been assaulted before in their lives, which makes it easy for them to assault someone else as well.

Source: <https://www.standardmedia.co.ke/the-standard-insider/article/2001380727/campus-girls-open-up-about-rape-by-fellow-students>

Privacy and Confidentiality

It is very important for traumatized young people to be able to talk to a trusted adult (such as a CARE Counsellor) about what happened, and not worry that their story will be shared with their parents/guardian without their permission. Young people are concerned that their parents/guardian could punish them or withdraw them from the university if they learn about the student's late night socializing.

CARE Counsellors should inform survivors about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, and when the programme is obligated to report information to child welfare or police). There should be private spaces for staff and survivors to meet and staff should not talk about survivors in common spaces.

The counselling staff should not talk about specific survivors without their permission or discuss the personal issues of one survivor with another survivor.

Practice Trauma-Informed Responses

Trauma-informed care is "a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."⁽²⁰⁾

The goal of "trauma-informed care" is to support the healing and growth of survivors while avoiding re-traumatization.

These are the 4 components of trauma-informed care:

1. **Trauma Awareness:** Those who are trauma informed will understand the prevalence and impact of trauma among their service recipients and within the workforce. Policy and practice reflect this awareness and may be supported with activities such as screening and assessments.
2. **Safety:** Policy and practice reflect a commitment to provide physical and emotional safety for service recipients and staff.
3. **Choice & Empowerment:** to facilitate healing and avoid re-traumatization, choice and empowerment are part of trauma informed service delivery, for both service recipients and staff.
4. **Strengths Based:** With a focus on strength and resilience, service recipients and staff build skills that will help them move in a positive direction.⁽²⁰⁾

Why do we want to provide trauma-informed care?

- We want people who have experienced trauma to feel safe and supported.
- Trauma-informed care has been shown to assist in the healing and recovery process for survivors.

Here are the DOs and DON'Ts

DO:

- Welcome and be friendly, introduce yourself
- Comfort and calm the client
- Remind them that it is not their fault, no matter what
- Be aware of non-verbal cues from client that may show anxiety
- Maintain appropriate physical boundaries
- Be comfortable with expressions of emotion or lack of emotion
- Be empathetic, show support, validate experiences
- Assure confidentiality
- Give clear explanations in each step of the process
- Help them know their options and make choices

DON'T:

- Judge or blame them
- Make decisions for them
- Make promises you cannot keep
- Give inaccurate information
- Re-traumatize them

Complaint Process for Sexual Violence Survivors

CARE Counsellors should become very familiar with the complaint process and the local resources for sexual violence survivors on or near their university campus. Survivors who disclose are often seeking help for issues that they can no longer cope with alone. However some may report in order to launch an investigation and get justice. Each campus should have three avenues for reporting.

1. **Disclosure** is for students to get personal help to address physical, mental, and ongoing health needs:
 - *Provide students with appropriate (trauma-informed, youth-friendly) health services treatment, and*
 - *Connect students to CARE Counsellors for mental health counselling and other (on-going) social-support needs.*
2. **Anonymous reporting** is for students to make sure the university is aware of the incident, by which the university can take action if deems it necessary, and
 - *Provide students who have been victimised a pathway to share information, anonymously. Anonymous reporting empowers some who otherwise might not report. This method can also be used by others with the survivor's permission.*
 - *Universities should make clear to survivors/victims that in cases where a survivor chooses not to reveal identifying information, the institution may not be able to pursue any legal or disciplinary actions under anonymous reports. While the university is limited in the actions they can take, it provides important information about prevalence, campus climate, and specific locations.*
3. **Standard reporting** is for students who report to university administration so the university investigates the matter promptly and takes appropriate actions.
 - *If the perpetrator is a student, (depending on the severity) the punishment may be: 1) accommodation- a perpetrator will be removed from the survivor's hostel or classes; 2) suspension; or 3) expulsion.*
 - *If the perpetrator is a university employee (including a lecturer), the university can decide on an appropriate punishment of: 1) warning; 2) suspension; or 3) dismissal.*
 - *Students also have the right to report the sexual assault to the police and receive help from a CARE counsellor in filing a report.*

Source: Adapted from **Where to Start**: Understanding and Implementing Your Campus Response Protocol to Confidential Reporting. (2015). Boston, MA: Victims Rights Law Center. <http://changingourcampus.org/application/files/6714/6340/6313/Where-to-Start-Assessment-Tool-Guide-Employee-Sheet.pdf>

4B. HOTLINE (EXAMPLE)

REPORTING MECHANISMS FOR SGBV CASES

When abused, report to the Health Unit first for cases that need immediate medical attention and also for evidence preservation. Then report to the Security office. You can also visit the Centre for assistance. You can also call the numbers below for help.

Confidential Advisor Hotline No:
0728537209
Security Hotline No:
0723 772 305/ 0786 401 124
or Security Number in your
respective Campus

CENTRE FOR GENDER EQUITY AND EMPOWERMENT WILL:

- o Receive Survivor and forward her/him to Health Unit and Security.
- o Receive reports from Health Unit and Security on Survivors who have visited and institute follow-up.
- o Receive and consolidate reports from Confidential Advisors from every campus.
- o Facilitate provision of shelter, offer Legal aid, and counselling services where necessary.
- o Refer survivor to GBV partners where necessary.
- o Update and receive confidential reports from the website.
- o Report to the Vice Chancellor.

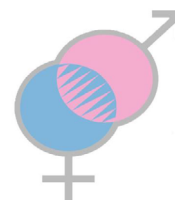


**KENYATTA
UNIVERSITY**



ENQUIRIES

For further information please contact:
Centre for Gender Equity and Empowerment
Kenyatta University
P.O. Box 43844-00100
Nairobi, Kenya
Directorate Complex, 2nd Floor room 206
Telephone: 8710901 Extension 4333
Email: director-gender@ku.ac.ke



**CENTRE FOR
GENDER EQUITY
AND EMPOWERMENT
(CGEE)**

THE MISSION

To mainstream Gender perspectives in all operations of Kenyatta University and ensure safe and conducive learning/working environment.

THE VISION

The vision of the Centre is to provide guidance to Kenyatta university Community on how to respect and value each individual irrespective of age, class, gender, ethnicity, race and any other differences, uphold human dignity, equality and equity.

GOAL

The overall goal is to promote gender equality and equity in Kenyatta University in all its operations.

OBJECTIVES

- o Mainstream gender in all operations and activities; planning, implementation and budgeting processes.
- o Ensure curriculum design, development and implementation, pedagogy and material development are gender responsive.
- o Increase participation of women and men in governance.
- o Eliminate Sexual and Gender Based Violence
- o Encourage research on Sexual and Gender Based Violence that informs policy planning and programming.
- o Enhance awareness of Gender and HIV/AIDS and the importance of making responsible life choices.

CENTRE'S MANDATE

1. Facilitate gender mainstreaming and best practices on gender in all functions of the University.
2. Sensitizing staff and students on the Gender Policy and the Sexual and Gender Based Violence Policy.
3. Conduct seminars and workshops which will enhance the understanding of gender related issues.

4. Engage in outreach programs and advocacy in Sexual and Gender Based Violence issues through public lectures, seminars and workshops.
5. Provide consultancy services and counseling on gender issues.
6. Promote partnerships and collaboration with stakeholders on gender.
7. Coordinate with other directorates (Disability, AIDS Control Unit, Financial Aid, Wellness) to ensure wholesome approach to dealing with the wellbeing of women and men and the orphaned, marginalized and vulnerable individuals.
8. Collect sex disaggregated data in order to advise University Management on student admission and staff recruitment, appointments and promotions based on gender.
9. Develop strategies for the advancement of gender skills and capacity building in gender and development.
10. Monitoring and evaluation of gender responsiveness in all activities, processes and programs in the University.
11. Receive and act on Sexual and Gender Based Violence reports, to ensure a conducive environment is maintained.

LIFE TIPS

What to do when abused/know someone who is abused

1. Get to a safe place, report to Security office and CGEE as soon as possible.
2. Stay away from the person abusing you
3. In case of rape do not clean yourself or bathe as this will destroy the evidence
4. Report immediately to the Health Unit for medical attention.
5. If you have to change clothes, wrap the dirty clothes in a brown paper bag. Never use polythene bag, it destroys the evidence.
6. Report case to security and CGEE after being attended at Health facility.

7. Remember it is not your fault.

IMPORTANCE OF SEEKING MEDICAL ATTENTION/HELP WITHIN 72 HOURS AFTER ABUSE

1. To prevent HIV/AIDS transmission
2. To prevent unwanted pregnancy
3. To reduce physical pain
4. To obtain medical report & evidence that will assist during investigations
5. For Psychosocial support.

ENGAGING MEN IN ELIMINATING SGBV

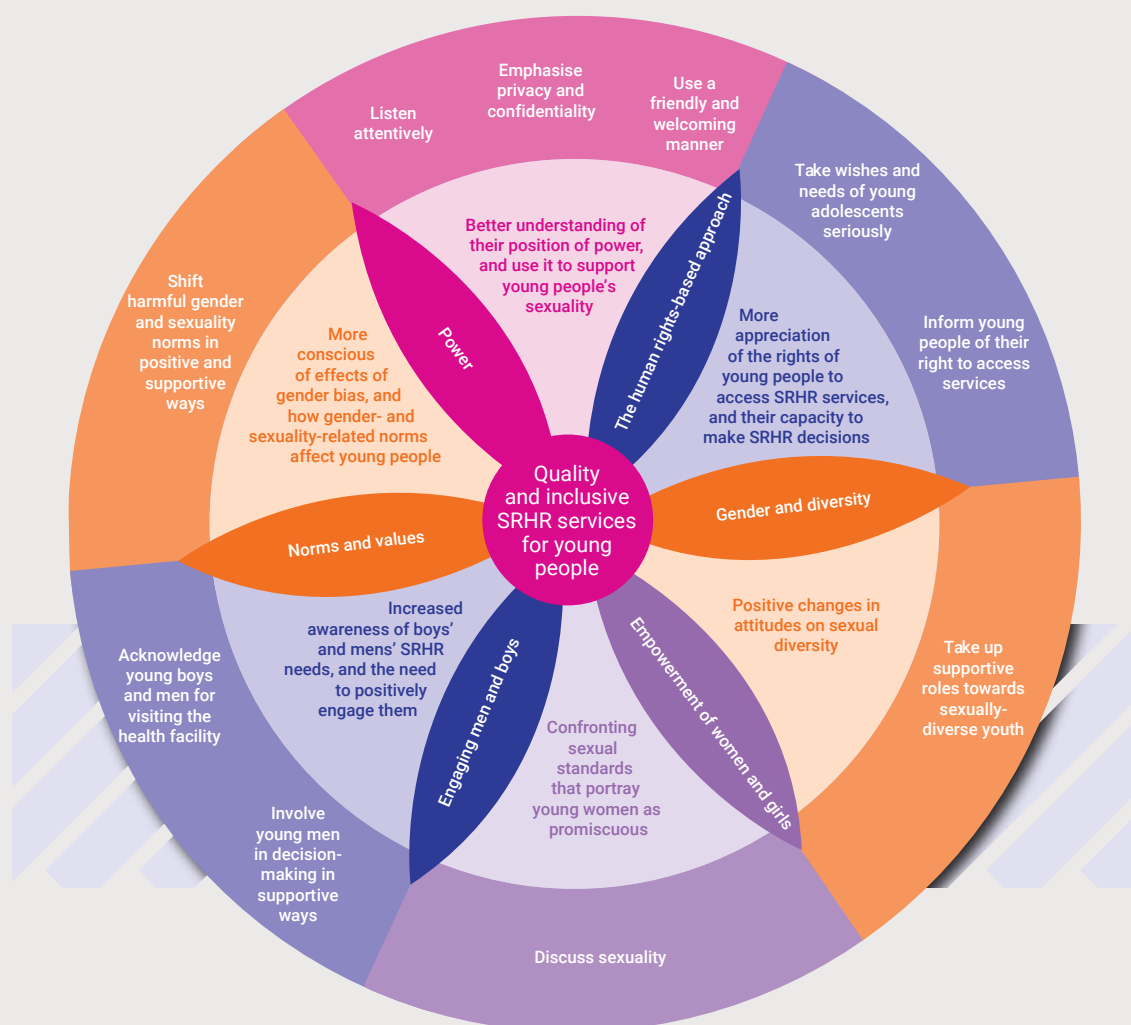
1. Know that silence does not equal to consent
2. Do not use alcohol/drugs to have someone have sex with you.
3. Decide today NOT to look away, NOT to be a bystander and NOT to be silent.
4. Provide support to women and girls and be a role model to young boys in your community.
5. Be respectful to women and girls and be a role model to young boys in your community.
6. Recognize that Sexual and Gender Based Violence will not end until men and boys become part of the solution.

PROTECT YOURSELF AND OTHERS FROM SGBV

1. Always make sure that someone knows where you are going, who you will be with and when to expect you to be back.
2. Do not be too trusting. Be cautious when giving directions to strangers.
3. Trust your instincts. If you feel pressured or threatened in any way do not hesitate to say what you feel or leave if necessary.
4. Do not worry about being polite. Use strong non verbal techniques to reinforce what you are saying such as pushing away, not smiling and using firm voice.
5. Carry a friend's phone number (on a piece of paper) with you to call if you need help.
6. Avoid using shortcuts or passing through dark alleys.

4C. YFS QUALITIES AND FRAMEWORK

Source: Adapted from reference (14)



Some young people asked for a specific healthcare provider. A few young people also shared that they visited that particular health facility because they were encouraged by their peers who had been treated well there, saying things like, "I was motivated by my fellow youths about the good services they offer, the provider is friendly," and "I heard that she (healthcare provider) is secretive, friendly and approachable."

4D. YFS RECOMMENDATIONS BY YOUTH

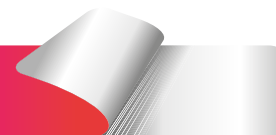
Recommendations for youth-friendly service providers and facilities made by young people

Young people involved in the study were asked what could be improved in provision of sexual and reproductive health services to them. The issues brought up most often by these young people were:

1. Healthcare providers should receive training on providing services to young people in a friendly and non-judgmental way.
2. The number of youth-friendly clinics/corners should be increased.
3. The types of services available in youth-friendly services should be expanded so that there is less need to refer young people and they can get everything they need in one place.
4. The working hours of youth-friendly services should include weekends and evenings.
5. Always have a suggestion box so that young people can share and give feedback on the services that are given to them; create youth involvement forums.
6. Healthcare providers should close the doors during consultations to maintain privacy and to make you feel that anything you say is confidential.
7. Healthcare providers should sensitise the community about diverse sexual orientations and gender identities so that these are not stigmatised and their confidence is built.
8. Healthcare providers should create more awareness in the community about young people's SRHR issues; this would also create more demand.
9. Every facility should ensure there are enough male and female youth-friendly healthcare providers/youth mentors so that young people can choose whether they prefer to seek services from a male or female.
10. There is a need to make SRHR services more attractive and welcoming for boys; this will make them more likely to come and seek a service when they need one.
11. Healthcare providers should be patient with young people who come to access services and take time with them until they feel comfortable to open up about their needs.
12. Healthcare providers should make youth-friendly services more welcoming for young people with diverse sexual orientations by creating easy access to services for them through in-reaches, e.g. door-to-door, and outreaches, e.g. community outreach, treating them equally like everybody else, sensitising healthcare providers on how to address them, tailoring information to them, and running positive campaigns using young people with diverse sexual orientations and gender identities as role-models.



Source: Adapted from reference (14).



4E. YFS CHECKLIST

PROVIDERS AND STAFF	Yes	No	Comments
Staff is respectful to youths and ensures privacy			
Staff ensures confidentiality of youth records			
Staff is specially trained to work with youth			
Youth do not wait long for services			
Providers spend adequate time with youths			
Information on need for and timing of follow up visits(s) is provided and clear			
Peer counsellors available			
POLICIES AND PROCEDURES	Yes	No	Comments
Youths can get all their needs met in one visit.			
Facility provides informational materials on SRH services and concerns of youth.			
Group talks are available			
Necessary referrals occur			
Cost of SRH services is affordable			
ENVIRONMENT AND FACILITIES	Yes	No	Comments
Services are at convenient times for youths			
Décor and surroundings are inviting to youth			
Counselling and examination rooms ensure privacy			
Facilities are conveniently located for youths' easy access			
Education materials are displayed and available			
Youths are involved in decision making on youth friendly services provision			

Source: Adapted from (13).

STUDENT FEEDBACK CARD

Students have the right to receive youth-friendly health services that meet all of your needs, including sexual and reproductive health. Moi University Health Services wants to know how satisfied you are with these services today.

After you have finished your visit, please fill in both sides of this card and put it into the suggestion box here.

The answers you provide are confidential and private. Please do not write your name on this card. Your responses will help improve health services here.

Date of visit : ____/____/____

Time you left this facility: _____ AM or PM?

Your age? ____ years Your sex (M/F)? _____

What services did you want today? (Tick all that apply.)

- ☐ Condoms ☐ Family planning counselling or services
☐ Fever, headache, sore throat, other sickness or injury
☐ STI or HIV ☐ Post-rape ☐ Pregnancy Test
☐ Other (describe) _____

What was the provider's sex (M/F)? _____

P.T.O.

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☐ STI or HIV ☐ Post-rape ☐ Pregnancy Test
☐ Other (describe) _____

What was the provider's sex (M/F)? _____

P.T.O.



QUESTIONS ABOUT SERVICES

Did you feel comfortable talking to the provider?

☐ Yes ☐ Somewhat ☐ No

Did you get the information you wanted?

☐ Yes ☐ Somewhat ☐ No

Did you get the supplies or tests you wanted?

☐ Yes ☐ No ☐ Didn't want any

Was any provider harsh or made you feel ashamed?

☐ Yes ☐ Somewhat ☐ No

Did you have enough privacy?

☐ Yes ☐ Somewhat ☐ No

About how long did you have to wait? _____ minutes

What did you pay for services, if anything? _____ Kes

Would you be comfortable coming here again?

☐ Yes ☐ Maybe ☐ No

Comments (optional)_____

QUESTIONS ABOUT SERVICES

Did you feel comfortable talking to the provider?

☐ Yes ☐ Somewhat ☐ No

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Comments (optional)_____

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Comments (optional)_____

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☐ Yes ☐ Somewhat ☐ No

About how long did you have to wait? _____ minutes

What did you pay for services, if anything? _____ Kes

Would you be comfortable coming here again?

☐ Yes ☐ Maybe ☐ No

Comments (optional)_____

4H. YFS SAMPLE ACTION PLAN

GOAL 1: Increase staff respectfulness and ensure privacy

	Action Step (What will be done to bring about change?)	Person Responsible (By Whom?)	Date Completed (By When?)	Resources Required, if any (At What Cost?)
1	Convene a focus group discussion between REVOC Club members and health center staff to discuss how staff can be more respectful of students	GG & RV	20/2/2024	Snacks (KS 1,000)
2	Introduce youth-friendly client satisfaction cards to monitor respect & privacy	PT & NM	15/3/2024	Cards (KS 3,000)
3	Put curtains in windows of the health center to ensure that nobody can look in	WA	30/3/2024	Curtains (KS 8,000)
4				

GOAL 2: Staff ensures confidentiality of youth records

	Action Step (What will be done to bring about change?)	Person Responsible (By Whom?)	Date Completed (By When?)	Resources Required, if any (At What Cost?)
1	Remove student workers from filing of students' records	AB & RV	30/1/2024	None
2	Convene a meeting with health centre staff to discuss how to ensure confidentiality of records	PT & RS	15/3/2024	Snacks (KS 1,000)
3				

5. REPORTING AND INVESTIGATION

5A. CLINICIAN'S GUIDE TO ADDRESS ASSAULT/RAPE



SOP FOR DEALING WITH CASES OF SEXUAL ASSAULT /RAPE – GUIDE FOR CLINICIANS AT CONSULTATION

The Clinician is one of the first responders for clients (survivors) of all forms of gender based violence/ sexual harassment including severe forms such as Rape. The consulting process sets the direction for how well the survivor will be supported. It is important this process is undertaken properly in order to initiate an appropriate response for the survivor. **The Clinician should be supportive & non-judgmental and should listen to the survivor throughout the process.**

The following standards shall apply:

Requirement	Standards
General	<ol style="list-style-type: none"> 1. Welcome the survivor/ gesture the survivor to a seat; 2. Introduce yourself by name and role - My name is....., I am a Clinician at this facility; 3. If it is acceptable to the survivor, let another person such as a Nurse be present during consultation, particularly if the survivor is of a different gender to the Clinician. If a Nurse is not available, a person escorting the survivor can be present if this is assessed appropriate and is acceptable to the survivor (In general, students prefer being seen <u>not in the company of</u> fellow students except if explicitly stated); 4. Maintain eye contact with the survivor; 5. Ensure privacy for the survivor. For example it may be necessary to ask those who have escorted the survivor to wait outside the consulting room except if deemed appropriate as explained in 3 above.
History taking	<ol style="list-style-type: none"> 1. Ask for usual client details - Name, age, status eg student (with full details namely student number, school, year of study), staff, outsider; where client lives; 2. Whether what happened to the survivor is known to you at this stage or you learn about it after the consultation process starts, start by simply stating: 'Please explain what happened'. 3. Once the survivor explains, you can add: "I'm sorry this happened. / this shouldn't have happened to you" or a similar phrase; 4. Proceed to ask a few questions to ensure all crucial data not captured in the survivor explanation is collected. These include: Whether sexual intercourse/penetration took place (if not clear from the explanation), approximate time & place of the incidence, whether the perpetrator is known or not. Be sensitive, non-judgmental & considerate in your line of inquiry. <p>In general:</p> <ul style="list-style-type: none"> • Listening is the best support to give to the survivor; • Do not ask the survivor how they are or how they are feeling at this stage; • Aim for open ended questions as opposed to asking multiple probing questions at this stage; • If necessary, delay, defer or halt the consultation process to allow the survivor time to calm down. However, it should be completed or summarized to allow referral to the next point of care. <p>Some useful tips and phrases</p> <p>As the first responder, your encounter with the survivor is important in setting the tone for support. Survivors are often in shock, feel stigmatized, blame themselves and fear reprisal or they may not find support. Here are some useful phrases you can use during the consultation process or as part of initial counselling for the survivor:</p> <p>'You have done well to come/ It took a lot of courage for you to come & tell us about this/ We believe you.'</p> <p>'You didn't do anything to deserve this/ It's not your fault that this has happened to you'</p> <p>'You are not alone / We care about you and we are here to listen or help in any way we can.'</p> <p>'Our institution has support systems - at this facility, at security and at the Dean of Students / Counseling Centre - to help you through this process. We work with relevant facilities such as UTH and the Police'.</p>
Examination	<ol style="list-style-type: none"> 1. Conduct a general examination. Check and record the vital signs if not yet captured. If the survivor has suffered any other injury other than sexual, ensure this is well documented in both history and examination. Give a description for mental state eg anxious, low mood etc; Note clues in general appearance eg bruises, torn garments; Check other relevant systems such as the chest, CVS etc; 2. <u>Do not conduct a vaginal examination</u> as this should be done by a specialized practitioner at the next level of care.
Diagnosis	A diagnosis must be stated in the notes/ referral. Rape or Sexual assault are acceptable terms. If actual intercourse has taken place 'Rape' should be stated with or without additional terms
Investigations	<p>If possible, the following tests should be done in cases of rape, preceded by brief counselling:</p> <ol style="list-style-type: none"> 1. RVT 2. Gravindex 3. Urine routine/ microscopy 4. RPR 5. Any other tests as may be necessary
Plan of Management	<ol style="list-style-type: none"> 1. Provide PEP if applicable , provide Emergency Contraception if applicable, give a standard antibiotic course (eg Ciprofloxacin & metronidazole) if applicable and analgesia (Diclofenac; Paracetamol or Brufen) if applicable; 2. In cases of Rape or serious injury, refer URGENTLY to the UTH One-Stop Centre during normal working hours and UTH Gyn Section (CO3) after hours, during weekends and holidays. Explain to the survivor why they are being referred to UTH: That the survivor needs higher level/ specialized care; that the referral is to allow for a detailed/forensic examination as part of measures to mitigate sexual / gender based violence; that our facility shall still be available to the survivor despite the referral. 3. Report to Security; 4. Inform the Senior Clinical Officer or Medical Officer; 5. Direct the person who has brought the Survivor to report to Security; 6. In cases other than rape or serious injury, refer (preferably by escorting) the survivor to Security for reporting. Note that while reporting to Security by the survivor is important, priority is provision of medical and psychosocial interventions to the client. Further, a report to Police is facilitated at the UTH one stop centre in cases of referred clients.
Recording	<ol style="list-style-type: none"> 1. Ensure a record of the consultation is made. The notes should be dated, timed & signed; 2. Make a copy of the completed referral form and file with the Medical Officer; 3. Record in the Assault register, ensuring all essential details including contact numbers are recorded (See sample); 4. For adolescents, record on the prescribed reporting tool and give a copy to the focal point person.

5B. SAFETY PLANNING FORM (EXAMPLE)

Suggestions for increasing safety - in the relationship

- I will have important phone numbers available to my children and myself.
- I can tell _____ and _____ about the violence and ask them to call the police if they hear suspicious noises coming from my home.
- If I leave my home, I can go (list four places)

- I can leave extra money, car keys, clothes, and copies of documents with.

- When I leave, I will take _____ with me.
- For safety and independence, I can:
 - Keep change for phone calls with me at all times
 - Ensure my phone is charged
 - Use a panic alarm
 - Open my own savings account
 - Alter my routes to/from _____
 - Rehearse my escape route with a support person, and review safety plan on _____ (date)
- When the violence begins which areas of the house should I avoid? e.g. bathroom (no exit), kitchen (potential weapons) _____

Suggestions for increasing safety - when the relationship is over

- I can change the locks; install steel/metal doors, a security system, smoke detectors and an outside lighting system.
- I will inform _____ and _____ that my partner no longer lives with me and ask them to call the police if s/he is observed near my home or my children.
- I will tell people who take care of my children the names of those who have permission to pick them up. The people who have permission are: _____ and _____.
- I can tell _____ at work about my situation and ask to screen my calls.

- I can avoid shops, banks, and _____ that I used when living with my abusive partner. I can change my route to/ from _____.
- If I feel down and ready to return to a potentially abusive situation:
 - I can call _____ for support
 - I can alter the route and/or times _____ appointments at the _____ service or attend _____ service as an alternative.
- Important Phone Numbers
 - Police
 - Helpline
 - Friends
 - Refuge

Items to take checklist

- Identification
- Birth certificates for me and my children
- Benefit books
- Medical cards
- Phone card, mobile or change for a pay phone
- Money, bankbooks, credit cards
- Keys-house/car/office Keys to a friend or relative's house
- Medicine, medication or drugs Driver's license .
- Change of clothes
- Passport(s) Home Office papers, work permits
- Divorce papers
- Lease/rental agreement, house deed Mortgage payment book, current unpaid bills
- Insurance papers
- Address book
- Pictures, jewellery, items of sentimental value
- Children's favourite toys and/or blankets
- Any proof of abuse, notes, tapes, diary, crime reference numbers, names and numbers of professionals

In an emergency, always call the police

Source: Training Manual on Gender-Based Violence for Health Professionals. (May 2015) Austrian Women's Shelter Network Training. Vienna. (P57). <https://eeca.unfpa.org/en/publications/training-manual-gender-based-violence-health-professionals>

5C. Disclosure and Reporting Options

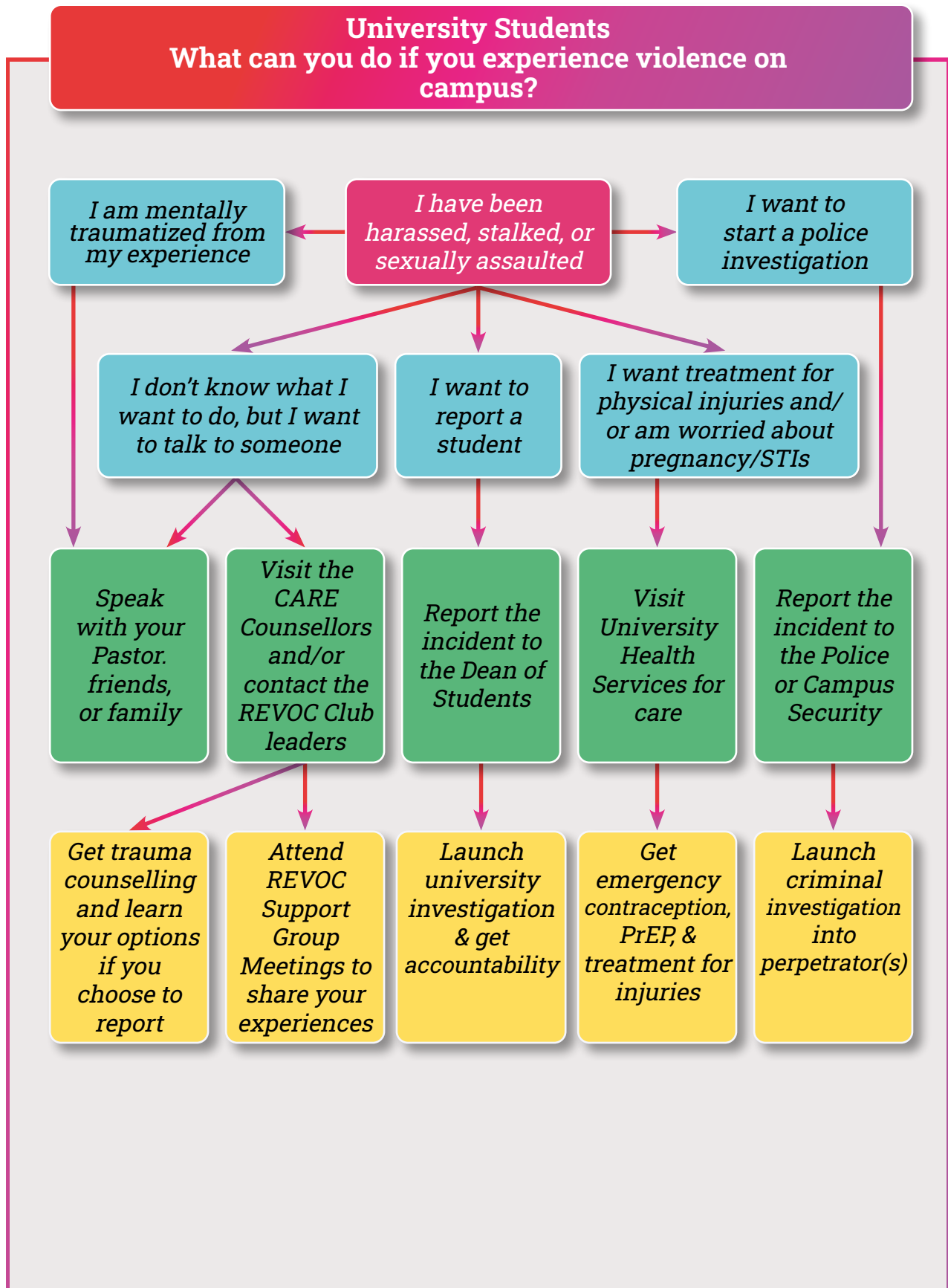
Each campus needs a process for students to disclose or report sexual violence. Disclosure is not the same as reporting

Survivors who disclose are often seeking help for issues that they can no longer cope with alone. However some may report in order to launch an investigation and get justice. Each campus should have three avenues for reporting.

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5D. Reporting and Investigation Flowchart



5E. PROCEDURES FOR DEALING WITH UNIVERSITY SEXUAL MISCONDUCT

1. Introduction and Definitions

This University does not tolerate sexual misconduct, including sexual harassment. Such conduct is harmful to the well-being of our community members, our learning and working environments, and the collegial relationships among students, lecturers, and administrative staff.

The following definitions clarify key terminology as used in this policy.

Complainant refers to the individual(s) who is alleged to be the victim of conduct that could constitute University Sexual Misconduct.

Formal complaint refers to a document filed by a complainant (meaning a document or electronic submission (such as by email) that contains the complainant's physical or digital signature, alleging University Sexual Misconduct against a respondent and requesting that the University investigate the allegation of University Sexual Misconduct.

Respondent refers to the individual(s) who has been alleged to be the perpetrator of conduct that could constitute University Sexual Misconduct.

Third party refers to any individual who is not a University student, a faculty member, or a staff member (e.g., vendors, alumni/alumnae, or local residents).

Witness refers to any individual who shares information relating to an allegation of prohibited conduct under this policy.

Source: Adapted from <https://inclusive.princeton.edu/addressing-concerns/policies/university-sexual-misconduct-policy>

2. Assessment and Dismissal of Formal Complaints

Upon receipt of a formal complaint, the University Sexual Misconduct Coordinator will respond to any immediate health or safety concerns raised. The University Sexual Misconduct Coordinator will then conduct an initial assessment for the sole purpose of determining whether the alleged conduct, if substantiated, would constitute prohibited conduct under this policy. The University will seek to complete the initial assessment within ten (10) business days of receipt of the formal complaint. Following the initial assessment, the University Sexual Misconduct Coordinator may take any of the following actions:

- I. If the allegations forming the basis of the formal complaint would, if substantiated, constitute prohibited conduct as defined in this policy, the University Sexual Misconduct Coordinator shall implement appropriate supportive measures. In addition, the University Sexual Misconduct Coordinator may initiate an investigation of the allegations.
- II. If the allegations forming the basis of the formal complaint would not, if substantiated, constitute prohibited conduct as defined in this policy, the University Sexual Misconduct Coordinator may dismiss the formal complaint from the University Sexual Misconduct grievance process. In addition, at any time prior to the hearing, the University may dismiss a formal complaint if:
 - The complainant notifies the University Sexual Misconduct Coordinator in writing that the complainant wishes to withdraw the formal complaint or any allegations therein;
 - The respondent is no longer enrolled or employed by the University; or
 - Specific circumstances prevent the University from gathering sufficient evidence to reach a determination as to the formal complaint or the allegations therein.
- III. Upon dismissal, the University shall promptly send written notice of the dismissal and reason(s) therefore simultaneously to the parties via electronic format; the determination regarding dismissal is deemed final at this time.
- IV. Once final, a complainant cannot file a formal complaint under this policy concerning the same alleged conduct.

3. Confidentiality, Privacy, and Related Responsibilities

Issues of privacy and confidentiality play important roles in this policy, and may affect individuals differently. Privacy and confidentiality are related but distinct terms that are defined below.

In some circumstances, the reporting responsibilities of University employees, or the University's responsibility to investigate, may conflict with the preferences of the complainant and/or respondent with regard to privacy and confidentiality. Therefore, all individuals are encouraged to familiarize themselves with their options and responsibilities, and make use of Confidential Resources, if applicable, in determining their preferred course of action.

I. Confidentiality and Confidential Resources

The term "confidentiality" refers to the circumstances under which information will or will not be disclosed to others.

Several campus professionals are designated Confidential Resources, to whom confidentiality attaches. **Confidential Resources, such as Guidance Counselors, are not obligated to report information that is provided to them.** This allows individuals to explore their options in a non-pressured environment while they make informed decisions. There may be exceptions in cases involving child abuse, imminent risk of serious harm, emergent hospitalization, or a court order. An individual who is not prepared to make a report or formal complaint, or who may be unsure how to label what happened, but still seeks information and support, is strongly encouraged to contact a Confidential Resource.

In light of the University's obligation to respond promptly and effectively to individuals alleged to be victimized by University Sexual Misconduct, University employees who are not designated Confidential Resources are required to notify the University Sexual Misconduct Coordinator of suspected violations of this policy, and cannot guarantee the confidentiality of a report under this policy.

II. Confidentiality Rights of Complainants and Respondents

While complainants, respondents, and witnesses involved in the grievance process under this policy are strongly encouraged to exercise discretion in sharing information in order to safeguard the integrity of the process and to avoid the appearance of retaliation, complainants and respondents are not restricted from discussing the allegations under investigation.

Medical, psychological, and similar treatment records are privileged and confidential documents that cannot be accessed or used for a grievance process under this policy without the relevant party's voluntary, written consent. **Note that parents or guardians are also not to be informed without the complainant's voluntary, written consent.**

III. Privacy

The term "privacy" refers to the discretion that will be exercised by the University in the course of any investigation or grievance processes under this policy.

In all proceedings under this policy, the University will take into consideration the privacy of the parties to the extent possible.

In cases involving students, the University Sexual Misconduct Coordinator may notify University employees of the existence of the report and/or formal complaint for the purpose of overseeing compliance with this policy and addressing any concerns related to educational and residential life. While not bound by confidentiality, these individuals will be discreet and will respect the privacy of those involved in the process.

4. Options for Complainants, Respondents, and Other Reporting Individuals

A complainant, respondent, or witness has many options, including counseling and support services. Information regarding contact information for local law enforcement as well as contact information for Confidential Resources that are available to provide support to parties and witnesses.

After consulting a Confidential Resource as appropriate, a complainant may:

- Request supportive measures from the University Sexual Misconduct Coordinator (see [section VII](#));
- File a formal complaint with the University Sexual Misconduct Coordinator, thereby invoking the University's internal grievance process;
- Contact local law enforcement to file a criminal complaint. At the complainant's request, the University will assist the complainant in contacting local law enforcement and will cooperate with law enforcement agencies if a complainant decides to pursue a criminal process.

An individual may pursue some or all of these steps at the same time. When initiating any of the above, an individual does not need to know whether they wish to request any particular course of action, nor how to label what happened. Before or during this decision-making process, complainants and other reporting individuals are encouraged to consult a Confidential Resource

5. Supportive Measures for Complainants and Respondents

Upon receipt of a report or formal complaint of a violation of this policy, the University, through the University Sexual Misconduct Coordinator, will promptly contact the complainant to discuss the availability of supportive measures, consider the complainant's wishes with respect to supportive measures, inform the complainant of the availability of supportive measures with or without the filing of a formal complaint, and explain to the complainant the process for filing a formal complaint.

The University may provide supportive measures to the complainant or respondent, as appropriate, as reasonably available, and will do so without fee or charge, regardless of whether the complainant seeks formal disciplinary action. Once supportive measures are approved, the parties or affected individuals will be notified in writing of the supportive measures. The University will maintain any supportive measures provided to the complainant or respondent as confidential to the extent possible.

Supportive measures may include:

- counselling;
- extensions of deadlines or other course-related adjustments;
- modifications of work or class schedules;
- campus escort services;
- mutual restrictions on contact between the parties;
- changes in work or housing locations;
- leaves of absence;
- increased security and monitoring of certain areas of the campus; and/or
- any other measure that can be used to achieve the goals of this policy.



Requests for supportive measures may be made by or on behalf of the complainant or respondent to any University official, including the University Sexual Misconduct Coordinator. The University Sexual Misconduct Coordinator is responsible for ensuring the implementation of supportive measures and coordinating the University's response with the appropriate offices on campus.

6. Investigation and Adjudication

I. Timing

The University makes reasonable effort to ensure that complaints are resolved as expediently and efficiently as possible. Many complaints may require extensive review, and time frames will vary depending on several factors, including the complexity of the investigation and number of witnesses. **The University will seek to complete the investigation and adjudication within sixty (60) business days after the investigators' first interview of the complainant.** Investigations will proceed according to the aforementioned timeframe during the summer and at other times when the University is not in session.

There may be circumstances that require the extension of time frames for good cause. Time frames may be extended to ensure the integrity and completeness of the investigation or adjudication, comply with a request by external law enforcement, accommodate the absence of a party, adviser, or witness, or for other reasons, including the number of witnesses and volume of information provided by parties and witnesses. Periodic status updates will be provided to the parties in writing.

II. Investigation

If the University Sexual Misconduct Coordinator has determined, following an initial assessment, that an investigation is appropriate, the University Sexual Misconduct Coordinator will refer the matter for investigation to a panel of two investigators.

a.) Notice of Allegations

Following the receipt and review of the formal complaint by the University Sexual Misconduct Coordinator, and it being determined that the matter properly falls under this University Sexual Misconduct policy the parties will be provided with a written Notice of Allegations, shall include:

The identities of the parties, if known.

A concise summary of the alleged conduct at issue (including when and where it occurred, if known).

Notice of the allegations potentially constituting University Sexual Misconduct.

A statement that the respondent is presumed not responsible and that a determination regarding responsibility is made at the conclusion of the grievance process.

A statement informing the parties that they may have an adviser of their choice, who may be, but is not required to be, an attorney.

A statement informing the parties that they may request to inspect and review evidence.

A statement informing the parties that knowingly making false statements or knowingly submitting false information during the grievance process may constitute a violation of University policy.

b.) Collection of Evidence

The investigators will collect information from each party. While the complainant and the respondent are not restricted from gathering and presenting relevant evidence, the investigators are responsible for gathering relevant evidence to the extent reasonably possible. However, each party will be given an equal opportunity to suggest witnesses; provide other relevant information, such as documents, communications, photographs, and other evidence. The investigators will provide to a party written notice of the date, time, location, participants, and purpose of all investigative interviews to which they are invited or expected, with sufficient time (generally no less than three (3) business days, absent exigent circumstances) for the party to prepare to participate.

Parties will be interviewed separately; parties will be interviewed by the two investigators for the first interview and may, at the discretion of the investigator, delegate follow-up interviews to one investigator. The investigators will interview witnesses as necessary and may, at their discretion, delegate witness interviews to one investigator. The investigators will record all interviews, or notes of the interviews will be taken by the investigators. Any other recording of interviews is prohibited and violations may result in discipline.

c.) Case File

After each party has been interviewed and had the opportunity to identify witnesses and other potentially relevant information and evidence, and the investigators have completed any witness interviews and any gathering of evidence, the investigators will prepare a case file. Within ten (10) business days of receiving the case file, each party may submit a written response, not to exceed 5000 words (including exhibits, screenshots, etc.).

d.) Investigative Report

Following their review of the parties' responses (if any) to the case file (or written summary, as applicable), the investigators will create a written investigative report that summarizes all relevant evidence; the report will not contain irrelevant information.

At least ten (10) business days prior to the hearing, the investigative report (or a written summary of same, as applicable) will be provided to the parties and their advisers via electronic format.

The parties may choose to provide a written response, not to exceed 2500 words, to the investigative report, to be submitted within five (5) business days of receiving the investigative report. The response may consist of a written statement not to exceed 2500 words. At least 48 hours prior to the hearing, the parties and their advisers will be provided with the other party's written response to the investigative report, if any, in electronic format.

V. Hearing

A panel of three individuals ("Hearing Panel") will hear every case. One of the individuals on the Hearing Panel will be external (e.g., a former judge or an attorney) and shall serve as the Presiding Hearing Panelist ("Presiding Hearing Panelist"), and two of the individuals on the Hearing Panel will be members of the University community. While the Hearing Panel will generally conduct a live hearing during which it assembles (in person or virtually) all of the parties together at the same time, it reserves the right to conduct a hearing without assembling all of the parties together at the same time.

Prior to the hearing, the Hearing Panel will be provided with the case file (and written summaries, as applicable), investigative report, and any responses to the investigative report. All members of the Hearing Panel shall review the case file (including the parties' responses), ask questions during the hearing as they deem appropriate, and participate in the deliberations leading to the Presiding Hearing Panelist's adjudication of responsibility (as described in section.

At least five (5) business days prior to the hearing, the parties and their advisers will be notified of the hearing date, time, and location (or relevant electronic information, if the hearing will be conducted remotely). In advance of the hearing, parties will be given the opportunity to request that certain witnesses be called at the hearing. The Presiding Hearing Panelist has the discretion to exclude from the hearing evidence/witnesses/questions deemed irrelevant.

a) Case Presentation

While the hearing is not intended to be a repeat of the investigation, the parties will be provided with an opportunity for their advisers to conduct cross examination of the other party and/or of relevant witnesses, in the format deemed appropriate by the Presiding Hearing Panelist. A typical hearing may include brief opening remarks by the Presiding Hearing Panelist; questions posed by the Hearing Panel to one or both of the parties; questions posed by the Hearing Panel to any relevant witnesses; and cross-examination of the parties and relevant witnesses.

Other University administrators may attend the hearing at the request of or with the prior approval of the Presiding Hearing Panelist.

b) Record of Hearing

The University shall create an official record in the form of a recording or transcript of any live (or remote) hearing and make it available to the parties for inspection and review. Any other record of the hearing or any other recording is prohibited and violations may result in discipline.

c) Written Determination

Following the hearing, the Hearing Panel will consider all of the relevant evidence and deliberate regarding responsibility. The Presiding Hearing Panelist shall make a determination, by a preponderance of the evidence, whether the respondent has violated the policy. A written determination, which will contain: (1) the allegations potentially constituting University Sexual Misconduct; (2) a description of the procedural steps taken from the receipt of the formal complaint through the determination (including any notifications to the parties, interviews with parties and witnesses, site visits (if any), methods used to gather other information, and the hearing); (3) findings of fact supporting the determination; (4) conclusions regarding the application of this policy to the facts; (5) a statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility (i.e., whether a policy violation occurred), any disciplinary sanctions imposed and whether any remedies designed to restore or preserve equal access to the University's education programme or activity or working environment will be implemented; and (6) relevant appeal information for the parties. Disciplinary sanctions and remedies will be determined in accordance with the proce-

dures listed below, and the information will be provided for inclusion in the written determination.

The parties and their advisers will simultaneously be provided with the written determination (or, when deemed appropriate, a written summary of the written determination) via electronic format.

d) Disciplinary Sanctions and Remedies (to be included in the Written Determination)

If a party is found to have violated this policy, before finalizing the written determination, the matter will be referred to the appropriate University official(s) to determine sanctions and remedies. Sanctions being imposed will be included in the written determination.

Sanctions will take into account the seriousness of the misconduct as compared to similar cases in the past, the respondent's previous disciplinary history (if any), and institutional principles. Remedies, which may include supportive measures, will be designed to restore or preserve equal access to the University's education programme or activity. See [**student and staff contracts**](#) for the range of sanctions under this policy.

e) Records Retention

The University will maintain for a period of seven years records of the complaint and the materials from the hearing.

5F. STAFF CONTRACT ON UNIVERSITY SEXUAL MISCONDUCT (EXAMPLE)

Adapted from: <https://inclusive.princeton.edu/addressing-concerns/policies/university-sexual-misconduct-policy>

I. Introduction

This University does not tolerate sexual misconduct, including sexual harassment. Such conduct is harmful to the well-being of our community members, our learning and working environments, and the collegial relationships among students, lecturers, and administrative staff. All forms of prohibited conduct under this policy are regarded as serious University offenses, and violations may result in discipline, including the possibility of separation from the University.

II. Prohibited Conduct

In determining whether alleged conduct violates this policy, the University will consider the totality of the facts and circumstances involved in the incident, including the nature of the alleged conduct and the context in which it occurred. Any of the prohibited conduct defined in this policy can be committed by individuals of any gender, and it can occur between individuals of the same gender or different genders. It can occur between strangers or acquaintances, as well as people involved in intimate or sexual relationships.

The prohibited behaviors listed below are serious offenses and will result in University discipline. Prohibited conduct involving force, duress, or inducement of incapacitation, or where the perpetrator has deliberately taken advantage of another individual's state of incapacitation (consciousness), will be deemed especially egregious and may result in expulsion or termination of employment. The respondent's consumption of alcohol or the use of illegal substances does not constitute a mitigating circumstance when it contributes to a violation under this policy.

Quid Pro Quo Sexual Harassment: An employee of the University conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct;

Sexual Assault: Any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent. Sexual assault can occur between individuals of the same or different sexes and/or genders. This includes the following:

- **Rape:** The carnal knowledge of a person, without the consent of the victim,

including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;

- **Sodomy:** Oral or anal sexual intercourse with another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- **Sexual Assault with an Object:** To use an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- **Fondling:** The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- **Incest:** Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

Domestic Violence: Any crime of violence committed: (a) by a current or former spouse or intimate partner of the victim; (b) by an individual with whom the victim shares a child in common; or (c) by an individual who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner. For purposes of this policy, an **intimate partner** is defined as an individual with whom one has or had a short- or long-term relationship that provides romantic and/or physical intimacy or emotional dependence. Intimate relationships can occur between individuals of the same gender or different genders.

Dating Violence: Violence committed by an individual who is or has been in a social relationship of a romantic or intimate nature with the victim. This includes, but is not limited to, sexual or physical abuse or the threat of such abuse. Dating violence does not include acts covered under the definition of domestic violence.

Stalking: Engaging in a course of conduct directed at a specific individual that would cause a reasonable person to: (a) fear for the individual's safety or the safety of others; or (b) suffer substantial emotional distress. For the purposes of the Stalking definition: Course of conduct means two or more acts, including acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, threatens, or communicates to or about an individual, or interferes with an individual's property.

University Retaliation. The University expressly prohibits any form of retaliatory action against any member of the University community who in good faith: (1) files a report, complaint or grievance under this policy (or with an external entity); (2) opposes in a reasonable manner an action or policy believed to constitute a violation of this policy; or (3) participates in University investigations, compliance reviews, or discipline proceedings under this policy.

University Sexual Harassment: Unwelcome verbal or physical behaviour which is directed at an individual based on sex, when these behaviours are sufficiently severe or pervasive to have the effect of unreasonably interfering with an individual's educational experience, working conditions, or living conditions by creating an intimidating, hostile, or offensive environment. Examples of conduct that can constitute sexual harassment if based on an individual's sex include but are not limited to: unwelcome jokes or comments (e.g., sexist jokes) and disparaging remarks about sex, gender identity, or gender expression (e.g., negative or offensive remarks or jokes about an individual's self-presentation).

Sexual Exploitation. Any act whereby one individual violates the sexual privacy of another or takes unjust or abusive sexual advantage of another who has not provided consent, and that does not constitute non-consensual sexual penetration or non-consensual sexual contact. Examples may include: recording, photographing, transmitting, viewing, or distributing intimate or sexual images or sexual information without the knowledge and consent of all parties involved; voyeurism (i.e., spying on others who are in intimate or sexual situations).

III. Consent

For purposes of this policy, consent is defined as follows:

Consent and Incapacitation. The University considers consent as a voluntary, informed, un-coerced agreement through words or actions freely given, which could be reasonably interpreted as a willingness to participate in mutually agreed-upon sexual acts. Consensual sexual activity happens when each partner willingly and affirmatively chooses to participate.

Indications that consent is not present include: when physical force is used or there is a reasonable belief of the threat of physical force; when duress is present; when one individual overcomes the physical limitations of another individual; and when an individual is incapable of making an intentional decision to participate in a sexual act, which could include instances in which the individual is in a state of incapacitation.

Important points regarding consent include:

- Consent to one act does not constitute consent to another act.
- Consent on a prior occasion does not constitute consent on a subsequent occasion.
- The existence of a prior or current relationship does not, in itself, constitute consent.
- Consent can be withdrawn or modified at any time.
- Consent is not implicit in an individual's manner of dress.
- Accepting a meal, a gift, or an invitation for a date does not imply consent.
- Silence, passivity, or lack of resistance does not necessarily constitute consent.
- Initiation by someone who is deemed incapacitated is not consent.

For purposes of this policy, incapacitation (or incapacity) is the state in which an individual's perception or judgment is so impaired that the individual lacks the cognitive capacity to make or act on conscious decisions. The use of drugs or alcohol can cause incapacitation. An individual who is incapacitated is unable to consent to a sexual activity. Engaging in sexual activity with an individual who is incapacitated (and therefore unable to consent), where an individual knows or ought reasonably to have understood that the individual is incapacitated, is University Sexual Misconduct.

IV. Sanctions Applicable to Faculty and Staff Members

For violations of this policy by faculty or staff members, disciplinary sanctions may include (in accordance with the employment policies governing the employee in question):

- Counseling or training
- Written warning
- Financial penalty
- Unpaid leave of absence
- Suspension
- Demotion
- Termination

I have read this policy and agree to be bound by it.

Name: _____

Kenya ID: _____

Signature: _____

Date: _____

5G. STUDENT CONTRACT ON UNIVERSITY SEXUAL MISCONDUCT (EXAMPLE)

Adapted from: <https://inclusive.princeton.edu/addressing-concerns/policies/university-sexual-misconduct-policy>

I. Introduction

This University does not tolerate sexual misconduct, including sexual harassment. Such conduct is harmful to the well-being of our community members, our learning and working environments, and the collegial relationships among students, lecturers, and administrative staff. All forms of prohibited conduct under this policy are regarded as serious University offenses, and violations may result in discipline, including the possibility of separation from the University.

II. Prohibited Conduct

In determining whether alleged conduct violates this policy, the University will consider the totality of the facts and circumstances involved in the incident, including the nature of the alleged conduct and the context in which it occurred. Any of the prohibited conduct defined in this policy can be committed by individuals of any gender, and it can occur between individuals of the same gender or different genders. It can occur between strangers or acquaintances, as well as people involved in intimate or sexual relationships.

The prohibited behaviors listed below are serious offenses and will result in University discipline. Prohibited conduct involving force, duress, or inducement of incapacitation, or where the perpetrator has deliberately taken advantage of another individual's state of incapacitation (consciousness), will be deemed especially egregious and may result in expulsion or termination of employment. The respondent's consumption of alcohol or the use of illegal substances does not constitute a mitigating circumstance when it contributes to a violation under this policy.

Sexual Assault: Any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent. Sexual assault can occur between individuals of the same or different sexes and/or genders. This includes the following:

- **Rape:** The carnal knowledge of a person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- **Sodomy:** Oral or anal sexual intercourse with another person, without the consent of the victim, including instances where the victim is incapable

of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;

- **Sexual Assault with an Object:** To use an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- **Fondling:** The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- **Incest:** Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

Domestic Violence: Any crime of violence committed: (a) by a current or former spouse or intimate partner of the victim; (b) by an individual with whom the victim shares a child in common; or (c) by an individual who is cohabitating with, or has cohabitated with, the victim as a spouse or intimate partner. For purposes of this policy, an **intimate partner** is defined as an individual with whom one has or had a short- or long-term relationship that provides romantic and/or physical intimacy or emotional dependence. Intimate relationships can occur between individuals of the same gender or different genders.

Dating Violence: Violence committed by an individual who is or has been in a social relationship of a romantic or intimate nature with the victim. This includes, but is not limited to, sexual or physical abuse or the threat of such abuse. Dating violence does not include acts covered under the definition of domestic violence.

Stalking: Engaging in a course of conduct directed at a specific individual that would cause a reasonable person to: (a) fear for the individual's safety or the safety of others; or (b) suffer substantial emotional distress. For the purposes of the Stalking definition: Course of conduct means two or more acts, including acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, threatens, or communicates to or about an individual, or interferes with an individual's property.

Sexual Exploitation. Any act whereby one individual violates the sexual privacy of another or takes unjust or abusive sexual advantage of another who has not provided consent, and that does not constitute non-consensual sexual penetration or non-consensual sexual contact. Examples may include: recording, photographing, transmitting, viewing, or distributing

intimate or sexual images or sexual information without the knowledge and consent of all parties involved; voyeurism (e.g., spying on others who are in intimate or sexual situations).

III. Consent

The University considers consent as a voluntary, informed, un-coerced agreement through words or actions freely given, which could be reasonably interpreted as a willingness to participate in mutually agreed-upon sexual acts. Consensual sexual activity happens when each partner willingly and affirmatively chooses to participate.

Indications that consent is not present include: when physical force is used or there is a reasonable belief of the threat of physical force; when duress is present; when one individual overcomes the physical limitations of another individual; and when an individual is incapable of making an intentional decision to participate in a sexual act, which could include instances in which the individual is in a state of incapacitation.

Important points regarding consent include:

- Consent to one act does not constitute consent to another act.
- Consent on a prior occasion does not constitute consent on a subsequent occasion.
- The existence of a prior or current relationship does not, in itself, constitute consent.
- Consent can be withdrawn or modified at any time.
- Consent is not implicit in an individual's manner of dress.
- Accepting a meal, a gift, or an invitation for a date does not imply consent.
- Silence, passivity, or lack of resistance does not necessarily constitute consent.
- Initiation by someone who is deemed incapacitated is not consent.

For purposes of this policy, incapacitation (or incapacity) is the state in which an individual's perception or judgment is so impaired that the individual lacks the cognitive capacity to make or act on conscious decisions. The use of drugs or alcohol can cause incapacitation. An individual who is incapacitated is unable to consent to a sexual activity. Engaging in sexual activity with an individual who is incapacitated (and therefore unable to consent), where an individual knows or ought reasonably to have understood that the individual is incapacitated, is University Sexual Misconduct.

IV. Sanctions Applicable to Students

Students may be subject to disciplinary sanctions for violating this policy. The most minor sanction is a **Dean's Warning**. This is an admonition that does not

become part of a student's permanent record, but may be taken into account in judging the seriousness of any future violation.

More serious violations may be met with the following formal responses:

Disciplinary Probation. A more serious admonition assigned for a definite amount of time. It implies that any future violation, may be grounds for suspension or expulsion.

Withholding of Degree. The University may withhold a student's degree for a specified period of time. This sanction is imposed instead of suspension. A withheld degree is recorded on a student's transcript.

Suspension. Removal from membership in the University for a specified period of time. A suspension is recorded on a student's transcript.

Expulsion. Permanent removal from membership in the University, without any opportunity for readmission to the community. Expulsion is recorded on a student's transcript.

The following may accompany the preceding sanctions, as appropriate:

- **University Housing.** When appropriate, particularly in instances involving antisocial behavior having a serious impact on the residential community, removal from University housing or relocation within University housing may be added to any of the other sanctions, except warning.
- **Restriction of Access to Space, Resources, and Activities.** When appropriate in cases involving behavioral misconduct between members of the community, restrictions may be placed on access to spaces or on participation in activities so as to limit opportunities for contact among the parties.
- **Restitution.** The sanction for willful or reckless damage or vandalism will ordinarily include restitution for replacement or repair.

I have read this policy and agree to be bound by it.

Student Full Name: _____

Student ID: _____

Signature: _____

Year at this University: _____

Date: _____

6. OTHER

6A. TRANSCRIPTS OF 8 REVOC TOOLKIT VIDEOS THAT EXPLAIN REVOC PROCESS



[Link to YouTube Channel for REVOC videos](#)

Video (1). Introduction to REVOC

We are now aware that sexual harassment and assault is a problem on university campuses worldwide. REVOC is a new, comprehensive, low-cost, and sustainable strategy to reduce campus violence tailored to our needs in Africa.

REVOC means “Reduce-to-End Violence on Campus.” This multimedia REVOC Toolkit can provide you with all the tools and resources to make inroads into the problem of sexual and gender-based violence. We recommend that REVOC be housed in a department and led by a team of university employees (a lecturer, an administrator, and a health services provider) and two students. The first task of this group is to liaise with student leaders to set up a REVOC Club, composed of students from across the campus. Leaders of the REVOC Club will be included in all planning and decision-making.

REVOC consists of 5 major components:

1. Identification of leadership and assessment of campus needs;
2. Prevention activities led by the REVOC Club;
3. Regular monitoring of students’ knowledge, attitudes and experiences;
4. Provision of care and support to survivors, including youth-friendly services; and
5. Improvement and streamlining of reporting, investigation, and accountability.

We feel confident that if you use these tools, you can make a difference in reducing sexual and gender-based violence on your campus.

The REVOC Toolkit was developed by the Center for the Study of Adolescence, in conjunction with the UCLA Bixby Program, with support from the UC Global Health Institute's Center for Gender and Health Justice.

Video (2) . The first steps in launching REVOC

To launch REVOC, the first step is to assemble a team who will lead the project. We recommend that the project be led by a team of individuals from the campus – representing faculty, administrative staff, and health services. All should have demonstrated support for gender and sexual equality. This team, together with two student leaders (ideally a female and male student), will launch the project.

The first step is to conduct a campus assessment. REVOC recommends using focus groups to learn what are the issues of concern for the university. **Within the toolkit, you will find a focus group guide** that can be used for this purpose. We recommend that you conduct 4 focus groups: one with faculty, one with administrative staff, and two with students.

After you have compiled the results, you will need to hold a stakeholder briefing to explain what you have learned, to set forward your plans for REVOC, and to form a REVOC Steering Committee. This Steering Committee will secure commitment from the Deputy Vice Chancellor for numerous aspects of the project. A basic budget for REVOC should also be determined, based on available funds. We also recommend as a first step that the University send out a YouTube video to all entering students with some SGBV warnings. **A sample orientation video can be found in the REVOC toolkit.**

Video (3). Sample orientation video to be sent to new students prior to arriving on campus

Welcome to the university! This will be an exciting time in your life.

Before you arrive on the campus, we want to alert you to scams or tricks that can lead you to be sexually harassed or assaulted. **These scams can happen either to female or male students.**

In this video, we will share with you some of the most common scams.

- First, be careful of anyone who offers to assist you with your suitcases or boxes. This person may carry your luggage into your room, but then insist that you “owe” him sex. Or he might block you from leaving your room unless you have sex with him.

Second, older students, particularly student leaders, may invite you to their rooms supposedly to show you something that they have there—such as books, documents, or a new hot plate. However, once you are in the room, you might find it difficult to leave. The older student might turn on some loud music so no one can hear what is occurring. Or he might keep you at his place so late that it becomes night, and you are afraid to walk back to your hostel in the darkness.

Third, you might be invited to a party or local pub. But male students there might add alcohol or drugs to your drink, such as Fanta soda, so that you become drunk. Then they will take advantage of you. Or, even if you are careful not to get drunk, another student could get drunk and use his drunken state as an excuse to force himself on you.

Fourth, a lecturer might invite you to his office to discuss an assignment. But when you arrive, he could lock the door behind you and try to get you to perform sex acts.

To avoid these scams, trust your instincts, refuse free help and drinks, and fight back. Also, make sure that you have 1-2 friends with you if you attend parties or meet with a lecturer.

Also, if you see something that looks like harassment or abuse, you can be an active bystander and speak up loudly or get help. Don't ignore it, look the other way, or think it isn't your concern.

If something does happen to you, **don't blame yourself**. No one deserves to be harassed or assaulted. You have a right to dress as you like and to go where you like, whenever you like. Tell your friends what happened so that they can support you. Seek help from university counselors or university health services. You may also decide to report the abuse to campus security or university administration.

Lastly, consider joining the REVOC Student Club to learn more, meet like-minded students, and get training on sexual assault and harassment.

Video (4). Setting up a REVOC Club

One of the cornerstones of REVOC is the establishment of a REVOC Club. We recommend that the club membership include students from all years at the university, as well as multiple disciplines and genders. Ideally, the top leadership of the Club would include a female and male student, who could serve as Co-Chairpersons, or as Chair and Vice Chair. The Patron of the Club would be the REVOC lecturer who serves on the REVOC leadership team. We recommend that the Club meet twice a month to plan prevention activities, host SGBV trainings, watch SGBV YouTube videos on a student's laptop and have discussions afterwards, set up and host support groups for survivors, that are led by 4th-year psychology or guidance students, and develop a 2-hour programme with role plays for fresher orientation.

Members of the Club will also help with ensuring that the health services are youth-friendly and advising the campus administration on security issues. In the REVOC Toolkit, you will find a curriculum **for 3 three-hour training sessions** for REVOC Club members, which can be led by the Patron of the Club or another lecturer. You will also find a **comprehensive list of YouTube videos** that can be watched and discussed by REVOC Club members. A typical REVOC Club might have 75 students or more, with about 6-8 in leadership positions.

Video (5). Setting up a Monitoring Programme

Another component of REVOC is to set up a basic monitoring programme that consists of having students complete 3 short, online Google surveys during each school year. We recommend that one survey be conducted shortly after students arrive on campus, a second survey be conducted about 3-4 months later, and a third survey be conducted before the end of the academic year. An email to all students can be sent out with the Google survey link to request them to take the survey. Monitoring students' knowledge, attitudes and experiences with on-campus sexual harassment and university health services will provide regular data on the extent of the problem.

Each survey consists of just 10 questions to make them easy to perform and analyze. **In the REVOC toolkit, you will find three surveys to use.** The data collected from the surveys can be used for multiple purposes by the REVOC team, such as developing activities to increase campus safety or youth-friendliness of health services, having campus dialogues to raise awareness, and tracking whether violence is increasing or decreasing. Providing services that are youth friendly at the university health services will help foster an environment where students feel like they are able to get confidential and appropriate services and support.

Video (6). Support services for survivors/victims of SGBV

Unfortunately, it is generally not possible to prevent all forms of sexual and gender-based violence on university campuses. This is why it is important to have excellent guidance and support for survivors/victims. Survivors need to have clear guidance about where they can get help for physical injuries and who can provide them with trauma-informed counselling. They also need guidance about how to report sexual harassment or assault to university administration, if they choose to do so, or to seek help from campus security.

We recommend that university guidance counsellors receive training so that they can provide trauma-informed care and can educate survivors about their rights. In the REVOC toolkit, you will find a **CARE Counsellors training curriculum for existing university counsellors** so that they can perform this vital role. You will also find a **flowchart for students advising them of their options**, which we recommend be placed on the university's website and on bulletin boards throughout the campus. Support groups led by the REVOC Club can also be helpful to survivors. If funds permit, the university can also establish a trauma hotline and potentially get help from psychology student volunteers to staff it after-hours.

Video (7). Ensuring the health services are youth-friendly

Another component of REVOC is ensuring that university health services are youth- friendly. Students should feel welcomed and able to get sexual and reproductive health services without bias or judgment. They also should get compassion from health services staff when they have been victimized. Key elements of youth-friendly service (YFS) delivery are: privacy, confidentiality, kindness, listening, offering services 24/7, not turning away any student, having commodities readily available and reducing wait times.

REVOC recommends several approaches for making services more youth-friendly:

1. Setting up a "YFS Champions Committee" composed of health services staff and REVOC Club student members that meets monthly;
2. Conducting a basic facility assessment using a checklist to determine where there are areas for improvement;
3. Introducing client satisfaction cards to learn about what students' experiences with the health facility are; and
4. Develop and implement an action plan to ensure that services become more youth-friendly. Within this REVOC toolkit you will find a **YFS facility checklist, client satisfaction cards, and a template for developing a YFS action plan.**

Video (8). Streamlining reporting, investigation and adjudication

Many students are reluctant to report sexual harassment or misconduct because they do not know what will transpire, feel ashamed or partly to blame, or believe that nothing will be done. REVOC believes that more students will report sexual assault if they feel it will lead to some change. It is vital that students know that they have choices, and that their parents will NOT be informed unless the student asks the university to do so. Students who report to university administration should expect that the university will investigate the matter promptly and take appropriate actions.

If the perpetrator is a student, the punishment could be (depending on the severity):

1. accommodation-- a perpetrator will be removed from the survivor's hostel or classes;
2. suspension; or
3. expulsion.

If the perpetrator is a university employee (including a lecturer), the university can decide on an appropriate punishment of:

1. warning;
2. suspension; or
3. dismissal.

Students also have the right to report the sexual assault to the police and receive help from a CARE counselor in filing a report. REVOC recommends that universities set up a REVOC Taskforce from the Steering Committee to develop new policy guidelines and clear instructions for what to do in various circumstances. Once new guidelines are developed, they should be clearly advertised on the university website and in REVOC Club social media. **Resources are available in the Toolkit for guidance on reporting and adjudicating** on SGBV. The REVOC toolkit also has a **sample contract** that can be signed by all staff and students outlining their rights and responsibilities concerning SGBV on and off campus.

6B. Additional Resources and Tools

Bystander intervention

- Toolkit and list of resources to: [Stop Sexual Violence: A Sexual Violence Bystander Intervention Toolkit](#)

Consent

- Consent discussion guide and training resources: [Sex without consent isn't sex. It's rape](#)
- New York Times article offering [Tools to help teens talk about assault and sexual harassment](#)

Reporting and investigation

- WHERE TO START: [Understanding and Implementing Your Campus Response Protocol to Confidential Reporting](#)

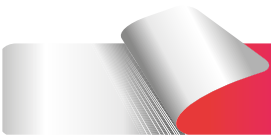
Training guides for youth-friendly services

- Resource and guide to support the integration of a gender transformative approach (GTA) into sexual and reproductive health and rights (SRHR) programmes and organisations: [Adopting a gender transformative approach in sexual and reproductive health and rights, and gender-based violence programmes](#)
- [Training Manual For The Providers of Youth Friendly Services](#)

Trauma-informed care

- A complete resource on training for trauma-informed care: [Addressing Sexual and Relationship Violence: A Trauma-Informed Approach by the American College Health Association](#)

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